

Downtown Day Camp Registration Form

Name _____

Birthdate _____ Age _____

Grade Entering in Fall _____

Street Address _____

City _____ State _____ Zip _____

Parent(s)/Guardian(s) Name(s) _____

Home Phone# _____ Cell Phone# _____

In case of Emergency, contact _____

Allergies or other medical conditions: _____

Name of home church (if any) _____



In case of medical emergency, I hereby authorize the calling of emergency medical personnel at my expense to provide whatever medical or surgical treatment is necessary. I understand that I will be notified as soon possible in case of any emergency affecting my child.

Parent/Guardian Signature: _____ Date: _____

Photographs of the above named child may be used in both physical and digital form by Grace UMC and Main St. UMC. I understand that my child's name will not be posted in any application for his/her privacy and protection.

Parent/Guardian Signature: _____ Date: _____