

# Union CEC Summer Camp Registration Form

## 2021

Child's name: \_\_\_\_\_ Name child goes by: \_\_\_\_\_

Birth date: \_\_\_\_\_ Next Grade: \_\_\_\_\_ Gender:  Male  Female

Has your child previously attended a similar paid program?  Yes  No

We use a "Rewards" system for discipline. What other method works for your child?

Please check one:

- My child is:  Active/a leader  
 Somewhere in-between  
 Shy/Quiet

Siblings:  Yes  No Ages: \_\_\_\_\_

### Parents/Guardian Information (same as CEC sibling or CEC Staff - note)

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

- Marital status:  Married  Divorced  
 Separated  Widowed  
 Single

If separated or divorced who has legal custody?  
 Mother  Father  Other \_\_\_\_\_

(court papers are required if the non-custodial parent cannot pick-up)

Email address \_\_\_\_\_ Email address \_\_\_\_\_

### Emergency Contacts (same as CEC sibling - note)

Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_

Relation: \_\_\_\_\_ Phone #2 \_\_\_\_\_

Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_

Relation: \_\_\_\_\_ Phone #2 \_\_\_\_\_

Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_

Relation: \_\_\_\_\_ Phone #2 \_\_\_\_\_

Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_

Relation: \_\_\_\_\_ Phone #2 \_\_\_\_\_

**Medical Information**

In the event of an emergency, every effort will be made to reach parents. If parents cannot be reached, I authorize Union Baptist Church to take any of the following actions, depending on the severity of the emergency: (check ALL that apply)

- Please take my child to the nearest emergency room     Children's or (Other)\_\_\_\_\_Hospital  
 Please take my child ONLY to Children's Hospital     Allow a Knox Co. Ambulance Service to treat my child

Please note that an on-site staff person will be American Red Cross CPR Trained. We will contact EMS (911) any time we feel that it is warranted.    Initial\_\_\_\_\_

Child's Physician:\_\_\_\_\_ Phone:\_\_\_\_\_

**Insurance Information (same as CEC sibling - note)**

Name of insurance company\_\_\_\_\_

Policy number\_\_\_\_\_ Group number\_\_\_\_\_

Please list any special medical needs or allergies (environmental, FOOD and/or medical):    Does your child have any hearing or speech problems?     Yes     No    If yes, describe:

\_\_\_\_\_  
\_\_\_\_\_

Please answer the following questions:

1. Is your child currently taking any medication?     Yes     No  
2. Does your child have any allergies or reactions to \_\_\_\_\_  
insect stings or bites?    \_\_\_\_\_  
3. Has your child had asthma or wheezing?     Yes     No  
4. Has your child ever had chicken pox?     Yes     No    Date: \_\_\_\_\_  
5. Has your child had allergic skin reactions such as hives, welts, contact dermatitis, etc?     Yes     No    Which ones:\_\_\_\_\_

Please answer the following:

1. I give permission for my child's pictures and/or videos to be used on bulletin boards, newsletters, Union Baptist Church website and any other marketing program to publicize Christian programs. (See additional photo release form in new camper packet) Names will not be used.    Initial\_\_\_\_\_  
2. I (am a)     Union member     Attend Union  
 Member of or attend another local church or place of worship.  
Where?\_\_\_\_\_

I understand it is my responsibility to change any information on this form as needed. By the signature below, I am verifying that the above information is true and correct to the best of my knowledge.

**I understand that Union Child Enrichment Center Summer Camp Program is licensed by the state of TN as a childcare agency.**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_