

Broadmoor United Methodist Summer Day Camp 2018 Registration Form

Indicate below the weeks for which you are registering:

Weeks are paid in advance of attendance!

Changes must be made in writing by May 18, 2018 or you will be charged for all weeks marked.

- | | |
|--|---|
| <input type="checkbox"/> Week One (May 29-June 1) <small>CLOSED MONDAY, MAY 28</small> | <input type="checkbox"/> Week Six (July 2-July 6) <small>CLOSED WEDNESDAY, JULY 4</small> |
| <input type="checkbox"/> Week Two (June 4-June 8) | <input type="checkbox"/> Week Seven (July 9-July 13) |
| <input type="checkbox"/> Week Three (June 11-June 15) | <input type="checkbox"/> Week Eight (July 16-July 20) |
| <input type="checkbox"/> Week Four (June 18-June 22) | <input type="checkbox"/> Week Nine (July 23-July 27) |
| <input type="checkbox"/> Week Five (June 25-June 29) | <input type="checkbox"/> Week Ten (June 30-August 3) |

Indicate below the program for which you are registering:

We offer a 10% sibling discount.

- | | |
|---|---|
| <input type="checkbox"/> Full Time 5 Days/Week (\$185/wk) | <input type="checkbox"/> Part Time 3 Days/Week (\$130/wk) |
| <input type="checkbox"/> Part Time 4 Days/Week (\$158/wk) | <input type="checkbox"/> Part Time 2 Days/Week (\$100/wk) |

Date of Birth: ____/____/____

2017/2018 (CURRENT) Grade: _____

Child's Full Name: _____ Male Female

Mailing Address: _____ City: _____ Zip: _____

Father's Name: _____ Email Address: _____

Place of Employment: _____ Work #: _____

Occupation: _____ Cell #: _____

Mother's Name: _____ Email Address: _____

Place of Employment: _____ Work #: _____

Occupation: _____ Cell #: _____

Siblings in Summer Day Camp: (names and current grade)

Are you a member of Broadmoor United Methodist Church? _____

How did you hear about us? Website/ Web search Drove by Referral

Please indicate who referred you: _____

T-Shirt Size: *Each Child will be given 2 shirts **Youth:** XS S M L **Adult:** S M L XL

Parent Signature: _____ Date: _____

A non-refundable registration fee (\$100) must accompany this form. Checks should be made payable to BUMC-SDC and include your child's name in the memo section.

OFFICE USE ONLY

Registration Fee _____ Check # _____ Date Received _____

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Child's Name: _____

Known Allergies or Medical Conditions: _____

Current Medications: _____

Physician's Name: _____ Phone: _____

Please include a copy of your child's current immunization record, as required by State Licensing.

The Following Persons Have Permission to Pick Up My Child:
(Pick up time is no later than 5:45pm. A late fee will be assessed at 5:46pm)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Please initial below, indicating you have read and understand the following:

___ **Tuition:** Tuition is to be paid in advance. Weekly tuition must be received by the first day of each week attending. If tuition is not paid for that week, your camper will not be allowed to attend until tuition is received. You are welcome to pay for more than one week at a time.

___ **Electronics:** We are an electronic free camp for all campers. Campers are not allowed to bring ipods/mp3 players, phones, electronic games, etc. to camp. If the device is brought to camp, it will be placed in the office until picked up by a parent. Broadmoor is not responsible for any toy/ device that is lost, stolen, or broken.

___ **Lunch:** Parents will provide a lunch every day with a drink. No "hard coolers" please. We will provide a morning and afternoon snack. Water will be available to the children throughout the day.

___ **Field Trips & Water Activities:** My child has permission to participate in water activities as well as attend all camp field trips, including, but not limited to Tara Swimming Pool. Broadmoor had permission to transport my child by school bus on field trip days.

___ **Camp T-Shirts:** Campers will receive two camp t-shirts. We will go on 2 to 3 field trips a week and campers are required to **WEAR THE SHIRT** on all field trips.

___ **Video/Photography:** I give Broadmoor United Methodist Summer Day Camp permission to use my child's photographs for any sponsored advertising on the website, Facebook, and in print free of charge.

___ **Immunizations:** I understand that I must provide a copy of my child's immunization records within 30 days of starting the center.

___ **Disenrollment:** I will notify Broadmoor United Methodist Summer Day Camp in writing two weeks prior to any change in my child's status and/or disenrollment.

___ **Emergency:** I permit Broadmoor United Methodist Summer Day Camp to secure medical treatment for my child.

Parent Signature: _____ Date: _____