

# Veggie Tales Summer Day Camp Registration Form 2009

1 week~\$100 & both weeks~\$190

If you are registering more than one child, please complete separate registration forms.

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

Child's Birthdate: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Please list ONE friend you would like to be in class with (must be the same age as you):

\_\_\_\_\_

**Select the Age Appropriate Classroom:** (Please check one)

\_\_\_\_\_ 4 year old or Entering Pre-K (as of September 2009)

\_\_\_\_\_ 5 year old or Entering Kindergarten (as of September 2009)

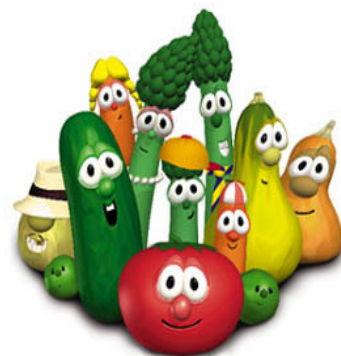
\_\_\_\_\_ Entering 1<sup>st</sup> Grade (as of September 2009)

**Sessions:** (Please check one)

\_\_\_\_\_ Both Weeks

\_\_\_\_\_ July 13-16 (only)

\_\_\_\_\_ July 20-23 (only)



**Family Information:**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email \_\_\_\_\_

Church Affiliation : \_\_\_\_\_

Emergency Contact Person (other than parent): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

(PLEASE COMPLETE BOTH SIDES OF THIS FORM)

# Financial Agreement and Medical Release Form

## Financial Agreement:

1. A **NONREFUNDABLE** deposit of \$30 per week will hold your child's place in Veggie Tales Camp. (Make the checks payable to WTBC.)
2. You must write **TWO** separate checks if you have campers in **Veggie Tales Camp and Fine Arts Camp**.
3. The remaining balance will be due July 1, 2009.
4. Tuition (less the \$30 deposit) will not be refunded unless we can fill your child's spot.
5. Summer Day Camp is a separate entity from Children's Day Out.

## Medical Release:

- I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the camp.
- I hereby grant permission for the Director or Assistant Director to take whatever steps may be necessary to obtain emergency care for my child. These steps may include, but are not limited to the following;
  1. Attempt to contact a parent or guardian, the emergency contact person, or the child's physician listed on this registration form.
  2. If we cannot reach your child's physician, we will do one or both of the following: call another physician or the paramedics, and/or have the child taken to the closest emergency room in the company of a staff member. Any expenses incurred will be borne by the child's family.
  3. The camp will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

The camp **WILL NOT** assume responsibility for a child who has not been signed in upon arrival for the day.

**If your child has an Epi-pen or other prescription medication, our camp nurse must have a doctor's order to administer that medication. Please fax those orders to the church office at (281) 980-1741 ATTN:**

**All over-the-counter medications require written permission from the parent.**

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

Known Allergies \_\_\_\_\_

Medical Conditions & current medications that we need to about \_\_\_\_\_

**I understand and accept the financial and medical policies as listed above.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Date Entered ACS \_\_\_\_\_ Check # \_\_\_\_\_ Check Amount \_\_\_\_\_ Balance Due \_\_\_\_\_

For further information on registration please call Marianne Maerz 281 275 6508

For further information regarding camp please call:

Ann Brothers, Camp Director 281 275 6532