

The Arts Summer Fun Camp June 24-June 27
9:00 a.m.-12:00 p.m.
Camp Fee (includes supplies and snack) \$125/child
3543 Robinhood Road, W-S, NC 27106
336-760-2326
www.mttaborumpreschool.org

Child's Name _____ Male/Female

Name Called _____

AGE _____ Date of Birth (mm/dd/yyyy) _____

Home Address _____

City _____ St _____ Zip _____

Special Needs _____

Allergies _____

Epi-Pen Required? _____

Church Membership or Affiliation _____

Mother's Name _____

First Last

Address _____

City _____ St _____ Zip _____

Mother's Email _____

Home Phone _____ Mother's Cell Phone _____

Mother's Work Phone _____

Father's Name _____

First Last

Address _____

City _____ St _____ Zip _____

Father's Email _____

Home Phone _____ Father's Cell Phone _____

Father's Work Phone _____

Emergency Contact:

Name _____ Phone _____

Name _____ Phone _____

Names of those Approved to Pick Up Your Child from Camp:

***The Summer Fun Camp Fee is due at registration. Your child will not be registered for camp until this form and the Camp Fee is received.**

Camp Fees are NON-REFUNDABLE as we base our staffing on registration.

I understand that by signing this form I agree to pay the fees listed for my child, _____, to attend the Mt. Tabor Preschool Summer Fun Camp(s). I understand that payment of the fee assures my child a place in the camp and is non-refundable.

If your child is crying and we are unable to settle your child or your child becomes ill during the day, etc. you will be called to pick up your child from camp. There will be no refund for any time missed from camp.

In the event of an accident or illness which requires immediate medical treatment when a parent cannot be located, I give permission for the Preschool Director of Mt. Tabor United Methodist Preschool or other Preschool personnel designated by the Director to authorize needed treatment. I will not hold the Preschool nor medical personnel responsible. I assume all financial responsibility for the delivery of such care. This is done with the understanding that every attempt will have been made to contact the parents, and other people listed for emergency contact.

*If the camp is cancelled due to insufficient enrollment, the fee for that camp will be **refunded**.

Parent/Guardian Signature : _____ Date _____