



# FROG CAMP 2010

## (FUMC Rowlett Summer Day Camp)

### Enrollment Form



**MY CHILD WILL ATTEND ONE OF THE FOLLOWING SESSIONS (mark one):**

**BOTH Sessions**

**Session I ONLY**  
(June 15-July 8)

**Session 2 ONLY**  
(July 20-August 12)

Child's Name: \_\_\_\_\_  
Last
First
MI
Nickname

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age as of JUNE 1st 2010: \_\_\_\_\_ Sex: M or F

Grade/MDO class level your child will be entering **Fall 2010:** \_\_\_\_\_

Parent/Guardian Full Name(s): Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address
City
Zip Code

Email Address: \_\_\_\_\_  
 (We will do all of our correspondence through email, unless you specify otherwise.)

**IMPORTANT: How do we reach you while your child is at camp? (Must be filled in completely)**

Mother: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**These persons are to be called in case of an EMERGENCY (illness, injury or behavioral issues) should FUMC or FROG Camp Directors not be able to reach parents and/or guardian (must list at least one person in case you cannot be reached):**

	<u>Name</u>	<u>Relationship</u>	<u>Cell Number</u>	<u>Home Number</u>	<u>Work Number</u>
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____

**\*\*SIGNATURE—Parent or Legal Guardian**

**\*\*Date**

T-shirts will be available for purchase for \$5 each while supplies last.

***For your convenience, we are accepting CREDIT CARD PAYMENTS.  
Please fill out the attached form and return with your enrollment form(s).***

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## MEDICAL NEEDS OF YOUR CHILDREN

Our staff is **NOT** professionally trained to manage those students with special needs (i.e. Behavioral, Sensory Integration, or unable to integrate into scheduled programs). List any MEDICAL needs that your child may have, such as **ALLERGIES**—especially food, **EXISTING ILLNESS**, **PREVIOUS SERIOUS ILLNESS**, and **INJURIES** during the past 12 months, any **MEDICATIONS** prescribed for long-term continuous use. \_\_\_\_\_

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### AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or designated person in charge to take my child to:

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

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### INFANT TO ENTERING 3 YEARS OLD, please complete the following: (circle answer)

My child **IS** or **IS NOT** potty trained.

My child **DOES** or **DOES NOT** nap/rest.

My child sleeps **IN A CRIB** or **ON A MAT** or **EITHER**.

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### ENTERING 4 YEARS OLD THROUGH 4TH GRADE, please complete the following: (circle answer)

**MOVIES:** It is our policy that school-ages children (K through 4th) may be shown PG rated movies at the Director's discretion. My child is able to see rated PG movies: **YES** or **NO**

**FIELD TRIP/SPECIAL EVENTS:** I hereby **GIVE** or **DO NOT GIVE** my consent for my child to participate in all field trips/special events held during camp. Children without consent will remain at the church during these trips.

**TRANSPORTATION:** I hereby **GIVE** or **DO NOT GIVE** my consent for my child to be transported and supervised by facility staff for field trips by the church van/bus or staff's personal vehicle. Children without consent will need to be transported by a parent approved individual or remain at the church during these trips.

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### ALL AGES. This section must be filled out no matter what age your child is:

**PHOTOGRAPHS:** We will be photographing campers during the summer with the intent of creating a F.R.O.G. Camp slide show and for advertising on the church website. We will not use any last names on the website. My child may be photographed for this purpose **YES** or **NO**.

**BEHAVIOR ISSUES:** The program reserves the right to dismiss a child for reasons of non-cooperation, delinquency in payment of fees, or the inability of child or parent to adjust to the Program as determined by the Director. In addition, any repeat disruptive or inappropriate behavior by a child while in our care will be removed from the program. I understand the behavioral issues statement: **YES** or **NO**.

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By signing below, I agree to the choices circled on this consent form, release FUMC from liability and I give my consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic. I release FUMC and its agents from any liability for any action taken.

**\*\*SIGNATURE—Parent or Legal Guardian**

**\*\*Date**