

**The Arts Summer Fun Camp July 28-July 31, 2025**  
**Ages 2 by August 2024-Rising Kindergartners**  
**9:00 a.m.-12:00 p.m.**  
**Camp Fee-includes supplies, snacks, & music classes**  
**\$125/child**  
**3543 Robinhood Road, W-S, NC 27106**  
**336-760-2326**  
**www.mttaborumpreschool.org**

Child's Name \_\_\_\_\_ Male/Female

Name Called \_\_\_\_\_

AGE \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Special Needs \_\_\_\_\_

Allergies \_\_\_\_\_

Epi-Pen Required? \_\_\_\_\_

Church Membership or Affiliation \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

First

Last

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_

**Father's Name** \_\_\_\_\_

First

Last

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Father's Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Names of those Approved to Pick Up Your Child from Camp:**

\_\_\_\_\_

**\*The Summer Fun Camp Fee is due at registration. Your child will not be registered for camp until this form and the Camp Fee is received.**

**Camp Fees are NON-REFUNDABLE as we base our staffing on registration.**

I understand that by signing this form I agree to pay the fees listed for my child, \_\_\_\_\_, to attend the Mt. Tabor Preschool Summer Fun Camp(s). I understand that payment of the fee assures my child a place in the camp and is non-refundable.

If your child is crying and we are unable to settle your child or your child becomes ill during the day, etc. you will be called to pick up your child from camp. There will be no refund for any time missed from camp.

In the event of an accident or illness which requires immediate medical treatment when a parent cannot be located, I give permission for the Preschool Director of Mt. Tabor United Methodist Preschool or other Preschool personnel designated by the Director to authorize needed treatment. I will not hold the Preschool nor medical personnel responsible. I assume all financial responsibility for the delivery of such care. This is done with the understanding that every attempt will have been made to contact the parents, and other people listed for emergency contact.

\*If the camp is cancelled due to insufficient enrollment, the fee for that camp will be **refunded**.

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