

2019 SUMMER FUN DAYS REGISTRATION FORM

(PLEASE COMPLETE ONE FORM PER CHILD.)

Please ensure you:

1. Include payment. **Your child will not be enrolled unless payment is included with your registration form.** Make checks payable to MPUMC and write SFD and your child's name in the memo line. *Note: If you are registering more than one child, you may write one check for all registration fees.*
2. Understand that tuition is **NON-REFUNDABLE**.
3. Return your registration to the labeled basket outside the Children's Ministries office or mail it to MPUMC Children's Ministries Attn: Katharine Willis, 1501 Queens Road, Charlotte, NC 28207.

I want to register my child for:

<input type="checkbox"/> Preschool (\$150 per week) For children who were born on or before 8/31/2017 through children enrolled in TK during the 2018-19 school year.	For the following session(s): Circle all that apply. Week 1: July 8-12 Week 2: July 15-19
<input type="checkbox"/> Elementary (\$225 per week) For children enrolled in grades K-5 during the 2018-19 school year. <i>Note: Please register your child for the grade he or she is in right now. If your child is in 1st grade at the time of registration, your child is still a 1st grader this summer.</i> Elementary Only Circle your child's current grade: K 1 st 2 nd 3 rd 4 th 5 th Circle your child's t-shirt size: S (6-8) M (10-12) L (14-16) XL (18-20)	For the following session(s): Circle all that apply. Week 1: July 8-12 Week 2: July 15-19

Please complete all of the following information. If your form is missing information, we will not be able to enroll your child until it is complete.

Registrant Information

Child's Full Name: _____

Goes By Name (if different from given name): _____

Birthdate: _____ Gender: _____ School Attends: _____

Contact Information

Parent/Guardian Name(s): _____

If applicable, check one: SFD Staff Member MPUMC Staff Member

Mailing address (including ZIP): _____

We will email you to confirm enrollment. Please provide your primary email address:

In case we have questions about your child's registration or if we need to reach you while your child is in camp, please provide the BEST number at which to reach you:

Mother's Phone: _____ Father's Phone: _____

Emergency Medical Information

(We cannot enroll your child without this information.)

Please use the space below to indicate if your child has an allergy(ies), a medical condition(s), a special need(s), and/or takes medication. This information is kept confidential.

Physician: _____ Phone: _____

Insurance Provider: _____

Policy Number: _____ Hospital Preference: _____

Emergency Contact (other than parent): _____

Relationship to Child: _____ Phone: _____

Parental Consent

In the event that my child needs immediate medical attention, I authorize the SFD staff and give my consent to the church to provide such service and/or to transport my child to a hospital or treatment facility. I hereby certify my child is in good health and may participate in all activities. For children in kindergarten – fifth grade, I give permission for my child to walk to or ride in MPUMC-approved transportation for off-campus events.

I will not hold Myers Park United Methodist Church or anyone from Myers Park United Methodist Church, or any participant of this event, liable for any accident, including but not limited to injury, illness, property damage, or any other loss sustained by me or my child (or the child I am representing), arising from or due to any cause whatsoever.

Parent Signature: _____ Date: _____

Photo Release

I give approval for my child's picture to be used on social media or printed material promoting MPUMC Children's Ministries.*

Yes No

Parent Signature: _____ Date: _____

Office Use Only

Date Received: _____ Amount Paid: \$ _____ Check #: _____ Confirmed: _____ Wait List: _____