

Shalimar UMC Summer Camp Permission Form

P.O. BOX 795
SHALIMAR, FL
651-0721 EXT. 105

MONDAY – FRIDAY
7:30AM – 5:30PM
Entering K- Completed 5th Grade



Child's name _____
Name child is called _____
Address _____
City _____ Zip _____
Birthdate ___/___/___ M ___ F ___
Mo Day Yr

Father's name _____
Place of business _____
Cell # _____ Work # _____
Mother's name _____
Place of business _____
Cell # _____ Work # _____

Landline # _____
Does child have medical problems,
allergies, birth defects? No ___ Yes ___
If yes, explain _____
Food allergies? _____

Grade: _____ School: _____
Enter Shirt Size: ___ YS YM YL AS AM

Please check week enrolling in: M-F 7:30am-5:30pm

- ___ All 10 Weeks of Summer Break
___ Wk. 1- JUN 1-5 ___ Wk. 2- JUN 8-12 ___ Wk. 3- JUN 15-19
___ Wk. 4- JUN 22-26 ___ Wk. 5- Jun 29-Jul 3
___ Wk. 6- JUL 6-10 ___ Wk. 7- JUL 13-17 ___ Wk. 8- JUL 20-24
___ Wk. 9- JUL 27- 31 ___ Wk. 10- AUG 3-5

Summer Camp Policies

Payment/Tuition

Payment is due on or before the first day of attendance each week, bi-weekly or monthly. If your child's tuition has not been paid for 2 months, your child will be dismissed.

Registration Fee: \$40 non-refundable registration fee per child / \$30 for children that attended After School Camp 2019/20. (T-shirt included)

Tuition: Daily Rate: \$40 (includes Field Trip)
Weekly Rate: \$125 (includes Field Trip)

*\$10 off weekly Rate only for siblings

Summer Camp Policies continued

Late Fee: Summer Camp ends at 5:30pm. There is a \$5 late fee charge for the first 5 minutes and a \$1.00 per each 5 minutes thereafter for any child picked up after 5:30 pm.

Attendance: A Sign-up sheet for each week will be provided the prior week. Mark your child's days of attendance for that week. You will be charged for the days signed up for, whether in attendance or not.

Dates: Our program operates during the Summer Break listed in the Okaloosa County school calendar.

Arrival/Departure: Children need to be escorted in/out of the Family Life Center (FLC) by parent/guardian or approved (16 years or older) pick-up person with a Valid Driver's License or photo ID.

Medications: No meds can be dispensed by Camp Staff except in the case of an emergency.

Communication: All transportation changes, absences, or pick-up changes need to be communicated to us in writing by email, text or remind. Email: summercamp@shalimar-umc.org
Campers are not allowed to have phones in their possession during camp hours.

Disciplinary action: Time-out, Redirection

Lunch- Parents are to provide a healthy lunch for their child each day

The SUMC Summer Camp contract will remain in effect for the entire Summer Break, unless notified a week prior to change.

I am enrolling my child in Shalimar United Methodist Summer Camp Program for the school term 2019-20. I understand the policies and agree to them. **I was given the brochures, "Know Your Child's Day Care Center", "Influenza Virus, The Flu" and SC Policy and Procedures.**

Parent's Signature & Date:

Name & Number of Child's Doctor:

Name & # of person other than parents to call if you cannot be reached:

Child's name: _____

Father's name and phone #: _____

Is this child's father permitted to pick up the child? _____

Mother's name and phone #: _____

Is this child's mother permitted to pick up the child? _____

Please list the name, phone # and relation of anyone else who is allowed to pick up this child or who we can call in an emergency if you cannot be reached.

Example: Sue Baker 123-4567 grandma

- | | |
|----|----|
| 1) | 4) |
| 2) | 5) |
| 3) | 6) |

Please place your initials beside the items if you agree you and or your child may participate.

_____ I understand that all Counselors have access to my child's records and there may be a child in the program that is not vaccinated.

_____ Supper Club: I give permission for my child to be signed out from SC and attend Supper Club and Church related activities on Wednesday evenings

_____ Photos: Permission for pictures to be taken of your child (named above) for use on bulletin boards, in albums, year-end slide show and church publications.

_____ Food: Permission for your child (named above) to participate in classroom cooking activities and to eat food brought in for special events.

_____ On Campus Field Trips: Permission for your child (named above) to go on "field trips" to other rooms on the SUMC campus.

_____ Yes, I would like to participate in Remind Group Text/Email.

Please add my cell phone number and area code. _____ and/or

Please add my email: _____.

Additional cell phone number and area code _____ and/or

Please add my email: _____.

Signature of responsible party

Date





**Parental Permission and Emergency Medical Authorization
AUGUST 2019 – AUGUST 2020**

CHILD'S NAME _____ PARENT'S NAME _____
ADDRESS _____ EMERGENCY PHONE _____
CITY/ZIP _____ HOME PHONE _____

PARENTAL PERMISSION:

I, _____, hereby grant permission for _____ to participate in Shalimar UMC activities during the year 2019/2020 and hereby release and agree to hold harmless the Shalimar United Methodist Church, its officers, agents, and employees from all liability arising out of injuries sustained by _____, while participating in church sponsored activities. I understand it is my responsibility to secure adequate medical insurance; the name of our medical insurance company is _____, Group # _____, Policy # _____ which will cover this child in the event of injury. I assume full responsibility and liability for any and all expenses connected with an injury and/or illness that are not paid by our insurance company or through military benefits if this child is entitled to military privileges.

Further, I hereby consent to allow _____ to be transported by private automobile or church vehicles in connection with Shalimar UMC activities for the inclusive dates of:

EMERGENCY MEDICAL AUTHORIZATION:

In the event reasonable attempts to contact me at _____ (phone number) have been unsuccessful, I give my consent for (1) the administration of any treatment deemed necessary by _____ (preferred physician) or in the event the designated preferred practitioner is not available, by another physician and (2) transfer and admission of the child to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, who can concur the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted: _____

STOP HERE. PLEASE SIGN IN THE PRESENCE OF A NOTARY PUBLIC ONLY.

Date: _____
Printed Name of Parent/Guardian Signature of Parent/Guardian

STATE OF FLORIDA - COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this _____ day of _____ 20_____,
By _____ Signature of Notary Public
(Printed name of person acknowledging)

Personally Known: OR Produced Identification
Type of Identification Produced: _____



WITHDRAWAL REQUEST FORM

To be filled out when disenrolling from the Program

Please state reason you are withdrawing your child from the SUMC Summer Camp Program:

Date: _____ Parent Signature: _____

