

Camp Cornerstone Summer Program 2022

Camp Hours are 9:30 a.m.-1:00 p.m. – Cost per camp \$150

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

Forms will be accepted through May 9, 2022 or until camp classes are full.

Child's Name _____ Name Called _____

Date of Birth _____ Allergies (None, if not applicable) _____

Age on June 1, 2022: ____ years ____ months

Grade or Preschool class entering in Fall 2022: _____

SESSION(S): ____ June 13-17: Hawaiian Islands ____ July 11-15: Adventure Camp
____ August 1-5 Summer Science Lab

Child's Name _____ Name Called _____

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____ August 1-5 Summer Science Lab

Phone Number _____ 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

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Carpool Names _____

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

AGREEMENT CONTRACT

- **Tuition of \$150 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 determined and communicated closer to the start of camp.
- In cases of inclement weather, emergency, or disaster we will follow the Cypress Fairbanks School District's guidelines.

Dr. Name _____ Phone # _____ Hospital _____

Dr. Address _____ City _____ Zip Code _____

Insurance Co. _____ Policy/Group# _____

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(ren), _____, _____, _____ 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 or send through child's backpack)