

**2016 Preschool Summer Camp
Registration Form**

Name of Child: _____

Age of Child (Circle One): 3 years old 4 years old 5 years old

Parent Name: _____

Address: _____

Phone: H# _____ C# _____

Email: _____

Does your child have any needs about which we should know? Circle Yes or No.

If Yes identify them: _____

Emergency Contact (Other than Parents):

Name: _____

Address: _____

Phone: _____

Physician's Name and Phone Number:

List of Persons Authorized to Pick-up this child:

Name and Phone Number _____

Parent's Agreement: I agree to entrust the care of my child to the staff and volunteers of Decatur First Christian Church during the dates and times given for this camp experience. I agree to communicate any concerns regarding my child to the staff and volunteers so that they can provide appropriate care for my child. I agree to drop off and pick up my child at the set times and dates for the camp. I understand I may be charged a fee of \$10 for each incident, in addition to the registration, should I fail to pick up my child within 15 minutes of the ending time for camp daily.

Parent's Signature: _____ Date _____

Parent Sign In and Out

Child's Name _____

Monday, 6/6 IN _____

OUT _____

Tuesday, 6/7 IN _____

OUT _____

Wednesday, 6/8 IN _____

OUT _____

Thursday, 6/9 IN _____

OUT _____

Friday, 6/10 IN _____

OUT _____