

FOR OFFICE USE ONLY

Registration Amount Paid _____

Cash _____

Check # _____

Fellowship School
Summer Day Camps
(Kindergarten - Sixth Grade)
2010 Registration Form

Please indicate camp choices:

_____ **June 11**

_____ **Week One, June 14 -18**

_____ **Week Two, June 21 - 25**

_____ **Week Three, June 28 - July 2**

_____ **Week Four, July 5 - 9**

_____ **Week Five, July 12 - 16**

_____ **Week Six, July 19 - 23**

_____ **Week Seven, July 26 - 31**

_____ **Week Eight, August 2 - 6**

_____ **Week Nine, August 9 - 13**

_____ **Week Ten, August 16 - 20**

_____ **August 23** _____ **August 24**

Child's Name _____

Child's Age _____ Birth Date _____ Grade (Fall 2010) _____

Parents' Names _____

Address _____

_____ Zip _____

Mother's Phone Numbers (H) _____ (W) _____ (Cell) _____

Father's Phone Numbers (H) _____ (W) _____ (Cell) _____

Emergency Contacts _____ Phone _____

_____ Phone _____

Child's Physician _____ Phone _____

Hospital Preference _____

Food Allergies or other pertinent health concerns _____

List all current medications _____

(Any campers who might need to have medications administered during camp hours are required to have a **Medication Consent Form** on file with the school - this form can be completed by a parent when the medication is delivered to the school.)

****OVER**

Please list all persons authorized by you to pick up your child from camp should you be unable to do so. If an individual who is not listed will be picking up your child, please call the school to let the director know that you are authorizing the pick up.

Authorized individual:

Relationship to child:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- **A Registration Fee of \$20 is required to hold your camp choices. All registration fees are to be returned with this form. REGISTRATION FEES ARE NOT REFUNDABLE IF YOU CHOOSE NOT TO ATTEND FELLOWSHIP SUMMER DAY CAMPS.**
- You will be informed as to which camps are available for your child, and invoiced for tuition upon receipt of your registration.
- ***Make checks payable to Fellowship Day School.***

Fellowship School
Summer Day Camps

2010 LIABILITY AND MEDICAL RELEASE FORM

This is a signed agreement stating that I, the parent or guardian, of _____, will not hold any of the Fellowship Staff responsible financially or otherwise for any accidents or mishaps that may occur while my child is attending the Fellowship Day School Summer Day Camps Program.

If emergency medical treatment is required for my child, and I cannot be reached before treatment is considered necessary, I grant permission for medical treatment to be obtained by the Fellowship Staff. The decision that treatment is necessary will be based on the opinion of a licensed physician.

I agree to notify the Fellowship Staff if there are any changes in my child's medical condition or medication list.

I also confirm that my child is up to date on all immunizations.

Signed _____ Date _____

Fellowship School
Summer Day Camps
2010 Field Trip Permission Form

This Field Trip Permission Form gives Fellowship Summer Day Camp, its employees and assigns, permission to take the below named camper off church property for camp approved field trips. Parents will be notified in advance of individual field trips via our activity calendar and updates.

Camper's Name _____

Parent Name _____

I, the above named parent, do hereby give permission for Fellowship Summer Day Camp, its employees and assigns, to take my child, the above named camper, on field trips off church property during the period of summer camp (June 11 – August 24, 2010). I understand that this permission form is valid for all summer camp 2010 field trips. I understand that these trips will be under the direct supervision of Fellowship Summer Day Camp staff, and that my child will be transported in a Fellowship School owned vehicle.

I will not hold Fellowship Summer Day Camp, Fellowship Presbyterian Church or its employees or assigns, liable for any injury or harm which may accidentally occur to my child during field trips.

Parent Signature _____ Date _____