



## SUMMER CAMPS 2017

Sally Katz, Director

770-441-9444

[skatz@simpsonwoodumc.org](mailto:skatz@simpsonwoodumc.org)

Three sessions are offered: June 5-9, July 10-14, August 14-18  
(*All children must be 3, 4 or 5 and must be potty trained.*)

**Fee is \$100 per session. Hours: 9:30am – 1pm, Monday thru Friday**

**Deposit of \$50 per session (non-refundable) is due at time of registration.**

**Balance due (\$50) by: June 5 for session 1, July 3 for session 2, Aug. 7 for session 3**

**Snack will be provided; you send a lunch.**

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Session 1 \_\_\_\_\_ June 5-9 – Let's go to the Beach

Session 2 \_\_\_\_\_ July 10-14 - Wacky Winter

Session 3 \_\_\_\_\_ August 14-18 – Last Blast

**Parents Names** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**Mom's Cell** \_\_\_\_\_ **Dad's Cell** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please fill out the registration form and the emergency medical release form.*

**SUMC Preschool is not and does not need to be licensed by the state.**

## Emergency Medical Release Form

I hereby grant permission for Simpsonwood's Staff to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact parent/guardian
2. Attempt to contact the child's physician
3. Attempt to contact emergency persons listed below
4. Call another physician or ambulance
5. Take the child to a hospital

Any expenses incurred under the above will be borne by the child's family. Neither the Church nor the Preschool is responsible for anything that may happen as a result of false or personal information given at the time of enrollment.

Please contact in the event I cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Physical Limitations or Allergies \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance and Policy # \_\_\_\_\_

I hereby grant permission to any hospital to administer treatment to my child in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance or car if warranted.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_