

WINDER FIRST UNITED METHODIST CHURCH
2024 SUMMER DAY CAMP REGISTRATION FORM

**REGISTRATION FEE IS DUE AT TIME OF REGISTRATION* – (Fee is equal to one week of tuition)*

**Payment is still required if your child is out sick. If Summer Day Camp is closed (Ex: 4th of July), the amount will be prorated. Please note that you are committing for the entire summer unless previous arrangements have been made.*

Please Print:

Child's Full Name _____ Child's Birthdate _____

Name Child is Called _____ Child lives with: Mother Father Both

Child just finished _____ Grade Which School Child Attends _____

Siblings Names & Ages (if applicable) _____

Mailing Address (Street, City, Zip) _____

Parent's Name _____ Email _____

Work Phone _____ Cell _____

Parent's Name _____ Email _____

Work Phone _____ Cell _____

Please note that email will be how we primarily communicate Day Camp news

IN CASE OF EMERGENCY & PARENTS CANNOT BE REACHED, CONTACT:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

The following people may also pick up my child (other than parents & emergency) *IDs will be checked!

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

DIETARY RESTRICTIONS/ALLERGIES/MEDICAL/EXTRAORDINARY CIRCUMSTANCES (BE SPECIFIC)

Where is your church membership? _____

My signature below acknowledges that I have been provided with a copy of the First Methodist Day Camp Rules & Regulations, have read, understand, and agree to abide by all policies and procedures therein. In placing my child in this program being offered by the FUMC Family Life Center, I realize there comes a certain degree of risk of possible injury that might occur from such programming. Therefore, it is understood by me that such a degree of risk exists and that I agree to hold Winder First United Methodist Church and the Pasley Family Life Center harmless from any claims resulting from injury in the program provided.

Parent/Guardian Signature _____ Date _____