

Summer Camp 2017 Registration

Please make check in the amount of **\$320** payable to Wesley Preschool

Child's Name _____ ()M ()F Birthday _____
Last First Month/Day/Year

Address _____
Street City State Zip

Home Phone _____

Father _____ Mother _____

Office Phone _____ Office Phone _____

Cell Phone _____ Cell Phone _____

Email _____

Emergency Contact _____ Phone _____
Other Than Parent

List allergies or other health concerns _____

Does your child require an EpiPen at camp? _____ (Yes/No)



Consent to Participate/Medical Release

I/We _____, being the parent(s), legal guardian(s)
Print Name

of _____, a minor of _____ years of age, consent
Print Name

and agree that my son/daughter may participate in Camp at Wesley United Methodist Church, Vienna, Virginia, 22180 on the dates of June 5-16, 2017.

I/We consent for the Camp leaders to secure the administration of medical treatment and/or medication for the above named child. I/We further agree to the performance of such treatment, anesthetic, and operations as in the opinion of the attending physician is deemed necessary. I also understand and agree that the Wesley United Methodist Church, Wesley Preschool, Camp leaders will not be held liable in the event of an accident.

I understand and accept that my child may not have the same teachers, classmates, and/or classroom during camp as he/she had during the school year. I agree to inform my child in advance of these circumstances. I embrace that camp is a place for my child to make new friends and to be inclusive of other children and adults. I will neither make a request for a specific placement during registration nor request a change after camp commences. Further, I understand that I am financially committed to two weeks of camp and that no refund will be given for any reason.

Signature _____ Date _____
Parent/Guardian

Please Return At The Time of Registration