

Church of the Master
VBS, Day Camp, & Survivor Camp 2019
Registration Form

Office Use Only:

_____ # children registered

\$_____ amount due

Paid? Yes No

Please complete.

Family Last Name: _____

Street Address: _____

City _____ Zip _____

Home Phone: _____

Parent/Guardian #1 Name: _____

Cell Phone: _____ E-mail: _____

Parent/Guardian #2 Name: _____

Cell Phone: _____ E-mail: _____

Home Church: _____

Medical Insurance Company: _____ Policy # _____

Emergency Contact Name: _____

Emergency Contact Phone: Home or Work: _____ Cell: _____

Permissions - Please initial the following items if it is applicable and you agree and grant permission.

Photo & Video Releases:

_____ I grant permission to Church of the Master United Methodist to photograph my child(ren) during activities and use the photographs in audio-visual and printed materials without compensation or approval rights. Photos may be used on the church website or church Facebook page. According to church policy, church employees will not publish a child's name along with any photos without express permission of parent or guardian.

_____ I grant permission to Church of the Master United Methodist to post a video of my child(ren) during activities and use the video in audio-visual and printed materials without compensation or approval rights. Videos may be posted on YouTube and linked to the church website or church Facebook page. According to church policy, church employees will not publish a child's name along with any videos without express permission of parent or guardian. All videos posted will be approved by the Director of Children's Ministries.

Extreme Weather Transportation Permission for Day Camp:

_____ I give permission for our child(ren) to ride in a Day Camp Leader's car or van to return to Church of the Master for the duration of the camp day in case of extreme weather conditions at Camp Sugarbush. The Camp Director will notify parents via e-mail or phone if this occurs.

Field Trip Permission for Survivor Camp:

_____ I give permission for my child(ren) to participate in field trips planned during Survivor Camp. These groups will be accompanied by the Director of Next Generations and at least one other adult on each trip.

Form continues on the reverse.

Please complete 1 Student Profile per child in your family.

**** If you have more than one child, please complete an additional "Student Profile" for each child. ****

Student Profile: # _____ of _____ for Family Last Name: _____
↑ total # of children from family being registered

Child's Name: _____ Birth date: _____ Age: _____

Sex: _____ Grade (beginning Fall 2019): _____ School: _____

One friend that your child requests to be grouped with: _____

Medical History of Above Student:

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. **Include names of medications and dosages that must be taken.**

Check the following areas of concern for this student. If necessary, add another page with details:

1. Does your child have allergies to:

- pollens medications food insect bites

Please list:

2. Will your child bring: an inhaler an epi-pen medications

3. Is your child being treated for, or ever experienced any of the following:

- asthma emotional/behavioral disorder heart trouble diabetes
 frequently upset stomach physical handicap epilepsy / seizure disorder

4. Are your child's immunizations current? yes no If no, please explain: _____

5. Does your child wear: glasses contact lenses

6. Should your child's activities be restricted for any reason? Please explain:

I sign below that all the information I have provided is correct and that I have initialed the releases and permissions that I grant to Church of the Master on behalf of my children.

Parent/Guardian Signature: _____ **Date:** _____

Fees:

VBS: \$25.00 Day Camp: \$35.00 Family Cap of \$70.00 - maximum cost for children in the same family attending VBS and/or Day Camp. (Survivor Camp is not included in this cap.)

Survivor: \$55.00 Partial scholarships are available.

Checks should be written to Church of the Master with "ROAR" in the memo line.

Registration Deadline: July 19, 2019