



THE VILLAGE CAMP APPLICATION: AUG. 5 – 9 & AUG. 12 – 16

at SAXAPAHAW UNITED METHODIST CHURCH and SPROUT EDUCATIONAL FARM

Church Mailing Address: P.O. Box 268, Saxapahaw, NC 27340

Church Physical Address: 5624 Church Road, Graham, NC

Contact: Pastor Sue Eldon Email: saxumc@gmail.com Phone: 336-525-2545

Please print clearly. Return the completed application (front and back) and return to the church office with payment no later than Friday, June 28, 2019.

THIS APPLICATION IS FOR:

- ☐ The week of Aug 5 – 9
☐ The week of Aug 12 – 16
☐ Both weeks

PAYMENT OPTION:

- ☐ Check enclosed
☐ Cash enclosed
☐ Payment made online

PAYMENT AMOUNT:

- ☐ \$85/wk (Full Tuition)
☐ \$70/wk (2nd child / scholarship)
☐ \$55/wk (3rd child / scholarship)

CHILD'S GENERAL INFORMATION

FULL NAME		NICK NAME
BIRTH DATE (MM/DD/YY)	AGE	SCHOOL/GRADE JUST COMPLETED
DOCTOR'S NAME		DOCTOR'S PHONE
DOES YOUR CHILD HAVE ALLERGIES? (IF YES, PLEASE SPECIFY)		
DOES YOUR CHILD HAVE A DEVELOPMENTAL AND/OR PHYSICAL CHALLENGE? (IF YES, PLEASE SPECIFY)		
IS YOUR CHILD TAKING ANY MEDICATION THAT MUST BE ADMINISTERED DURING THE DAY? (IF YES, PLEASE SPECIFY)		
DOES YOUR CHILD HAVE ANY DIETARY RESTRICTIONS? (IF YES, PLEASE SPECIFY)		

PARENT/GUARDIAN INFORMATION

MOTHER'S / GUARDIAN'S FULL NAME		
STREET NAME & NUMBER	CITY	POSTAL CODE
MOBILE PHONE	WORK PHONE	EMAIL
FATHER'S / GUARDIAN'S FULL NAME		
STREET NAME & NUMBER	CITY	POSTAL CODE
MOBILE PHONE	WORK PHONE	EMAIL

Please continue on back...

PERMISSION FORM FOR THE VILLAGE CAMP

Child's Name: _____

PERMISSION TO TRANSPORT <input type="checkbox"/> Yes <input type="checkbox"/> No* Initials: _____	My child/dependent has permission to travel to Sprout Educational Farm. I understand that transportation may be by van or in private vehicles with another adult. If my child needs to be transported in a child safety seat I understand that I am responsible for providing the appropriate seat. *If permission is not granted to transport the child then either: (a) the parent/guardian will transport the child to Sprout each day, or (b) the child will be picked up at lunch time. <i>Please prepare a signed statement indicating alternate instructions and attach it to this form.</i>
PERMISSION FOR USE OF PHOTOS <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings of my child/dependent may be used for public relations and publicity purposes to include but not limited to website and social media. I understand that my child's name will not be disclosed without my specific permission.
PERMISSION FOR EMERGENCY MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to the Village Camp counselors and staff to seek treatment for my child and/or dependent minor by a licensed physician. I know of no reason(s) why my child/dependent may not participate in prescribed activities except as noted in a separate writing provided to the Camp director. If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions, and attach to this form.

EMERGENCY CONTACT INFORMATION		
Name	Telephone (s)	Relationship to Child
Name	Telephone (s)	Relationship to Child
Parent Agreement: I have read and understand this annual permission slip. The above named emergency contacts have my permission to pick up my child. I understand that I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the Camp director.		
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
Mobile Telephone	Home Telephone	Work Telephone

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