

MT. BETHEL CHRISTIAN PRESCHOOL

JUNE 17 – JUNE 21 2019 SUMMER CAMP

Name of Participant _____ Male ___ Female ___

Parent(s) Names _____

Address _____ Date of Birth _____ Age _____

City _____ Zip Code _____ Home Ph _____ Cell Ph (Mom) _____
Cell Ph (Dad) _____

E-Mail _____

Current Mt. Bethel Preschool Teacher Name _____

Request One Friend _____

Registration Fees

Two Years Old by Sept. 1st \$100.00 for three days per week or \$150.00 for 5 days per week.

Three – Six Years Old by Sept. 1st \$150.00 for five days per week. One check per family, separate checks per camp. Refunds of all but \$50.00 will be issued until June 1, after this date no refunds will be issued.

Medical Information/ Emergency Contacts

Child's Physician _____ Phone # _____

In case of emergency, we will attempt first to reach the child's mother and/ or father or physician if necessary. List two additional people for us to contact in case of emergency.

Name _____ Phone # _____

Name _____ Phone # _____

List any allergies, medical treatments, serious illnesses, physical disabilities, or special needs related to your child _____

Permissions/Understandings

In the event I cannot be reached and my child needs emergency treatment, I authorize an attending physician at the nearest emergency room to administer treatment. I agree to assume all financial responsibility and waive any and all claims against Mt. Bethel U.M.C., Inc., its employees and its appointed leaders.

Parent's Signature

Date

Photo Release

Mt. Bethel Christian Preschool request your permission to photograph or video your child during the year in various school activities. Photos and/or videos will be used for possible promotional materials for Mt. Bethel Christian Preschool and the Church website. Please sign to grant the Preschool permission to photograph and/or video your child.

Parent's Signature

Date