



HEROES SUMMER CAMP REGISTRATION FORM
Faith United Methodist Church

A NON-REFUNDABLE \$50.00 ENROLLMENT FEE PER CHILD
MUST ACCOMPANY THIS APPLICATION

Student Information:

Student's Name	Birth -date	M/F	Grade Completed	Age as of 6/1/08	T-shirt size (Youth S, M, L, XL)

Complete ONLY if your child is registering for the 3's or 4's program or is entering Kindergarten. Please check either half-day morning, half-day afternoon, or full day program:

Student's Name	Half Day 8:30-12:00	Half Day 12:30-4:00	Full Day

Complete for ALL campers. Please check all weeks students will be attending HEROES summer camp. Please note that a 2-week minimum commitment is required (need not be consecutive weeks).

Student's Name	Wk #1 6/9- 6/13	Wk #2 6/16- 6/20	Wk #3 6/23- 6/27	Wk #4 6/30- 7/3	Wk #5 7/7- 7/11	Wk #6 7/14- 7/18	Wk #7 7/21- 7/25	Wk #8 7/28- 8/01

Schedule of Fees:

Full Day	8:30-4:30	\$150/wk
Half Day	8:30-12:00 or 12:30-4:00	\$75/wk (preschoolers or new-K only)
Early Care	7:30-8:30	\$5/day (on a weekly basis only)
After Care	4:30-5:30	\$5/day (on a weekly basis only)

PAYMENT IN FULL FOR ALL WEEKS STUDENT WILL BE ATTENDING CAMP IS DUE AT TIME OF REGISTRATION.

Parent Information:

Marital Status: Married Separated Divorced Widowed
Student(s) reside(s) with: Parents Mother Father Guardian
Person responsible for HEROES fees: Parents Mother Father Guardian

Mother's Name: _____ Occupation: _____
Address: _____

Street City State Zip
Home Phone: _____ Cell Phone: _____ Beeper: _____
Employer: _____ Phone: _____

Father's Name: _____ Occupation: _____
Address: _____

Street City State Zip
Home Phone: _____ Cell Phone: _____ Beeper: _____
Employer: _____ Phone: _____

General Information:

1. Indicate the nature of any physical conditions, allergies, etc. that might limit physical activity:

2. Indicate the nature of any behavior problems, learning disabilities, or other conditions:

Fee Payment Policies:

I agree to pay all camp fees and understand that failure to do so could result in my child not being admitted to camp.

Parent's or Legal Guardian's Statement:

In the event my child becomes ill or is injured during HEROES camp, I approve the school authorities to take the following steps:

1. Contact a parent of the student and follow his/her instructions.
2. In the event neither parent can be reached, contact the emergency numbers given by the parent, then the physician.
3. If the student's physician cannot be reached, the school authorities will use their own discretion in contacting a properly licensed physician and following his/her instruction.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied and I cannot be reached, I hereby authorize, appoint, and empower the Principal or designee to furnish, on my behalf, oral or written authorization as may be so required. Further, I release the Principal or designee, the school, and Faith United Methodist Church from any liability that may arise from the giving of such authorization. It is my desire that my child be furnished with such medical and/or surgical services as soon as possible after the need arises. I also agree to accept responsibility for the cost of the above medical services.

Statement of Cooperation:

1. The information given on this form is accurate to the best of my knowledge.
2. I agree to pay all my financial obligations to HEROES on or before the due date.
3. I agree to support the spiritual, educational, and disciplinary standards of the school as stated in the Student Handbook.

Cancellation Policy:

Camp reservations cancelled at least 14 days prior to each session will receive a full refund (less enrollment fees). With less than 14 days' notice, no refunds will be given; however, tuition may be applied to another session of camp, subject to availability.

Date: _____ Parent or Legal Guardian: _____

Parent or Legal Guardian: _____