***Satellite Beach United Methodist Preschool Lic C18BRO153***

***450 Lee Ave. Satellite Beach, Fl 32937 FEI 59-1100835***

***(321) 777-0116 X203 Summer Camp 2017 for current 3-5 year olds*** [***susans@sbumc.net***](mailto:susans@sbumc.net)

**Summer Camp Schedule: June 5-8 (Monday-Thursday) June 19-22 (Monday-Thursday) *(circle week/s)***

**Fee: $80/week (No discounts, credits or make-up days) Hours: 9 -12:00 Children bring snack.**

**PLEASE PRINT CHILD’S INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birthdate** \_\_\_\_/\_\_\_\_/\_\_\_

**Last Name First Name Nickname**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number & Street City Zip Code Home Phone**

**May we take pictures of your child for Church newsletters? YES NO**

**Does your child have allergies and/or medical problems? YES NO**

(If yes, please explain.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **PARENT INFORMATION** | **FATHER’S INFORMATION** | **MOTHER’S INFORMATION** |
| **Name** |  |  |
| **Cell #** | **( )** | **( )** |
| **Work #** | **( )** | **( )** |
| **Place of Employment** |  |  |
| **E-mail address** (Circle email for preschool use) |  |  |
|  |  |  |

**Child’s age on June 1 \_\_\_\_\_\_\_\_\_\_ Male Female**

**I understand that I am responsible for sending my child in appropriate athletic shoes (no crocs, no sandals, no heels, no platforms).**

**I understand that I will send in a light snack for my child.**

**Parents printed name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**