

Union CEC Summer Camp Registration Form

Child's Name: _____ Name child goes by: _____

Birth date: _____ Next Grade: _____ Gender: Male Female
Has your child previously attended a similar program? Yes No We use a "Rewards" system for discipline.
Please check one: What other method works for your child?

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 Contact (same as CEC sibling - note)

Name: _____ Phone #1 _____
Relation: _____ Phone #2 _____
Home address: _____
Employer/work address: _____

Additional pick/up people non-emergency (same as CEC sibling - note)

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? Yes No Describe : _____

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: _____