



Registration Form

Please use a separate form for each child. Print out and mail it to:

Epworth UMC at Candler Park
1561 McLendon Ave., NE
Atlanta, GA 30307

Please include your camp tuition. Payment info is below. Confirmation will be sent to you via email.

Child's Name _____ Birthdate _____

Which weeks are you registering for?

June 8-12, Textiles and Culinary Arts for ages 3-9 (age groups kept separate and rotate at 10:30), \$75

June 15-19, Science and Fine Arts for ages 3-5, \$75

June 22-26, Science and Fine Arts for ages 6-9, \$75

Parents' Names _____

Address _____

City/State _____ Zip _____

Day Phone(s) _____

Evening Phone(s) _____

Email (we will send any info/updates via email)

Does your child require any medication that may need to be taken during camp? _____ If yes, please attach detailed instructions and necessary information.

Food Allergies _____

Emergency Contact (in case we are unable to reach you)

Name _____ phone _____

Authorized Release: To whom other than parents/guardians can we release your child in your absence?

Name _____ phone _____

Physicians Name _____ Phone _____

I agree to keep Kids U at Epworth staff informed in writing of any changes in emergency telephone numbers, my child's health status, and any other information regarding my child's emotional or social well-being. Should my child become ill during the camp hours or suffer an accident of a serious nature, I understand that the teachers/director will make every attempt to contact one or both parents/caregivers or their designated substitutes. I hereby authorize Kids U at Epworth personnel to secure medical attention and care for my child as may be deemed necessary in an emergency via ambulance or private transportation. I understand that I (parents/caregivers) am responsible for all costs incurred for emergency medical treatment or transportation for my child.

I/We the undersigned, parent(s) or legal guardian of _____, a minor, do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment or procedures and hospital care which is advisable by, and is suggested, recommended, prescribed, or directed by any physician or surgeon duly licensed to practice in the State of Georgia. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. This authorization shall remain in effect during the term of the child's enrollment in Kids U at Epworth, unless sooner revoked in writing to the coordinators of Kids U at Epworth.

Parent signature _____

Please make checks payable to **Epworth PMO**

Payment amount enclosed: _____

For more information, or if you have questions, please email Cecily Stevens, camp coordinator, at epworthcandlerparkpmo@gmail.com