

WESLEY DISCOVERY CAMP REGISTRATION FORM

Return to Wesley United Methodist Church one week prior to camp start.

Child's Name

Street

City/Zip

Phone

E-mail

Parent/Guardian Name

Child's Age _____ **Birthdate** _____

Anything special we should know about your child?

_____m_____

Questions??

Please contact Kelly McCleary 630-631-5474 or

wesleypreschool@ymail.com

Emergency Medical Authorization

Allergies _____

This form authorizes Wesley Discovery Camp staff to secure EMERGENCY medical care for my child when I/we cannot be immediately reached at the time of the emergency. I/We will be responsible for emergency charges.

Preferred doctor/clinic/hospital _____

Phone number _____

Signature of Parent _____

Relationship to child _____ Date _____

Child Pick-Up Authorization

I/We authorize _____

Name, Address, Phone, Relationship to Child

and/or _____

Name, Address, Phone, Relationship to Child

to pick up my child/children from Wesley Discovery Camp.

Photograph Authorization

_____ Yes, I agree that Wesley Discovery Camp staff may photograph my child. I understand that my child's photograph may appear in the slideshows, bulletin boards or on the church website.

Parent Signature _____

Please indicate the camp weeks that you are signing up for this summer. Each week costs \$60 for the first child in a family, \$55 for the 2nd child, \$45 for the third. The camps will be held in the Wesley Nursery School at Wesley UMC and staffed by preschool staff and other qualified individuals. Each week of camp will be unique. You will be sent a confirmation of your registration with more camp details.

Week 1: June 21,22,23 _____

Cost: _____ *Min 10/Max 20 per group*

Week 2: July 19,20,21 _____

Cost: _____ *Min 10/Max 20 per group*

of weeks _____

Total Due: _____

Make checks payable to Wesley Nursery School