

# M & M TOTS SUMMER ART CAMP REGISTRATION

Desired Session(s) (Please check):

- ☐ June 15<sup>th</sup> - July 18<sup>th</sup> (BUGS & BOTANICALS) \$95
- ☐ June 29<sup>th</sup> - July 2<sup>nd</sup> (UNDER THE SEA) \$95
- ☐ July 13<sup>th</sup> - July 16<sup>th</sup> (RHYTHM & RHYME) \$95
- ☐ July 27<sup>th</sup> - July 30<sup>th</sup> (ANIMAL KINGDOM) \$95
- ☐ August 10<sup>th</sup> - August 13<sup>th</sup> (THINGS THAT GO) \$95
- ☐ August 24<sup>th</sup> - August 27<sup>th</sup> (BLAST OFF TO SPACE) \$95

Childs Name \_\_\_\_\_

Age \_\_\_\_\_

Birth date \_ / \_ / \_ / Sex \_\_\_\_\_

Parents Name \_\_\_\_\_

Phone \_\_\_\_\_

Parents Name \_\_\_\_\_

Cell# \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_

Does the child live with both parents? \_\_\_\_\_

Email Address

\_\_\_\_\_

Who else can pick up your child?

---

Allergies? \_\_\_\_\_

May we take photos of your child for Church purposes?

Yes\_\_\_\_\_ No\_\_\_\_\_

Favorite things to do

---

Best Comforted by

---

Other helpful information

---

Do you have a regular church affiliation?

---

How did you hear about us?

---

\* Please include your \$25 registration fee that will go towards the full tuition amount.  
Checks may be made out to MUMC.

# Manito United Methodist

M & M Tots

## Waiver and Release of Liability

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

I understand that by signing below I release and hold harmless Manito United Methodist Church, and its owners, directors, officers, advisors, employees, agents, volunteers, childcare workers, and all other persons or entities acting for them from any liability as a result of personal injury or property damage occurring while the above child/children is/are in their care at Manito United Methodist Church. I understand that if my child becomes inconsolable during their time at our child care program, I am responsible to remove my child from our program and be reassessed at a later time.

Custodial Parent's Name: \_\_\_\_\_

Custodial Parent's Signature: \_\_\_\_\_

Custodial Parent's Name: \_\_\_\_\_

Custodial Parent's Signature: \_\_\_\_\_

### Health Information

Special Instructions (allergies, medications, Epi Pens, etc.)

\_\_\_\_\_

Emergency contact \_\_\_\_\_

Phone \_\_\_\_\_

Relation \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Name & # of Physician \_\_\_\_\_

In case of emergency when I cannot be reached, I authorize the physician selected by Manito United Methodist to administer necessary medical treatment for my child.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_