



THE VILLAGE CAMP MONDAY, AUGUST 6TH – FRIDAY, AUGUST 10TH

at SAXAPAHAW UNITED METHODIST CHURCH

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

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 and a check for \$45 (made out to Saxapahaw United Methodist Church) to the church office no later than Friday, June 29, 2018.

CHILD'S GENERAL INFORMATION

FULL NAME		NICK NAME
BIRTH DATE (MM/DD/YY)	AGE	SCHOOL/GRADE
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? (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

EMERGENCY CONTACTS

NAME	PHONE	HAS PERMISSION TO PICK UP CHILD? YES NO
NAME	PHONE	HAS PERMISSION TO PICK UP CHILD? YES NO
NAME	PHONE	HAS PERMISSION TO PICK UP CHILD? YES NO

I give permission for my child _____ to be taken to the hospital in the event of an emergency and consent to emergency treatment until the time of my arrival at the hospital.

I understand that every effort will be made to contact me in the event that such an emergency takes place.

Signature of Parent/Guardian

Date Signed