

# Summer Camp 2018 Registration

Please make check in the amount of **\$210** 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 4-8, 2018.

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 one week of camp and that no refund will be given for any reason.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

**Please Return At The Time of Registration**