

# 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
Payment method		Credit Card		ACH		Check or Cash

Weekly payments are due Monday of each week - Biweekly payments are due the first Monday of the first week.  
Monthly payments are due on the first Monday of the month.

**Invoices will be received through email by Square. You may pay your invoice online with credit card with a 3.3% fee or in person with a 2.9% fee or ACH no fee will be added, check or cash.**

Others To Whom Your Child May Be Released:

Parent's Signature

Date

Check weeks your child will be attending and if not attending full time, please write the days beside the week.  
**You will be financially responsible for the weeks you choose whether you are here or not.**

**May 27-31<sup>st</sup> Closed**

- June 3 - 7 \_\_\_\_\_
- 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 5-9 \_\_\_\_\_

# New Perth After School Emergency Contact and Health Form

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Emergency Contact 1

Relation

Emergency Contact 2

Relation

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Phone Number

Phone Number

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Emergency Contact 3

Relation

Emergency Contact 4

Relation

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Phone Number

Phone Number

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Doctors Name

Phone Number

Insurance Company

Policy Number

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

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Medications Taken Regularly and Dosage:

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Any Known Allergies:

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Are your child's immunizations up to date? \_\_\_\_\_

/ /

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Parent's Signature

Director's Signature

Date

# New Perth After School and Summer Camp Permission Form

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I do not give you permission to use photos of my child, \_\_\_\_\_, on the church website and/or newsletter.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I do not give permission for my child to go on field trips.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for the teacher to give my child:

Tylenol  or Motrin  to reduce fever until child can be picked up or for headaches.

Benadryl  for bug bites or allergic reaction.

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.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I do not give you permission to apply sunscreen and/or bug spray to my child, \_\_\_\_\_, when needed.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_