

Camp Cornerstone Summer Program 2024

Camp Hours are 9:30 a.m.-1:00 p.m. – Cost per camp \$175

Our Camp is for children 2 years through completion of 4th grade.

Forms will be accepted through May 9, 2024 or until camp classes are full.

SESSION(S) ATTENDING:

- ___ June 3-7: **Superhero**
___ July 15-19: **Creepy Crawly**
___ August 5-9: **Down on the farm**

Age on June 1, 2024: ___ years ___ months

- Current Cornerstone UMC Preschool teacher: _____, or
- I have a child enrolled for 2024-25 preschool year: Yes ___ or No ___, or
- Current Elementary School Attending: _____, or
Grade entering in Fall 2024: _____

Child's Name _____ Name Called _____

Date of Birth _____ Phone _____

Email Address _____

Home Address _____

Mother's Name _____ work or cell # _____

Father's Name _____ work or cell # _____

Please list people to call in an emergency if you cannot be reached. **Circle "pick up" if they may pick up your child from school.**

Name _____ Phone _____ Relationship _____ pick up

Name _____ Phone _____ Relationship _____ pick up

Carpool Names _____

The Agreement Contract requires your signature and current date for this document to be valid.

AGREEMENT CONTRACT

- **Tuition of \$175 for each camp is due at the time of registration. This is non-refundable and non-transferable. See bottom of second page for instructions.**
- Medication and special procedures will be administered only for chronic medical problems with written instructions from your doctor. Medication must be brought to the office and not sent through the backpack.
- Parents are asked not to bring children when they are sick.
- Occasionally children become ill at camp. You are required to leave phone numbers for yourself or where your "emergency" people can be reached to pick up your child.

- Teachers are on classroom duty at 9:25. You must wait until then to leave your child(ren) to ensure proper supervision by school staff. **Never leave a child without an adult.**
- Pick-up should be completed by 1:00. A fee will be assessed for late pick-up. Drop-off and pick-up procedures will be the same as during school .
- In cases of inclement weather, emergency, or disaster we will follow the Cypress Fairbanks School District's guidelines.
- I have a youth (12yrs or older) that can volunteer as a camp helper _____.

Dr. Name _____ Phone # _____ Hospital _____
 Dr. Address _____ City _____ Zip Code _____
 Insurance Co. _____ Policy/Group# _____
 Allergies (please circle **none** if not applicable) _____

EMERGENCY RELEASE FORM (Signature required)

I, _____ hereby authorize Cornerstone UMC Church to arrange and/or transport to the closest emergency care center for any emergency medical assistance needed by my child, _____, while attending this program, and I agree to hold the staff and Cornerstone United Methodist Church harmless from any injuries or illness incurred while attending the program.

Insurance Waiver Statement: Where no proof of insurance is established, parents of students must assume legal responsibilities for expenses incurred for injuries to students that occur at school or on co-curricular activities. I have read and understand the above.

 Parent or Guardian Signature Date

I DECLARE ALL OF THE MEDICAL AND CHILD INFORMATION TO BE VALID. SUMMER CAMP PROGRAM HAS THE RIGHT TO DENY MY CHILD ENTRANCE TO THE PROGRAM IF THE INFORMATION IS FOUND TO BE INCORRECT.

I HAVE READ AND AGREE TO THE ABOVE.

 Parent's Signature Date

Your child's camp teacher will contact you before each camp session to provide additional information and answer questions.

PAYMENT: May be online or through check. No cash please.

____ Bill me through myprocare.com (You will be emailed when payment may be made.)

____ Check (include with returned form)