

Westview UMC Day Camp Enrollment Form

Child's Name _____ Age _____ Birth date _____ Male/Female _____
Number of years before eligible for kindergarten enrollment _____

Parents' Relationship to Each Other: Married Divorced Separated Single
(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc. must accompany this form.)

Child lives with (please check all that apply):

Mother and Father Mother Father Other

Father's Name _____ Driver's License _____
Home Address _____ Phone _____
City _____ State _____ Zip _____
Occupation _____ Employer _____
Work Phone _____ Pager _____ Mobile _____
E-mail Address _____

Mother's Name _____ Driver's License _____
Home Address _____ Phone _____
City _____ State _____ Zip _____
Occupation _____ Employer _____
Work Phone _____ Pager _____ Mobile _____
E-mail Address _____

Siblings Names _____ Age: _____ Male/Female _____
_____ Age: _____ Male/Female _____
_____ Age: _____ Male/Female _____

Family religious preference _____ Church membership _____

How did you find out about our program? _____

List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name _____ Relationship to child _____
Address _____ Driver's License _____
City _____ State _____ Zip _____
Occupation _____ Employer _____
Work Phone _____ Home Phone _____ Mobile Phone _____

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Release of Child

I authorize that Westview United Methodist Day Camp may release my child, _____,
to the following persons, in addition to those already listed on this form.

Name _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Mobile Phone _____

Name _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Mobile Phone _____

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Westview United Methodist Day Camp staff to take my child to an Emergency Room or to the following physician or his/her associates, for medical care.

Dr. _____ Hospital _____

Address _____ Phone _____

City _____ State _____ Zip _____

Special Instructions _____

Parent's Power of Attorney for Child

I give consent for any and all treatment deemed necessary by the attending physician. (*Attach a photocopy of your insurance card*) In the event of a medical emergency involving my above-named child, the Westview United Methodist Church has my authority to act on my behalf to the extent necessary to give consent for medical treatment.

Signature of Parent/Guardian

(Date)

Waiver and Consent

I have received a copy of the parent handbook for the Westview United Methodist Summer Day Camp and agree to abide by the rules set forth concerning my child's care.

Yes No I give Westview UMC permission to use photos of my child for promotional purposes.

I understand that, while Westview United Methodist Church will endeavor to protect the health and safety of my child, the church/camp is unable to guarantee that accidents will not occur. I also understand that Westview United Methodist Church does not assume liability in the event of an accident or injury. Further, I hereby waive and release the church/day camp, staff, pastor, or other acting agents from any form of claim or demand arising from any accidents on or off the premises except in the case of willful or gross negligence.

Signature of Parent/Guardian

(Date)