

Summer Camp Registration Form June 3rd-7th



Register online at:
www.DesertSkiesUMC.org

I am registering my child for: *(please select 1 or both)*

MORNING VBS OPTION

- Age:** PRE-K — 5TH GRADE
Cost: Free
Time: 8:30 AM TO 12:00 PM
PRE-K (Children who are ages 4-5 and potty-trained) is limited to 15 participants

MUSIC CAMP OPTION

- AGES:** FINISHING 2ND — 9TH GRADE
COST: \$50.00 (Includes Lunch)
TIME: 11:30 AM TO 5:00PM
 Acting/Singing Sound Tech Sets/Props
(please select a primary area of interest)

Child's Name: _____ Boy/Girl: _____

Family E-mail address: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home telephone #: () _____ Cell phone #: () _____ DOB: _____

Current school grade (finishing right now): _____

In case of an emergency, contact: _____ Phone #: () _____

Parent/Guardian #1: _____

Parent/Guardian #2: _____

Who is authorized to come and get your child? _____

Allergies (including latex), dietary restrictions, or other medical conditions (if none please write NONE): _____

Home Church (if you have one): _____

Name of a special friend your child might like to be grouped with: _____

WE CANNOT PROMISE THAT WE WILL BE ABLE TO ACCOMMODATE YOUR REQUEST.

By registering my child for ROAR Day Camp I hereby grant all rights to Desert Skies UMC to use their image. A child's name will never be matched with their image.

Parent/Guardian Signature: _____ Date: _____