

First United Methodist Church
Super Heroes Camp - July 23 -26, 2018

Please print

Name _____ Birthdate _____ Age _____

T-shirt size (Preschool only): _____

		<u>Allergies and Special Needs (check all that apply)</u>		
	Specific allergen	Symptoms of Reaction	How to Treat	
_____	Foods	_____	_____	_____
_____	Medicines	_____	_____	_____
_____	Pollens	_____	_____	_____
_____	Bee Stings	_____	_____	_____
_____	Other Special Needs	_____	_____	_____

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_____	Bee Stings	_____	_____	_____
_____	Other Special Needs	_____	_____	_____

Street Address/City/Zip _____
(Child's residence)

Parent(s)/Guardian _____

Home Phone _____ Work _____ Cell _____ Other _____

Emergency Contact Information

Name _____ Phone/Cell _____ Relationship to child _____

In an emergency, I hereby give permission to the Camp staff to get my child medical attention as soon as possible
Parent/Guardian signature _____ *Date* _____

Preschool VBS: Did you remember to include your child's T-shirt size? Yes No

Registrations Due: Monday, July 16 Checks payable to **FUMC**, memo: Preschool VBS
 Preschool Camp Registration: \$15 per child (\$20 for family)
 My Family Camp for toddlers and twos is FREE!

FOR OFFICE USE ONLY: DATE PD _____ AMOUNT PD _____ CASH OR CHECK # _____



Super Heroes Preschool Camp and My Family Camp, July 23-26, 2018

Received from _____ \$ _____ for Preschool Camp Registration for the following child(ren) _____, _____, _____

Date Received _____ Signature _____

Children need to be picked up in person by the adult designated to do so on the Daily Sign-in sheet.

Registration and payment of **\$15 per child or \$20 per family** (siblings) is **due by July 16** to First UMC church office.
 Make checks payable to "FUMC."