

**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 _____

CHECK WEEKS YOU ARE INTERESTED

APPLICATION TO ENTER:
Nursery/Toddler
2 Yr. Old
3 Yr Old
4 Yr. Old
5 and up

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** _____

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 that the following physician be notified:

NAME OF PHYSICIAN: _____

ADDRESS: _____ TELEPHONE # _____

_____ Persons authorized to act 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:

Asthma _____ Hay Fever _____ Eczema _____

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 parent nor person listed as an emergency cannot be reached.

Parent 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 or Preschool.

I further agree that in consideration of my child's attending Bethel United Methodist 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 of medical treatment while at the nursery or preschool

Parents Signature