2023 Summer Camp Enrollment Form

Marengo United Methodist Church \* 119 E Washington Street \*Marengo, IL 60152

Please fill out ONE form per child. The form may be mailed to the above address, turned in to teachers or the tuition drop box. To hold a spot for your child, registration fees are due with this form. Please make out checks to “Marengo United Methodist Church.” Invoice will follow for tuition. If you have questions, please call Miss Amanda at 815-568-7162 x5 or email her at amanda@marengoumc.org.

**Preschool Summer Camp:**

Fees: $25 per Family registration fee. $45 per week Tuition.

Number of weeks selected: \_\_\_\_\_\_\_ (please attach the Summer Camp Form to indicate which weeks you choose).

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **Totals: Office Use ONLY**  **Preschool Summer: \_\_\_\_\_\_\_ Grand Total: \_\_\_\_\_\_\_\_\_**  **Paid On: \_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

### Child’s information:

Full Name of Child Sex:

Address:

Child lives with: Both Parents Father Mother Grandparents Other:

Birthdate: School:

### Parent’s Information:

Name: Name:

Relation to Child: Relation to Child:

Home Phone: Home Phone:

Cell Phone: Cell Phone:

Email: Email:

Place of Employment: Place of Employment:

Address: Address:

Work Number: Work Number:

Working Hours:

**TUITION AND FEE AGREEMENT**

* **Summer Camp – Due prior to start of Summer Camp.**

**Initials:** I understand that late tuition will result in a $20 late fee.

***Initials:*** I understand that there a non-refundable registration fee due at the time these documents are completed. This fee will serve to hold a space in class for my child.

***Initials:*** I understand that if I am late picking up my child (after 1:30 PM), I will pay a

$1 per minute charge due that evening or the next day of attendance.

#### PREVIOUS CHILDCARE PROVIDER

I authorize Parent’s Day Out to contact my previous childcare provider or my child’s school to access financial, medical, immunization and birth certificate records. I understand that if there is an outstanding balance at my previous center that I need to pay that before my child(ren) can begin care at any of the Parent’s Day Out Programs.

Name of Center: Phone: Address: City: State: Zip:

**Medical Information:**

#### CONSENTS TO CHILD CARE PROVIDERS

*Parent(s) or Legal Guardians placing the child in PDO may sign any or all of the following consents:*

Name of Child’s Physician: Phone #: Medical Issues or concerns: Child’s **food** allergies or conditions: Other Allergies or conditions: Does your child take any special medication? YES NO

If so, what is the prescription and when is it given? Does child carry an Epi-Pen? If yes, explain:

Physical “Special Considerations”: Social (family) or Emotional “Special Considerations”:

**EMERGENCY MEDICAL CARE**

This authorizes PDO to secure EMERGENCY medical care for my child when I cannot be

immediately reached at the time of the emergency. I will be responsible for the emergency medical charges upon receipt of the statement.

My preferred doctor/clinic/hospital is:

#### ADMINISTER PRESCRIPTION AND/OR PATENT MEDICINE

I authorize PDO to administer patent medicine to my child as specified in written instructions.

Signature of Parent/Guardian Date Relationship to child

#### FIELD TRIPS

I authorize PDO to take my child on walking trips, special excursions, and to nearby park facilities. I understand all such trips will be under the supervision of PDO staff.

YES NO

**Emergency Policy/ Authorized Pick-up List**

MUMC Parent’s Day Out has permission to treat my child/children with basic first aid when needed. If there is an incident that requires more than basic first aid the following procedures will apply:

1. Paramedics will be called to the center by a staff member with the 911 procedure.
2. A parent/guardian will be called. If they cannot be reached, the emergency contacts will be called.
3. If contacts cannot be made, the child will be taken to the emergency room with a staff member. They will remain with the child until a contact arrives.
4. A call will be placed to the family physician.

*(Parents/ Guardians are first called in event of emergency and are automatically authorized to pick up child unless otherwise notified* ***–* Please list those authorized to pick up your child other than yourself**

Name: Relationship to child: Home Phone #: Cell #: Work #:

|  |  |  |
| --- | --- | --- |
| Contact this person in an emergency in my absence: | YES | NO |
| This person is authorized to pick up my child from PDO: | YES | NO |

Name: Relationship to child: Home Phone #: Cell #: Work #:

|  |  |  |
| --- | --- | --- |
| Contact this person in an emergency in my absence: | YES | NO |
| This person is authorized to pick up my child from PDO: | YES | NO |

Name: Relationship to child: Home Phone #: Cell #: Work #: Contact this person in an emergency in my absence: YES NO

This person is authorized to pick up my child from PDO: YES NO

Name: Relationship to child:

Home Phone #: Cell #: Work #: Contact this person in an emergency in my absence: YES NO

This person is authorized to pick up my child from PDO: YES NO

Name: Relationship to child:

Home Phone #: Cell #: Work #: Contact this person in an emergency in my absence: YES NO

This person is authorized to pick up my child from PDO: YES NO

Name: Relationship to child:

Home Phone #: Cell #: Work #: Contact this person in an emergency in my absence: YES NO

This person is authorized to pick up my child from PDO: YES NO

***Please be sure authorized pick-up persons have a photo I.D***.

Your child will NOT be released to anyone other than those listed here and circled that it is okay to pick up. If you need to have an individual who is not on the list pick up your child, please let the teacher know at drop off or call the church office with the pick-up person’s information.

Thank