

BUMP Summer Program, 2014

Full Name of Child _____ Birthdate ____/____/____

Father _____ Mother _____

Address _____

Home Phone _____ Work Phone _____

Father Cell _____ Mother Cell _____

Physician _____ Phone _____

E-mail _____

Emergency contacts after parents _____ Phone _____

_____ Phone _____

Please indicate the session(s) you would like your child to attend:

_____ Week 1: June 2-5 (\$65)

_____ Week 5: July 7-10 (\$65)

_____ Week 2: June 9-12 (\$65)

_____ Week 6: July 14-17 (\$65)

BUMC Vacation Bible School week of June 16-20—No preschool

_____ Week 3: June 23-26 (\$65)

_____ Week 7: July 21-24 (\$65)

_____ Week 4: June 30-July 3 (\$65)

_____ Week 8: July 28-31 (\$65)

Number of weeks _____

× \$65 = _____

Registration fee

\$8 = _____

Total due

_____ Check no. _____

Please list any allergies, health problems or any other information that the Summer Staff needs to be made aware of:

Emergency Treatment:

In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located, I give permission for Boone United Methodist Preschool Personnel to authorize such treatment as is necessary. I will not hold the preschool nor medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and other persons listed for emergency contact.

Date_____ Signed_____

(parent or legal guardian)

Photo/Video Release

I give permission for my child to be included in videos and pictures connected with the preschool program, including photos posted in the preschool website, on the church's website or facebook page, or in the hallways of the preschool.

Date_____ Signed_____

(parent or legal guardian)

List persons in addition to parents who have permission to pick up this child:

Name_____ Relationship_____

Name_____ Relationship_____

Name_____ Relationship_____

Name_____ Relationship_____