



Faith United Summer Program

Faith United Methodist Church

June 3 – July 26

2019

Half Day Only 8:00-1:00

**A NON-REFUNDABLE \$75.00 ENROLLMENT FEE PER CHILD
MUST ACCOMPANY THIS APPLICATION**

Mail to:

6340 Boynton Beach Blvd

Boynton Beach, FL 33437

aubrey1783@bellsouth.net

561-301-5720

One registration form per camper

Camper's Name	Birth Date	Male Female	Age	Going into Grade

Please indicate which program you child will be attending:

3 Day (MWF Only) 8:00-1:00	
5 Day (M-F) 8:00 - 1:00	

Please check all weeks students will be attending the summer program. Please note that a 2-week minimum commitment is required (need not be consecutive weeks). * No Camp July 4

Faith United Summer Program	Wk#1 6/3-6/7	Wk#2 6/10- 6/14	Wk#3 6/17- 6/21	Wk#4 6/24- 6/28	*Wk#5 7/1- 7/5	Wk#6 7/8- 7/12	Wk#7 7/15- 7/19	Wk#8 7/22- 7/26
Please indicate by checking which weeks child will attend								
Paid (for office use only)								

Schedule of Fees:

8:00-1:00 (M-F)	\$135 per week
3 Day (MWF Only)	\$95 per week

MAKE CHECKS PAYABLE TO FAITH UNITED METHODIST CHURCH.

Parent Information:

Marital Status: Married Separated Divorced Widowed
Student(s) reside(s) with: Parents Mother Father Guardian
Person responsible for camp fees: Parents Mother Father Guardian
Please give COMPLETE mailing address

Mother's Name: _____ Occupation: _____
Address: _____
Street City State Zip
Home Phone: _____ Cell Phone: _____

Employer: _____ Phone: _____
E-mail address: _____

Father's Name: _____ Occupation: _____
Address: _____
Street City State Zip
Home Phone: _____ Cell Phone: _____
Employer: _____ Phone: _____
E-mail address: _____

Emergency Contact Numbers: (in case parents cannot be reached)

1. Name: _____ Phone # _____
2. Name: _____ Phone # _____

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

2. Please list all allergies

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 Faith United Summer Program, 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.
- 3. If the student's parents or emergency numbers cannot be reached, the program authorities will use their own discretion in contacting emergency services (911). I hereby authorize, appoint, and empower the program director or designee to furnish, on my behalf, oral or written authorization as may be so required. Further, I release the director 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 Faith United Summer Program on or before the due date.

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 the program, subject to availability.

Date: _____ Parent or Legal Guardian: _____

Parent or Legal Guardian: _____