

CHILD'S NAME _____

Date of birth: _____ Age (Please check): 3 4 5

OR
(If in Grade School) Grade in Fall 2019: _____

EMERGENCY INFORMATION

I, the undersigned parent/guardian of _____, hereby give permission for my child/youth to attend Cooking Camp 2019 provided by St. Paul's UMC. My child/youth is in good physical condition and has not had any serious illness since their last health examination. In the event of an emergency, I understand that I will be contacted as soon as possible. If I cannot be reached, I authorize adult workers with St. Paul's UMC to seek emergency medical attention for my child/youth at my expense under the supervision of a physician licensed under the provisions of the Medical Practice Act.

**I give permission for my child's photo to be published in print and/or online.*

Signature of Parent or Guardian Date

ALLERGIES _____

*****IN CASE OF EMERGENCY DURING THIS EVENT, PLEASE CONTACT:**

MOTHER: Name: _____

Home Phone: _____ Work: _____ Cell: _____

FATHER: Name: _____

Home Phone: _____ Work: _____ Cell: _____

OTHER: Name: _____

Address: _____

Relationship to Child: _____ Phone: _____

PHYSICIAN: _____ PHONE #: _____

Who will be picking up your child each day? _____

(For your child's safety, ANY change must be given to leaders in writing.)

Cooking Camp

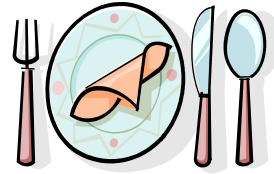
CAMP #1: June 24 - 27, 2019

CAMP #2: July 29 – Aug. 1, 2019



**St. Paul's United Methodist Church
135 Methodist Encampment Rd.
Mailing Address: P.O. Box 291914
Kerrville, TX 78029
830-895-2212**

Cooking Camp 2019



Dates: CAMP #1: June 24 - 27, 2019
CAMP #2: July 29 – Aug. 1, 2019
(Can only attend ONE camp)

Who: Ages 3 – 5 (Toilet Trained)
Kinder – 5th Grade (completed)

Times: Ages 3 – 5 9:00 am – 11:30 am
Kinder – 5th 9:00 am – 1:30 pm

Cost: Ages 3 – 5 **\$15.00**
Kinder – 5th **\$25.00**

Location: St. Paul’s United Methodist Church
135 Methodist Encampment Rd
Kerrville, TX 78028

*** Thursday evening TASTE TESTING for families at 6:00 p.m.**

Please register as soon as possible, as space is limited. Please complete ONE (1) form for each child attending.

You are also invited to volunteer to help! We are always looking for extra adult helpers. Adult background check and safety policy are required.

Don’t miss this opportunity to LEARN, make FRIENDS, and to spread GOD’S WORD!

**For more Information, please contact:
Sue Owens, Program Coordinator
830-895-2212**

*** KEEP THIS PAGE ***

Registration Form – Cooking Camp 2019

1. Camp Session (You can only attend ONE session):

_____ Camp #1: June 24 – 27, 2019

_____ Camp #2: July 29 – Aug. 1, 2019

2. CHILD'S NAME: _____

Date of Birth: _________ **Age (please check one):** 3 4 5

OR

Sex: Female Male **Grade in Fall 2019:** _____

Food Allergies or Special Information: _____

PARENTS’/GUARDIANS’ NAMES: _____

Child's Home Address: _____

Home Phone #: _____ Church Attend: _____

E-mail address: _____

YES! I would like to help with Cooking Camp by:

_____ Being a group assistant (help assist children during specific activities)

_____ **Donating:** ___Snacks ___Supplies ___Money ___ Craft items
(We will contact you about particular items needed.)

_____ Preparing craft projects ahead of time.

***** IMPORTANT EMERGENCY FORM ON BACK *****