



First United Methodist Church Summer Program

Welcome to CHAMP CAMP! Thank you for the opportunity to minister to your child this summer. We have lots of fun activities planned Tuesday – Thursday, 9am – 2pm.

Dates for CHAMP CAMP are divided into two sessions:

Session 1 dates are: May 29, May 30, May 31, June 5, June 6, June 7, June 12, June 13, June 14, and June 19.

Session 2 dates are: June 20, June 21, June 26, June 27, June 28, July 3, July 5, July 10, July 11, and July 12.

Registration will run through May 18 and the total for Session 1 is due at the time of registration. This is what will hold your spot! Cost per session is \$117 for all 10 dates or \$13 per day. There is no scaled rate for families with multiple children. The cost for Session 2 is the same as Session 1 and will be due on June 14.

CHAMP CAMP is open to children from 3 years of age (must be 3 before September 30, 2018) to those entering 6th Grade in the fall of 2018. (We will accept 2 year olds who are enrolled in our preschool for the fall of 2018 or who have an older sibling enrolled in CHAMP CAMP).

Our theme for the summer will be “Christ Has A Master Plan” (CHAMP). We will be celebrating the Victory that comes from our following Christ’s plan for our lives!

“But thanks be to God! He gives us the victory through our Lord Jesus Christ.”

1 Corinthians 15:57

Here are a few important notes:

- Lunch - Kids will need to bring their own lunch.
- Snack - We will provide a snack. Please indicate on your registration form ANY ALLERGIES your child might have.
- We will have carpool line this year. We will begin at 8:45 in the morning and 1:45 in the afternoon. Hours are 9:00 AM until 2:00 PM. We do have a door buzzer system at the church. Doors will be unlocked from 8:45- 9:30 each morning and from 1:30- 2:15 each afternoon. If you must come at any other time, you will need to be buzzed into the building.
- Fun is the rule!

Lastly, should you have any questions or concerns regarding our summer program, please do not hesitate to contact me. You may reach me at the church 387-2111, on my cell 544-0328 (please feel free to text) or email at tamara@jasperfirstumc.com. We love children at FUMC and we want your children to experience the love of Jesus Christ here.

IMPORTANT: The total for Session 1 is due with the return of the registration form.

CHAMP CAMP ENROLLMENT

MY CHILD WILL ATTEND THE FOLLOWING DAYS DURING SESSION 1:

ALL _____ (Pricing is \$13 per child or \$117 for the entire 1st session)

May 29 _____ May 30 _____ May 31 _____ June 5 _____

June 6 _____ June 7 _____ June 12 _____ June 13 _____

June 14 _____ June 19 _____

MY CHILD WILL ATTEND THE FOLLOWING DAYS DURING SESSION 2:

ALL _____ (Pricing is \$13 per child or \$117 for the entire 2nd session)

June 20 _____ June 21 _____ June 26 _____ June 27 _____

June 28 _____ July 3 _____ July 5 _____ July 10 _____

July 11 _____ July 12 _____

***Completed registration form and total payment for Session 1 due by May 18.
Payment for Session 2 is due on June 14.***

Child's Name: _____
Last First GOES BY (nickname, etc.)

Birth Date mm/dd/yy: _____

Grade/PreSchool class level your child will be entering **Fall 2018:** _____

Parent/Guardian Full Name(s): Mother: _____

Father: _____

Mailing Address: _____

Email Address: _____

**IMPORTANT: How do we reach you while your child is at the church?
(Must be filled in completely)**

Mother: Home _____ Work _____ Cell _____

Father: Home _____ Work _____ Cell _____

These persons are to be called in case of an EMERGENCY (illness, injury or behavioral issues) should FUMC not be able to reach parents and/or guardian (must list at least one person in case you cannot be reached):

NAME	Relationship	1 st Number	2 nd Number
1.			
2.			

ARE THERE INDIVIDUALS THAT YOUR CHILD SHOULD NOT BE RELEASED TO?
PLEASE LIST:

SPECIAL NEEDS OF YOUR CHILDREN

List any special needs that your child may have, such as *ALLERGIES*—especially food, *EXISTING ILLNESS*, *PREVIOUS SERIOUS ILLNESS*, and *INJURIES* during the past 12 months, any *MEDICATIONS* prescribed for long term continuous use, any *SPECIAL NEEDS or DISABILITIES* and any other information of which the staff should be aware for the safety of your child:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or designated person in charge to take my child to:

Name of Physician: _____ Phone: _____

Name of Hospital: _____ Phone: _____

INFANT TO ENTERING 3 YEARS OLD, please complete the following: (circle answer)

My child **IS** or **IS NOT** potty trained.

My child **DOES** or **DOES NOT** nap/rest.

My child sleeps **IN A CRIB** or **ON A MAT** or **EITHER**.

ENTERING 4 YEARS OLD THROUGH 5TH GRADE, please complete the following: (circle answer)

MOVIES: It is our policy that school-ages children (K through 6th) may be shown PG rated movies at the Director's discretion. My child is able to see rated PG movies:

YES or **NO**

By signing below, I agree to the choices circled on this consent form, release FUMC from liability and I give my consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic. I release FUMC and its agents from any liability for any action taken.

****SIGNATURE—Parent or Legal Guardian**

****Date**