

2010 Oak Grove United Methodist Church's Summer Camp Student Registration

Child Information:

Name of child: _____ Nickname: _____ Sex: _____

Address: _____ Zip Code: _____

Home Phone: _____ Birth date: _____

Primary Residence: Both parents ___ Dad only ___ Mom only ___ Other ___

Home Church: _____

Previous Preschool/Childcare experiences _____

Name of any other schools/day care child where child is currently enrolled:

Name and Phone Number of child's physician _____

Allergies/Food Restrictions/Other Special Needs _____

Persons (other than child's parents) who are authorized to pick up child: _____

Names and phone numbers of two adults to contact if parent(s) cannot be reached in the event of an emergency:

Parent/Guardian Information: (Complete all that is applicable)

Mother's Name: _____ Cell Number: _____

Address (if different from child) _____

Email Address _____

Mother's Occupation: _____ Work Phone: _____

Mother's Place and Address of Employment: _____

Father's Name: _____ Cell Number: _____

Email Address _____

Address (if different from child) _____

Father's Occupation: _____ Work Phone: _____

Father's Place and Address of Employment: _____

5 day - \$75

3 day - \$45 Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___

2 day - \$30 Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___

Please plan to provide your own Peanut Free Snack!



CREEPY
CRAWLIES
CAMP!