



St. Philip's Preschool Summer Camp  
 June 17th - 21st  
 July 15th - 19th  
 9:00 – 12:00

Registration for babies through age 3 (**must be born after September 1, 2014**). Your child does not have to be a student of St. Philip's to attend. Please circle the week(s) you would like to attend.

Children's First Name, Last Name	Birthday	Age
Address	City and Zip	

Allergies or Medical Conditions
Allergies or Medical Conditions we should be aware of:

Parents/Guardians	Email	Cell Phone
Emergency Contact	Phone Number	Doctor's Phone Number

In case of medical emergency, if I am unavailable, I hereby give my permission to the Preschool Directors to secure proper treatment and/or hospitalization for my child/children.

\_\_\_\_\_  
 Signature of parent/guardian

Please enclose check payable to **St. Philip's Preschool** for \$250.00 per child (includes T-Shirt) and send to Lee Moore at 142 Church St., Charleston, SC 29401.

**T-Shirt size** \_\_\_\_\_

Contact Angela Clark or Lee Moore at 843-722-7610 or [lmoore@stphilipchurchsc.org](mailto:lmoore@stphilipchurchsc.org) if you have any questions.

Please complete both sides



## Parent or Guardian of a Minor Consent and Hold Harmless Form

*(This form should be completed for each increased risk and offsite event, and a copy should be taken on each trip.)*

Name of activity: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

I, \_\_\_\_\_ (printed name of parent/guardian) being the parent or legal guardian of \_\_\_\_\_ (printed name of minor) have been informed of the above activity sponsored by \_\_\_\_\_ (name of church or organization) and hereby give my consent for my minor child to participate in this activity.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold \_\_\_\_\_ (name of church or organization) its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I also understand that my minor child is to be excluded from the following activities:

\_\_\_\_\_  
\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete both sides