



First United Methodist Church Summer Program

Welcome to CHAMP CAMP! Thank you for the opportunity to minister to your child this summer. We have lots of fun activities planned Tuesday – Thursday, 9am – 2pm.

Dates for CHAMP CAMP are divided into two sessions:

Session 1 dates are: June 1, June 2, June 3, June 8, June 9, June 10, June 15, June 16, June 17.

Session 2 dates are: June 22, June 23, June 24, June 29, June 30, July 1, July 6, July 7, and July 8.

Registration will begin March 8 and the total for **Session 1 is due at the time of registration**. This is what will hold your spot! Cost for each session is \$120 for all 9 days or \$15 per day. You pay only for the days you plan to attend. There is no scaled rate for families with multiple children. **The cost for Session 2 will be due on June 15.**

CHAMP CAMP is open to children from 3 years of age (must be 3 before September 1, 2021) to those entering 7th Grade in the fall of 2021. (We will accept 2-year-olds who are enrolled in our preschool for the fall of 2021 or who have an older sibling enrolled in CHAMP CAMP).

Our theme for the summer will be: **Jesus League –Becoming One of Jesus’ SUPER Followers**. “When anyone lives in Christ, the new creation has come. The old is gone! The new is here!” - 2 Corinthians 5:17 (NIRV)

Here are a few important notes:

- Lunch - Kids will need to bring their own lunch.
- Snack - We will provide a snack. Please indicate on your registration form ANY ALLERGIES your child might have.
- We will have carpool line this year. We will begin at 8:45 in the morning and 1:45 in the afternoon. Hours are 9:00 AM until 2:00 PM. Doors will be unlocked from 8:45-9:30 each morning and from 12:30- 2:15 each afternoon. If you must pick-up or drop-off your child at any other time, please contact Tamara or your child’s group leader.
- If your child has a summer birthday, please feel free to plan a special snack for that day. We love to party!!!
- Fun is the rule!

Lastly, should you have any questions or concerns regarding our summer program, please do not hesitate to contact Tamara Matthews. You may reach her at the church 387-2111, on her cell 544-0328 (please feel free to text) or email at tamara@jasperfirstumc.com. We love children at FUMC and we want your children to experience the love of Jesus Christ here.

IMPORTANT: The total for Session 1 is due with the return of the registration form.

JASPER 1ST UMC CHAMP CAMP REGISTRATION 2021

MY CHILD WILL ATTEND THE FOLLOWING DAYS DURING SESSION 1:

ALL ____ (Pricing is \$15 per child per day or \$120 for the entire 1st session)

June 1 ____ June 2 ____ June 3 ____ June 8 ____ June 9 ____ June 10 ____
 June 15 ____ June 16 ____ June 17 ____

MY CHILD WILL ATTEND THE FOLLOWING DAYS DURING SESSION 2:

ALL ____ (Pricing is \$15 per child per day or \$120 for the entire 2nd session)

June 22 ____ June 23 ____ June 24 ____ June 29 ____
 June 30 ____ July 1 ____ July 6 ____ July 7 ____ July 8 ____

*Completed registration form and total payment for Session 1 is due at the time of registration. Registration begins March 8. **There are limited spaces per age group!!** Payment for Session 2 is due on June 15.*

Child's Name: _____

Birth Date mm/dd/yy: _____

Grade/Preschool class level your child will be entering **Fall 2021:** _____

Parent/Guardian Full Name(s): Mother: _____

Father: _____

Mailing Address: _____

Email Address: _____

IMPORTANT: How do we reach you while your child is at the church?

Parent's Name: _____ Work # _____ Cell # _____

These persons are to be called in case of an EMERGENCY (illness, injury or behavioral issues) should FUMC not be able to reach parents and/or guardian (must list at least one person in case you cannot be reached):

ARE THERE INDIVIDUALS THAT YOUR CHILD SHOULD NOT BE RELEASED TO?

NAME	Relationship	1 st Number	2 nd Number
PLEASE LIST:			
1.			

ENTERING 4 YEARS OLD THROUGH 6TH GRADE, please complete the following: (circle answer)

MOVIES: It is our policy that school-ages children (K through 6th) may be shown PG rated movies at the Director's discretion. My child is able to see rated PG movies:
YES or **NO**

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or designated person in charge to take my child to:

Name of Physician: _____ Phone: _____

Name of Preferred Hospital: _____

For 2 and 3 YEARS OLD, please complete the following: (circle answer)

My child **IS** or **IS NOT** potty trained.

My child **DOES** or **DOES NOT** nap/rest.

SPECIAL NEEDS OF YOUR CHILDREN

List any special needs that your child may have, such as *ALLERGIES*—especially food, *EXISTING ILLNESS, PREVIOUS SERIOUS ILLNESS*, and *INJURIES* during the past 12 months, any *MEDICATIONS* prescribed for long term continuous use, any *SPECIAL NEEDS or DISABILITIES* and any other information of which the staff should be aware for the safety of your child:

give my consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic. I release FUMC and its agents from any liability for any action taken.

****SIGNATURE—Parent or Legal Guardian**

****Date**