



## Summer Camps 2018

Chapin UMC Preschool is offering summer day camps for children age 2 years through rising kindergarteners. The camps will run from 8:30 a.m. to 12:15 p.m. on the following dates:

**July 10, 11, 12: A Bug's Life**  
**July 17, 18, 19: Community Helpers**  
**July 24, 25, 26: Arctic Adventure**

Children will bring a bag lunch and enjoy a variety of theme-related activities that are intended to be enjoyable and engaging. The fee is \$70 for each session, which includes a **non-refundable** deposit of \$10 for each week your child plans to attend. The remaining \$60 is due the first day of camp. You may register your child for one, two, or all three sessions. To register, please return the completed enrollment form, along with the \$10/week registration fee, to the church office. Your child's spot is reserved upon receipt of these items.

You will receive more specific camp information when your registration information is received.

Questions?  
Contact Mary Catherine Horne  
[mary@chapinumc.com](mailto:mary@chapinumc.com)  
803-298-4260



# Chapin UMC Preschool Summer Day Camps Registration Form 2018

Child's Legal Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Home Address \_\_\_\_\_  
\_\_\_\_\_

Full Name of Parent/Legal Guardian #1

Full Name of Parent/Legal Guardian #2

(\_\_\_\_)\_\_\_\_-\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Home Phone Work Phone

(\_\_\_\_)\_\_\_\_-\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Home Phone Work Phone

(\_\_\_\_)\_\_\_\_-\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Cell Phone Other

(\_\_\_\_)\_\_\_\_-\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Cell Phone Other

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

Please check session(s) attending: (Child will be placed in the appropriate class based on his/her date of birth)

\_\_\_\_ July 10-12  
*A Bug's Life*

\_\_\_\_ July 17-19  
*Community Helpers*

\_\_\_\_ July 24-26  
*Arctic Adventure*

Name of person(s) who may assume responsibility for your child in the case of an emergency if the parent(s)/guardian(s) cannot be reached. Please, include address and telephone number:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

Medical Conditions or Allergies \_\_\_\_\_

I, (parent/guardian) \_\_\_\_\_, authorize Chapin UMC Preschool to obtain medical treatment for (child) \_\_\_\_\_, as stated in the emergency policies of the child care facility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Summer 2018

## CHAPIN UNITED METHODIST CHURCH PRESCHOOL PHOTO/VIDEO RELEASE FORM

I am aware that photographs or video may be taken of Chapin United Methodist Church (CUMC) Preschool participants during events, activities, and classes by CUMC staff members, professional photographers, news media or volunteers.

I waive the right to see or approve any publications that contain photographs of my child.

I release CUMC and its representatives from responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of my child.

I certify that I have read the above authorization, release, and agreement, and fully understand what this document says.

I give CUMC and its representative's permission to use photographs or video that include my child in any and all media products for promotion, art, advertising, editorial or other purpose. This may include but is not limited to newsletters both print and email, posters, brochures, ads, post cards, social media, and web pages.

- Yes, I agree to above stated photo release.
- No, I do not agree to above stated photo release.

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_