

**Spring Woods United Methodist Church
2011 Summer Discovery Camp**

Please check: **Tuesdays and Thursdays 9:30 a.m. to 2:30 p.m.**
_____ **Session One** **June 7th – June 30th**
_____ **Session Two** **July 5th – July 28th**

PLEASE FILL OUT THE ENTIRE FORM (FRONT AND BACK).

Name of Child: _____ Age: _____ Months: _____

Nickname: _____ M/F _____ Age and/or Grade Completed: _____

Date of Birth: _____ Physician and Phone: _____

In case of emergency contact: _____ Phone: _____

Parents' Name(s): _____

Address: _____ City/Zip: _____

Day Phone: _____ Evening Phone: _____

Hospitalization Insurance Company: _____

Policy Number: _____

Other emergency contacts and persons authorized to pick up my child:

(1) Name: _____ Phone: _____

Business/Cell Phone: _____ Relationship: _____

(2) Name: _____ Phone: _____

Business/Cell Phone: _____ Relationship: _____

Is your child taking any medication on a regular basis? _____

Does your child have any known allergies? _____

Does your child have any food or diet restrictions? _____

Is your child restricted from participating in any physical activity? _____

If yes, please explain: _____

By my signature of this registration form, I give my permission to take photographs of children's activities in which my child is participating to be used as ministry information and advertisement in church publications.

**The reserve side of this form must be completed for your
child to be registered for Summer Discovery Camp.**

