**Must be 2 by 12/31/24**

Please check the week/weeks for which you would like to register\*

* Mon-Thurs July 8th - 11th
* Mon-Thurs July 15th-18th
* Mon-Thurs July 22nd-25th

\*You may register your child for ONE OR ALL 3 weeks. All tuition must be paid in advance. **Cost is $100 a week and hours are from 9-12.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent #1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Parent #2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact other than those listed above that can be here w/in 10 minutes:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/special needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary pick up person(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of any person(s) your

child **MAY NOT** be released to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event my child becomes ill or injured while attending SonShine Summer Camp, I/we authorize McKendree UMC to seek any medical care that they deem necessary.

Signature of parent/guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office use only:**

Week 1 \_\_\_\_\_ Week 2 \_\_\_\_\_ Week 3

Amount pd\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_ Cash \_\_\_