

DISCIPLES UNITED METHODIST CHURCH
12410 Hillcroft
Houston, Texas 77035
PH (713) 729-1581 FAX (713)729-2733
Rev. Rose Marie Veal, Pastor
Ms. Talisa Word, Director

PARENTAL AGREEMENT FORM

STATEMENT OF PAYMENT

The Disciples UMC Summer camp's hours will be Monday through Friday. The weekly tuition will be \$25.00 per child. Tuition is due on Monday's of each week, there will be a \$5.00 late charge each day payment is late. Checks are an acceptable form of payment; however, a charge of \$30.00 will be assessed for returned insufficient fund checks and the summer camp will no longer accept your checks as payment.

PARENTAL AGREEMENT:

1. I consent to the enrollment of my child _____ in the Disciples UMC Summer Camp Program and agree that the church shall not be liable in the case of sickness while my child is in attendance in the Summer Camp or in transit to and from the Church or in transit to and from an activity or other event. (____).
2. I understand that tuition payment is due each Monday of the week and that there will be a \$5.00 late charge each day payment is late. (____).
3. I give my consent for my child to take part in field trips or excursions. (____).
4. I understand that my child must be left in care of a staff person when arriving at the camp and released only to an authorized person. (____).
5. I understand that the tuition is a set fee regardless of my child's attendance or holiday that may fall within that payment week. (____).
6. I agree to notify Disciples UMC Summer Camp Program a week in advance if I decide to withdraw my child from the Disciples UMC Summer Camp Program. (____).
7. I agree that in case of an accident or injury, emergency medical care may be given in the event that I cannot be contacted immediately. I further agree that I will submit current home address, telephone numbers (home and work), and emergency numbers. (____).

Program Director

Date

Mother's Signature

Father's Signature

Guardian's Signature

**DISCIPLES UNITED METHODIST CHURCH
12410 Hillcroft
Houston, Texas 77035
PH (713) 729-1581 FAX (713)729-2733
Rev. Rose Marie Veal, Pastor**

PRE-APPLICATION FOR ENROLLMENT

REFERRING SOURCE: CHURCH BANNER Friend Relative Church Member

NAME OF CHILD BEING ENROLLED: _____

Age: _____ **Sex:** _____ **Birth Date:** _____

ETHNICITY: Black Hispanic White Other _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: _____

MOTHER'S EMPLOYER: _____

TELEPHONE NUMBER: _____ **HOURS:** _____

FATHER'S EMPLOYER: _____

TELEPHONE NUMBER: _____ **HOURS:** _____

DISCIPLES UNITED METHODIST CHURCH
12410 Hillcroft
Houston, Texas 77035
PH (713) 729-1581 FAX (713)729-2733
Rev. Rose Marie Veal, Pastor
Ms. Talisa Word, Director

FAMILY MEDICAL INSURANCE PROVIDER:

_____ Insurance Number: _____

PHYSICIAN TO BE CONTACTED IN CASE OF EMERGENCY WHEN PARENT CANNOT BE CONTACTED:

_____ Telephone Number: _____

EMERGENCY CONTACTS: (Name, Telephone Number and Relationship)

1. _____
2. _____
3. _____
4. _____
5. _____

PERSON'S RESPONSIBLE FOR BRINGING CHILD TO AND PICKING CHILD UP FROM CENTER: (Name, Telephone Number and Relationship)

1. _____
2. _____
3. _____
4. _____
5. _____

I certify the information provided, in support of this application, is accurate and truthful to the best of my knowledge.

MOTHER'S SIGNATURE: _____ **DATE:** _____

FATHER'S SIGNATURE: _____ **DATE:** _____

GUARDIAN'S SIGNATURE: _____ **DATE:** _____

DISCIPLES UNITED METHODIST CHURCH
12410 Hillcroft
Houston, Texas 77035
PH (713) 729-1581 FAX (713)729-2733
Rev. Rose Marie Veal, Pastor
Ms. Talisa Word, Director

MEDICAL EMERGENCY ATUORIZATION

Child's Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

Date of Admission: _____ Hours of Camp: _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize The **Disciples UMC Summer Camp Program** Director/Assistant Director or staff-in-charge to transport my child by private or EMS vehicle to any doctor, clinic, or hospital of the Director's choice as needed. I further give consent for necessary emergency treatment while my child is in the care of any clinic or hospital as deemed necessary by the attending physician/nurse.

Signature of Mother/Father or Legal Guardian

Date

TRANSPORTATION CONSENT

I hereby give my consent for my child to be transported and supervised by the Disciples UMC Summer Camp Program staff on ___ field trips ___ special activities and ___ water activities.

SPECIAL COMMENTS BY PARENTS:

Signature of Mother/Father or Legal Guardian

Date