

St. Peter's Child Enrichment Center

# Summer Camp 2023

Age 3 - Entering 1<sup>st</sup> grade

Monday - Friday 9:00am - 12:00pm  
\$140.00 per week

PLEASE CIRCLE THE WEEK(S) YOU ARE REGISTERING FOR:

DATE	THEME
June 5 - 9	<b>"Critter Connection"</b>
June 12 - 16	<b>Vacation Bible School "Stellar"</b> (Children who have completed K need to register through the church)
June 19 - 23	<b>"Culinary Klds"</b>
June 26 - 30	<b>"It's Hip to be Healthy"</b>
July 10 - 14	<b>"The Great Outdoors"</b>
July 17 - 21	<b>"Let's GROW Together"</b>
July 24 - 28	<b>"Mr. Rhythms Musical Picnic Party" with Miss Jenn Morgan</b>

**Non-Refundable payment due at the time of Registration!**  
**Physical & Immunization Records must be on file PRIOR to attendance!**

-----  
Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade/Class entering for 2023-2024 school year: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Person to Call: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Allergies/Concerns: \_\_\_\_\_

**CEC Office Use Only:**

Total Amount Due: \$ \_\_\_\_\_  Cash  Check  Tuition Express Account

FORMS REQUIRED:  Physical  Immunization Record  Notarized Emergency Form

**St. Peter's United Methodist Church  
Child Enrichment Center  
Emergency Contact Form  
2023 - 2024**

This program will exercise reasonable care and judgment in matters related to the welfare and safety of the child. In case of an accident or illness to the child, the staff will promptly take reasonable measures, in the best interest of the child.

1. You will be notified as soon as possible. In case you cannot be reached, the next person authorized to act for you in an emergency will be notified.
2. In the event neither you nor the authorized person can be reached, the student's physician will be notified.
3. If we are unable to reach that physician, the next attending doctor will be consulted. A properly licensed practicing physician will be notified, at the Center's own discretion, if the above doctors cannot be contacted.
4. In the event of an emergency when you or the persons named below cannot be reached with reasonable effort, you, by signing this form, do hereby appoint the Director of the Child Enrichment center, or, in her absence, the person responsible for supervision of the Child Enrichment Center at that time, as your Attorney-in-Fact to authorize such medical care and treatment (including the administration of drugs and medicines, transport to emergency facilities, and such other treatment as the circumstances may require) as may be recommended by duly licensed personnel, including paramedics and nurses.
5. You agree that the Child Enrichment Center, its staff and St. Peter's United Methodist Church of Wellington, Inc. officers will not be held liable for any first aid rendered, or treatment, drugs of medicine or surgical procedure performed pursuant to this consent.

**SIGNATURES MUST BE NOTARIZED**

\_\_\_\_\_  
Signature of Parent or Guardian

Before me, an officer duly licensed to take acknowledgements, personally appeared:

\_\_\_\_\_  
D.L.# \_\_\_\_\_

acknowledge their execution of the foregoing

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public, State of Florida, at Large.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Signature  
State of Florida, County of Palm Beach

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

Primary Phone Number: \_\_\_\_\_

Alternate Person To Be Contacted in an Emergency (other than parent(s)): \_\_\_\_\_

Daytime Phone/Cell Number for Emergency Contact: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_