



Monroe First Preschool Academy Summer Camp Registration Form 2024

Child's Name: _____ Date of Birth: _____
Parent's Name: _____ Parent Email: _____
Address: _____
Phone #: _____ Cell Phone#: _____

Select Camp Below: \$150 per week

- _____ Summer Fun (June 3-6) 9am-12pm (only snack provided.)
- _____ Summer Fun (June 10-13) 9am-12pm (only snack provided)
- _____ Summer Fun (July 8-11) 9am-12pm (only snack provided)
- _____ Summer Fun (July 15-18) 9am-12pm (only snack provided)

****We will not have lunch, only snack. Please send a water bottle with your child daily****

Emergency Contact:

Name: _____ Phone#: _____

Allergies & Medications: _____

Emergency Treatment Authorization:

I realize that in case of an emergency, Monroe First Methodist Church Preschool Academy Staff will make every possible effort to contact the Parents and or Emergency Contacts (names listed above). If this is not possible, I give permission for decisions regarding emergency treatment to be given.

Parent's Name

Parent's Signature

Authorized Adults to Pick Up

In accordance with Georgia Law, we must have on file the names and telephone numbers of individuals permitted to pick up your child from Preschool Summer Camps. Individuals who present themselves to claim your child, who have not been authorized by you, will not be allowed to leave with your child. Please list any person(s) information that is authorized to pick up your child. For the safety of your child, we reserve the right to check for a valid form of identity or Driver's License for identification purposes for all person(s) listed. I understand that my child will not be released into custody of any person who is not listed on the following form:

The following people, in addition to the Parents listed are authorized to pick up my child. Please list name, relationship to child, & Phone number.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____