

**2013 CAMP DISCOVERY
OUUMC PRESCHOOL PROGRAMS
ENROLLMENT APPLICATION**

PRIORITY REGISTRATION DUE BEFORE NOON ON WEDNESDAY, MAY 1

PRIORITY STATUS:

___ OUUMC MEMBER

___ DDS CURRENT / FORMER STUDENT

2012-2013 YEAR COMPLETED:

SUMMER SESSION CHOICE:

___ 3 YEAR OLD PRESCHOOL

___ JUNE 3-7 ___ JUNE 17 - 21

___ 4 YEAR OLD PRESCHOOL

___ BOTH SESSIONS

___ 5 YEAR OLD KINDERGARTEN

Child's Full Name _____

What name do you prefer your child be called? _____

Birth Date _____ **Male** ___ **Female** ___

Where did your child attend school in 2012-2013? _____

Where will your child attend school in 2013-2014? _____

Parents' Names _____

Home Address _____

Primary Home Phone Number _____ **Primary E-mail address** _____

Father's Employer / Occupation _____

Father's Work Phone _____ **Cell Phone** _____

Mother's Employer / Occupation _____

Mother's Work Phone _____ **Cell Phone** _____

What size will your child need for a CAMP DISCOVERY T- shirt? 2-4 6-8 10-12

HEALTH AND EMERGENCY INFO

EMERGENCY CONTACTS

Please provide the parent’s cell or other number at which school personnel are most likely to reach a parent or guardian if a child becomes ill at school.

Primary Contact’s Name _____

Relationship to Student _____ **Phone** _____

List two emergency contacts who reside within Lafayette County and have your permission to pick up your child if we are unable to locate your primary contact.

1. Name _____ **Phone** _____

Relationship to Student _____

2. Name _____ **Phone** _____

Relationship to Student _____

Child’s Physician _____ **Phone Number** _____

Please describe any physical health issues including allergies, chronic medical conditions, recent or major surgeries, etc.

Please list all medications your child takes regularly _____

Please list any food restrictions _____

Please describe any physical or mental developmental delays or issues, speech delays, hearing or vision loss, autism, sensory or other conditions with which your child has been diagnosed _____

Please list any services your child is receiving (speech, occupational therapy etc.)

What additional information will help us provide the best possible camp experience for your individual child?

MEDICAL RELEASE

I understand that in the event medical treatment is required, every reasonable effort will be made to contact me. If I cannot be reached, I give my permission for OUUMC Preschool Programs to obtain emergency medical treatment for my child.

Signature _____ Date _____

FEE CONTRACT

I understand only fully completed enrollment forms which include the full tuition check will be considered. Currently enrolled families must be in good standing with regard to tuition and all fees before the Camp Discovery application will be considered. A Form 121 must be on file in the preschool office for each camper.

Signature _____ Date _____

I understand that if my child is accepted into Camp Discovery, no refund or partial refund will be given should my child not attend camp or be absent for any part of the camp.

Signature _____ Date _____

FIELD TRIP PERMISSION

I give permission for my child, _____, to accompany the class on field trips planned by CAMP DISCOVERY. Outings may be neighborhood walks or trips in an authorized vehicle. All field trip procedures will be in accordance with the center's transportation policy and state regulations. Notes will be sent home prior to individual field trips.

Signature _____ Date _____

POTTY TRAINING

I understand my child must be completely potty-trained and independent in bathroom habits to attend CAMP DISCOVERY. I understand if my child has repeated "accidents" my child will not be able to continue in camp and no refund will be given for unused days.

Signature _____ Date _____

PERMISSION TO BE PHOTOGRAPHED

I give permission for my child, _____, to be photographed and / or videotaped. I understand these pictures / videos may be published in a newspaper, magazine, on the church website or part of a university student's class project.

Signature_____ Date_____