

Summer Day Camp Application for Admission

First United Methodist Church
401 Broad Street
LaGrange, Georgia 30240
706-884-4635 or dayschool@lagrangefumc.org

Camper's First Name _____ Camper's Last Name _____

Gender _____ Birthday ___/___/___ Current Age _____

Last Grade Completed _____ School Camper Attends _____

Parent's Name(s): _____

E-mail address: _____

Camper lives with: Father _____ Mother _____ Both _____ Other _____

Home Church _____

FAMILY INFORMATION

Home Address: _____

City: _____ State: _____ Zip: _____

Home telephone: _____

Father's cell phone: _____ Work Phone: _____

Mother's cell phone: _____ Work phone: _____

Emergency contact: _____ Phone: _____

This child may be released to the following person(s) :

1. Name: _____ Address: _____

Phone Number: _____ Relationship to Child: _____

2. Name: _____ Address: _____

Phone Number: _____ Relationship to Child: _____

3. Name: _____ Address: _____

Phone Number: _____ Relationship to Child: _____

ENROLLMENT OPTIONS Select the weeks of Camp and Extended Hours that you are registering for:

	Traditional Camp 9am-4pm	AM Extended Hours 7:30am-9:00am	PM Extended Hours 4:00pm-5:30pm**
Weeks 1-10 The entire summer!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week One* May 28 - 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week Two June 3-7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week Three June 10-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week Four June 17-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week Five June 24-28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week Six* July 2-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week Seven July 8-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week Eight July 15-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week Nine July 22-26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week Ten July 29 – Aug 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Holiday week **An overtime fee of \$5.00 will be charged for each 5 minute period or port thereof that a child remains in camp beyond scheduled hours.**

CAMPER INFORMATION

Does your child have an epi pen? Yes No

Does your child need an inhaler? Yes No

Can camper swim? Yes No

Allergies:

Medical restrictions:

Are there any medical problems, dietary or activity restrictions that the camp staff should be aware of?

General behavior (comment on personality and emotional development; does camper have difficulties, fears, or anxieties?)

CONDITIONS OF ENROLLMENT

1. There will be no camp on Memorial Day, Monday, May 27th or July 4th.
2. Applications cannot be confirmed unless accompanied by a \$50 registration fee per camper. This fee is non-refundable.
3. Class size will be limited and reservations will be based on the date of the paid registration.
4. I give camp staff authority to act on my behalf in case of emergency.
5. Methodist Day Camp Reserves the right to terminate registration of any camper if, in the opinion of the directors, it is in the best interest of the child or the camp.
6. The parent or guardian hereby consents to the use by First United Methodist Church of the camper's photograph or video image for public purposes. We will have a Facebook page again this year.
7. Payment for camp (\$140 per week; \$130 for FUMC members) must be received by **9AM** on the first day of each week of camp in order for the camper to participate that week.
8. A **cancellation notice** must be given to the camp director **at least two weeks in advance**; otherwise the full payment for the week(s) registered will be charged.
9. As parents, we understand the risks involved with camp activities and that no environment is risk free. We accept responsibility and grant permission for our child to participate in all camp activities and off campus excursions.
10. Children need to bring a sack lunch each day. An afternoon snack is provided.

I/We have read, understand and agree with the Conditions of Enrollment detailed above. Please enroll my child(ren) as named herein at Methodist Day Camp according to the program choices selected in the registration sections of this application.

Parent Signature

Date

Please return your complete application, medical release form,

and a copy of your insurance card

with your \$50 non-refundable registration fee per camper

(checks made payable to "FUMC") by Monday, May 13, 2019 to:

**First United Methodist Church
Summer Day Camp
401 Broad Street
LaGrange, Georgia 30240**

**Parental Permission/Medical Release From
First United Methodist Church
LaGrange, Georgia**

I/We, _____, ("Parent") permit my son/daughter _____ ("Child") to participate in all camp program and recreation program activities ("Activities") associated with First United Methodist Church of LaGrange, Georgia from January 1, 2019 to December 31, 2019. Parent further grants permission and consents to his/her child's participating in any activity sponsored by any group, association, or organization which activity the Church may deem appropriate.

First United Methodist Church of LaGrange, Georgia, and its officers, employees, agents, volunteers, and members, (collectively the "Church") are relieved by Parent of all liabilities for any and all accidents, actions, or events that might occur as a result of Child's participation in the Activities and any matters relating or incident thereto. It is the intention of Parent to make this an enforceable contractual waiver of liability for any and all consequences of Child's participation in Activities or in conjunction with any other activities or programs in connection with the Church. Parent intends this waiver to be interpreted as broadly as the law of Georgia allows.

Parent agrees to indemnify Church against and hold Church harmless from an and all claims, demands, liabilities, lawsuits, and expense for or on account of any injury to any person or any death at any time resulting from such injury to any person, or any damage to any property, which may arise (or may be alleged to have arisen) out of or in connection with Child's participation in Activities and related programs of the Church, even though such injury, death, or damage may be (or may be alleged to be) attributable partially to the negligence or other fault on the part of Church. In the event that Church is sued or prosecuted by any person for or on account of any activity, injury, death, or damage that is attributable in whole or in part to the negligence or other fault of Parent, Parent agrees to compensate Church for its reasonable attorney's fees incurred in the defense of any such lawsuit or prosecution.

Parent authorizes Church and its authorized representatives to make health care decisions on behalf of Child, including making decisions regarding his/her medical or dental care, whether routine or emergency in nature including admissions to hospitals or other institutions to consent to, to refuse to, or to withdraw consent to the provision of any care, tests, treatment, surgery, service or procedure to maintain, diagnose or treat a physical or mental condition, as well as the right to sign such forms as may be necessary to carry out such decisions; to talk with health care personnel who may be treating Child and to determine his/her medical records and to consent to the disclosure of such records in circumstances Church may deem appropriate; to file claims for medical insurance and to obtain information from any insurance company with respect to any policy of health or medical insurance under which Child is insured, provided however, that Church shall not be required to execute any document which would involve incurring any liability for any such treatment and care, and we affirm

I/We understand that during all activities pictures will be made in which our child/children may be photographed or videotaped. I give permission for photos of my child to be displayed in any published matter and/or the church website or Facebook page. _____ (Initials Parent/Guardian)

We have read and understand the General Policies for First United Methodist Church Summer Day Camp. _____ (Initials Parent/Guardian)

General Policies for Summer Camp

Pickup and Dropoff: Parents are responsible for bringing their children into the Children's Building and sign them in and out each day, using the entrance on Broad Street. On the enrollment form list all persons authorized to pick up your child in both normal and unusual circumstances. All persons not known to the staff will be asked to show identification. According to state regulation those picking up your children must be at least sixteen years of age.

What to Bring: Children must wear tennis shoes, we will be on the playground every day, weather permitting. Each child should bring an extra set of clothes and spray bottle of sunscreen in a backpack in case needed. On Fridays children will need a towel, flip flops and bathing suit for water fun. Children should have sunscreen applied each day at home before coming to camp. Children will be given time to re-apply sunscreen before going outdoors in the afternoon. Be sure to send sunscreen that the child can apply by themselves. **DO NOT BRING TOYS OR ELECTRONICS FROM HOME**, unless requested.

First United Methodist Church is a mandatory reporting facility; therefore, any suspected child abuse, sexual abuse, neglect or other abuse will be reported within the guidelines of the **Mandated Reporter Law - O.C.G.A. §19-7-5 (2016.)** Our primary focus is the protection of your children.