

ST. PETER'S CHILD ENRICHMENT CENTER

SUMMER CAMP 2024

AGE 3 - ENTERING 1ST GRADE

MONDAY - FRIDAY 9:00AM - 12:00PM
\$150.00 PER WEEK

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

DATE	THEME
June 10 - 14	Vacation Bible School "Outback Rock" <small>(Children who have completed K need to register through the church)</small>
June 17 - 21	"Dino Daze"
June 24 - 28	"Get Messy with Colors"
July 8 - 12	"Space is the Place"
July 15 - 19	"Down on the Farm"
July 22 - 26	"Sea, Sand and Sharks"
July 29 - Aug. 2	"Little Chef Camp"

****NON-REFUNDABLE payment due at the time of Registration****

****Physical/Immunization Records and Notarized Emergency Contact form must be on file PRIOR to attendance****

 Child's Name: _____ Birthdate: _____

Grade/Class entering for 2024-2025 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: _____