

Weekday Program Summer Camp 2010
 First United Methodist Church Director: Donna Kirkwood, Ph.D.
 3160 E. Spring Creek Parkway Plano, TX 75074
 Phone 972) 423-4910 Fax 972) 633-9126

<u>Office Use Only</u>
Date of Admission _____
Date of Withdrawal _____
Class Level _____
Days Enrolled _____
Hours Enrolled _____

Child Information					
Last Name	First Name	Goes By	Date of Birth	Age as of 6/1/10	Sex (M/F)
Home Address			City	State	Zip Code Home Phone #

Parent/Guardian Information							
List telephone numbers where parents/guardians may be reached while child is in care.							
Mother	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Guardian	Father	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Guardian
Last Name First Name				Last Name First Name			
Home Address (if different from child)				Home Address (if different from child)			
Home Phone #		Cell Phone #		Home Phone #		Cell Phone #	
E-Mail Address				E-Mail Address			
Employer Name			Work Phone #	Employer Name			Work Phone #

Pick Up List (other than parents)			
I hereby authorize the Weekday Program to allow my child to leave ONLY with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			
Name	Phone #	Name	Phone #
Are there any people who might try to call for your child who, for legal or other reasons that you have discussed with the Director, may not take the child? <input type="checkbox"/> no <input type="checkbox"/> yes Who?			
If this person is a parent, we MUST have a copy of the custody agreement on file.			

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION			
<input type="checkbox"/> In the event I cannot be reached to make arrangements for emergency medical care, I authorize the Weekday Program to secure any and all necessary emergency medical care for my child.			
Name of Physician or Hospital:	Address:	Phone #:	
Insurance Company:	Policy Number:	Phone #:	
EMERGENCY CONTACT (other than parents)			
Give the name, address and phone number of person to call if parents or guardian cannot be reached.			
Name:	Address:	Phone #:	Relationship
List any known allergies (that we should post), special nutritional needs, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months. Include medications prescribed for continuous, long term use, and any other information which staff should be aware of: <input type="checkbox"/> none			

CHECK ALL THAT APPLY:		
1. <input type="checkbox"/> WATER ACTIVITIES: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give -my consent for my child to participate in water activities. <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> water table play		
2. WEEKDAY PROGRAM CHILDREN: <input type="checkbox"/> My child attends FUMC Weekday Program and his/her immunization record is on file at the school and all immunizations and tuberculosis test (if required) are current. CHILDREN NEW TO THE WEEKDAY PROGRAM: <input type="checkbox"/> I have provided the Weekday Program with a current immunization record and tuberculosis test (if required).		
3. <input type="checkbox"/> WEEKDAY PROGRAM POLICIES: I have downloaded a copy of the Weekday Program Parent's Handbook from http://www.fumcplanowekday.org/philosophy.shtml including those for discipline and guidance. I have read, understand and agree to abide by the policies as stated in this document.		
4. <input type="checkbox"/> IMAGE USE: I authorize the Weekday Program to use (non-identifiable) photographs and class work of my child for church use and school publicity.		

Please enroll my child in the following:

Session 1 June 1-June 25* <input type="checkbox"/> M/W/F 9:00-2:00 <input type="checkbox"/> T/Th 9:00-2:00 <input type="checkbox"/> M-F 9:00-2:00	Session 2 June 28-July 23* <input type="checkbox"/> M/W/F 9:00-2:00 <input type="checkbox"/> T/Th 9:00-2:00 <input type="checkbox"/> M-F 9:00-2:00	Session 3 July 26-Aug 20 <input type="checkbox"/> M/W/F 9:00-2:00 <input type="checkbox"/> T/Th 9:00-2:00 <input type="checkbox"/> M-F 9:00-2:00
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Morning Extended Day 7:00-9:00 M T W Th F

Afternoon Extended Day 2:00-6:30 M T W Th F

Pre- and Post-camp sessions are available for children who require care while their parents work:

Post-Camp Session August 23-31 7:00-6:30

Monday 8/23
 Tuesday 8/24
 Wednesday 8/25
 Thursday 8/26
 Friday 8/27
 Monday 8/30
 Tuesday 8/31

*Summer Camp is closed May 31 and July 5.

I understand that I will be billed for and expected to pay for all the days/weeks that I have checked above (unless changes have been made in the Weekday Program Office at least one week in advance).

Signature – Parent or Legal Guardian

Date