

New Perth Summer Camp Registration Form

Child's Name

Birthdate

Shirt Size

Parent/Guardian's Name & Phone number

Address

Email address

Place of Work & Phone Number

Preferred Payment Schedule

Weekly

Biweekly

Monthly

Weekly payments are to be made on Monday of each week for that week.

Biweekly payments are to be made on the first Monday of the first week.

Monthly payments are to be made on the first Monday of the month. Credit and Debit cards are accepted with a \$2 fee.

Others To Whom Your Child May Be Released:

Parent's Signature

Date

Check weeks your child will be attending

- June 10-14
- June 17-21
- June 24-28
- July 1-5 – Closed
- July 8-12
- July 15-19
- July 22-26
- July 29- August 2
- August 5-7

New Perth After School Emergency Contact and Health Form

Emergency Contact 1

Relation

Emergency Contact 2

Relation

Phone Number

Phone Number

Emergency Contact 3

Relation

Emergency Contact 4

Relation

Phone Number

Phone Number

Doctors Name

Phone Number

Insurance Company

Policy Number

Illnesses your child regularly suffers with/ Conditions that would affect participation in activities:

Medications Taken Regularly and Dosage:

Any Known Allergies:

Are your child's immunizations up to date? _____

/ /

Parent's Signature

Director's Signature

Date

New Perth After School and Summer Camp Permission Form

I have read, understand, and agree to the polices stated in the New Perth After School and Summer Camp 2019 handbook.

Yes No

I give you permission to use photos of my child, _____, on the church website and/or newsletter.

Yes No

I give permission for my child to go on field trips. I release New Perth After School Care and Summer Camp and individuals from liability in case of accident during activities related to New Perth After School Care and Summer Camp, as long as normal safety procedures have been taken.

Yes No

I give you permission to apply sunscreen and/or bug spray to my child, _____, when needed.

Yes No

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies **only** in the event that neither parent/guardian can be reached in the case of an emergency.

Yes No

Name

Date