



Office Use Only

Ck.# _____ \$ _____

121 comp/inc/none

Notes: _____

**OUUMC PRESCHOOL PROGRAMS
CAMP DISCOVERY 2016 ENROLLMENT APPLICATION**

PRIORITY REGISTRATION DUE BEFORE NOON, MONDAY, MAY 2

2015-2016 YEAR COMPLETED

_____ OUUMC MEMBER	_____ 3 YEAR OLD PRESCHOOL
_____ DDS STUDENT / GRADUATE	_____ 4 YEAR OLD PRESCHOOL
_____ PREVIOUS CAMPER	_____ 5 YEAR OLD KINDERGARTEN

SUMMER SESSION CHOICE:

_____ JUNE 6 - 10 _____ JUNE 13 - 17 _____ BOTH SESSIONS

PLEASE PRINT IN BLACK OR BLUE INK

Child's Full Name _____ **Birthdate** _____

Preferred Name / Nickname _____ **Male** _____ **Female** _____

Child's Home Address _____

With whom does your child primarily reside? _____

Names and Ages of Siblings _____

School Attended in 2015-2016 _____ **# of days /week** _____

Where will your child attend school in 2016-2017? _____

Primary	Primary
Home Phone Number _____	E-mail address _____

Father's Name _____ **Cell Phone** _____

Employer / Occupation _____ **Work Phone** _____

Mother's Name _____ **Cell Phone** _____

Employer / Occupation _____ **Work Phone** _____

We order T-shirts for all campers in "Small". Please note if your child needs an extra small or medium T-shirt. _____

HEALTH AND EMERGENCY INFO

EMERGENCY CONTACTS

Please provide the parent's cell or other number at which Camp Discovery 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** _____

Two additional Lafayette County residents to contact in an emergency:
(Please do NOT list friends / family who live more than a 15 minute drive from our school)

Name _____ **Phone** _____

Relationship to Student _____

Name _____ **Phone** _____

Relationship to Student _____

Child's Physician _____ **Phone** _____

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

List all regular or ongoing medications, including Epipen _____

List any food allergies or cultural restrictions. _____

Please describe all physical / mental developmental differences, 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 participate in walking field trips at camp. Notes will be sent prior to individual field trips.

Signature_____Date_____

POTTY TRAINING

I understand my child must be completely potty-trained and independent with clothing and wiping to attend Camp Discovery and that neither diapers nor pull-ups are allowed. 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 local newspaper/ magazine, on the OUUMC website or part of a university student's class project.

Signature_____Date_____