

**BETHEL UNITED METHODIST CHURCH  
SUMMER PROGRAM 4600 DANIEL DRIVE  
COLUMBIA, SC 29206-1499  
TELEPHONE #787-3089**

**APPLICATION FOR ADMISSION SUMMER PROGRAM**

APPLICATION STATUS:

- ( ) We are members of Bethel United Methodist Church
- ( ) My child is currently enrolled in Bethel Preschool
- ( ) New to Bethel Preschool
- ( ) Previously attended Summer Camp

FOR OFFICE USE
DATE _____
IMMUNIZATION RECORD _____
REGISTRATION Amount _____
PAID _____
CHECK # _____
TEACHER _____

APPLICATION TO ENTER:

- Nursery/Toddler
- 2 Yr. Old
- 3 Yr. Old
- 4 Yr. Old
- 5 and up

**CHECK WEEKS YOU ARE INTERESTED**

JUNE	JULY
___ Week 1	___ Week 1
___ Week 2	___ Week 2
___ Week 3	___ Week 3
___ Week 4	___ Week 4

**FULL NAME OF CHILD** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**Parents E-mail** \_\_\_\_\_

Name used at home \_\_\_\_\_ Present Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Telephone # \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Telephone # \_\_\_\_\_

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

Parents Status: Father (living in home) \_\_\_\_\_ Divorced \_\_\_\_\_ Deceased \_\_\_\_\_

Mother (living in home) \_\_\_\_\_ Divorced \_\_\_\_\_ Deceased \_\_\_\_\_

Custody: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Other \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Church your family attends: \_\_\_\_\_

**\*\*SUMMER PROGRAM SUBJECT TO SUFFICIENT ENROLLMENT\*\***

**EMERGENCY INFORMATION**

CHILD'S NAME \_\_\_\_\_

If medical assistance is required, it is requested that the following physician be notified:

NAME OF PHYSICIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

Persons authorized to act for parents in case of an emergency:

NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ BUS. TELEPHONE # \_\_\_\_\_

**CHILD'S HEALTH REPORT**

**CHILD'S GENERAL PHYSICAL CONDITION:**

At present time \_\_\_\_\_

During the past year \_\_\_\_\_

**ALLERGIES:**

Eczema \_\_\_\_\_ Hay Fever \_\_\_\_\_ Asthma \_\_\_\_\_

Other \_\_\_\_\_

Skin Infections \_\_\_\_\_

Any physical handicaps \_\_\_\_\_

**MEDICAL TREATMENT FORM**

I give my permission for medical treatment of my child, \_\_\_\_\_, by a doctor and/or hospital in case of an emergency when neither parents nor persons listed as emergency contacts can be reached.

\_\_\_\_\_  
Parent's Signature

**RELEASE FORM**

I hereby authorize the Director of Bethel United Methodist Church Nursery and Preschool, or her agent or servant, to execute any and all documents including any necessary releases in my behalf, which might be required, by any medical facility or physician to perform any emergency care, on account of any accident or illness sustained or incurred by my child, named above, while attending Bethel United Methodist Church Nursery and Preschool.

I further agree that in consideration of my child's attending Bethel United Methodist Church Nursery and Preschool, I will hold Bethel United Methodist Church, and its agents and servants, harmless from any action by me or my child on account of any injury or damage sustained or suffered by my child while attending Bethel United Methodist Church Nursery, Preschool or Field Trips.

I certify that my child, named above, is in good health and requires no special medical care or medical treatment while at the nursery or preschool.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date