

Christ United Methodist Church Summer Day Camp
Camper Information



Name: _____

Address: _____

Email: _____

City, State and Zip: _____

Grade (Entering): _____ Age: _____ DOB: _____

School: _____

Shirt Size: _____ Home Church: _____

Weeks to Attend:

___ May 28-May 31 ___ June 24-28 ___ July 22-26

___ June 3-7 ___ July 1-3 ___ July 29- Aug 2

___ June 10-14 ___ July 8-12 ___ Aug 5-9

___ June 17-21 ___ July 15-19

*** Last week to finalize financially obligated weeks: May 6th

*** Must attend camp at least 4 weeks

*** Weekly part-time is 3 days a week

Does your child have any allergies or medical conditions of which the staff should be aware:

Does your child have a specific food allergy or dietary restriction?:

Please rate your child's swimming ability: GOOD FAIR POOR

Will your child require a life jacket? YES NO

Can we post your child's picture on our Church's Facebook page?
YES NO

Is there anything the staff of CUMC needs to know?

Emergency Plan

CPR/First Aid:

A staff member with CPR and First Aid Certification will be onsite at all times that children and staff are present. All staff members are required to complete these trainings.

In Case of Medical Emergency (Child):

Parents will immediately be notified in case of a medical emergency. A copy of each child's record is kept on hand in the education office and in each classroom. Every effort will be made to contact the child's parent or guardian before calling the emergency contract listed in the application. The alternate contacts will be called if the child's parent or guardian cannot be reached. If necessary, we will transport the child to the hospital of choice via ambulance.

In Case of Child Illness:

Parents will immediately be notified in the case of a child illness. A copy of each child's record is kept in the education office and in each classroom. Every effort will be made to contact the child's parent or guardian in the case of an illness. If necessary, alternate contact will be called.

Caregiver Illness or Death:

In the event of serious injury or death of a provider, the director or staff will notify the parents.

Fire Drills:

In an attempt to prepare ourselves for the worst, we schedule monthly fire drills. These drills keep the ministry up to code with local Fire Marshall and train the children how to best escape from fire.

Emergency Plan Continued

Evacuation Plan:

If our building must be evacuated due to fire or other hazard, we will exit the building using the nearest accessible door and will meet on the north side of church across the drive in the grass. Once all the children have been accounted for and we are cleared to re-enter, we will notify parents of the situation via Brightwheel.

If our building catches fire or is otherwise damaged during the operating hours, we will contact a parent, guardian or emergency contact. If a family member cannot be reached, children will be moved to a safe location nearby and a notice will be posted.

My signature below certifies that I agree to abide by these policies while I am on site and for the duration that my child is enrolled at the child care ministry. I also understand that failure to abide by these policies could result in the termination of care for my child/children.

Parent's Signature_____ Date_____

Print Name : _____

Childs/Children's Name: _____

Emergency Information/ Permission for Health Care

Child's Full Name: _____ Birthdate: _____

Known Allergies:

Mother/Legal Guardian: _____

Cell Phone: _____ E-Mail _____

Employer: _____ Phone: _____

Father/Legal Guardian: _____

Cell Phone: _____ E-Mail _____

Employer: _____ Phone: _____

Authorized Adults

In the event of an emergency, please list names of individuals we may contact after all attempts have been made in contacting parents:

Name: _____ Cell Phone: _____

Relationship to Child: _____

Name: _____ Cell Phone: _____

Relationship to

Child: _____

Emergency Care

Child's Physician: _____ Phone: _____

Emergency Hospital Preference: _____

Child's Dentist _____ Phone _____

Emergency Care Consent

In the event of an emergency, I authorize the staff to provide any first aid deemed necessary for my child. In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are authorized to provide care deemed necessary for my child. In the event of an emergency, I hereby authorize the transfer of my child's health records to the local hospital.

Signature_____ Date:_____

Discipline Policy

We believe in establishing consistent, understandable limits and in having teachers who respond to inappropriate behavior with insight, sensitivity, and skill. When clear, consistent and age-appropriate limits are present, children increasingly become responsible for themselves. When out-of-bounds behaviors do occur, we believe it is important for children to understand why the behavior is inappropriate and how to modify it. Teachers are trained to skillfully direct behavior along appropriate channels. Children encouraged to verbalize their feelings to learn to positively work through strong emotions.

Teachers act as role models and encourage children's appropriate behaviors. Under NO circumstances is corporal punishment permitted. Discipline will not be associated with food, rest, or restroom.

We believe that it is our responsibility to provide children with positive guidance and in our experience, most children will respond well to our approach. In the event that a child does not respond, we will notify the parent and work closely with them to develop a plan to help the child gain self-control and positive attitude towards his peers and teachers. Should the child's continues negative behavior put himself, his peer and teacher at risk of physical harm, or if the child damages Christ United Methodist Child Care property, we reserve the right to ask the parent to withdraw the child from Christ United Methodist Child Care.

I have read and understand the above Discipline Policy Signature of
Parent/Guardian_____ Date_____