

FOR OFFICE USE ONLY

Sequence #: _____

Date Received: _____

Check #/Amt: _____

Medical Release on file: _____

Volunteer Area: _____

Creative Arts Camp

July 26 – 29, 2010 9 am – 2 pm
Open House Thursday 6 pm.

Kindergarten & 1st Grade Registration Form FOCUS GROUPS

Child's **LAST** Name / **FIRST** Name:

Birth Date ____/____/____

Must have been 5 on/before 9/1/2009

Grade (**completed 09-10** school yr): _____

Gender: **M** or **F**

Child's T-shirt size:

Child size: **S M LG XLG**

Adult size: **S M LG XLG XXLG XXXLG**

Parent: _____

Address: _____

City: _____

State, Zip _____

Primary Phone: _____

Secondary Phone: _____

Email: _____

Food/Medical Allergies/Conditions:

Emergency contact—name & relationship:

Emergency contact Phone #:

If the parent cannot be reached at the above numbers, we **MUST** be able to reach this person **any time** during the camp!

Rank **ALL** the classes (using 1,2,3,4 ...) which your child will consider attending or your application may be delayed. Kindergarten & 1st graders will be grouped into color groups, and will rotate each day with this same group through specific rotations available only to them. They will be given a variety of activities.

- _____ **AR-Art Alive**
- _____ **CR-Creative Movement**
- _____ **GA-Garden Art**
- _____ **GR-Gardening**
- _____ **JM-Jr. Mosaics**
- _____ **JS-Jr. Science**
- _____ **LC-'Lil Chefs**
- _____ **OS-Outdoor Skills**
- _____ **PC-Paper Creations**
- _____ **SI-Sign Language**
- _____ **SK-Sketchers (Painting & Drawing)**
- _____ **WO-The World Around Us**
- _____ **WW-Woodworking**

Parents: We are looking forward to having your child join us so make sure you have **completed and signed ALL areas** of your child's registration form (front & back). Incomplete or **unsigned forms** (see back) will **NOT BE ACCEPTED** and will delay completion of your child's registration.

Creative Arts Camp

July 26 – 29, 2010

Kindergarten & 1st Grade

Instructions:

Each child will choose a Focus Group, where they will spend an extended portion of each day of the camp. **It is important to rank ALL focus groups** your child **will consider** (use 1, 2, 3, 4...) to assure that your child receives something he/she will enjoy, should their first choice be full. Please choose wisely!

Kindergarten & 1st graders will be grouped into color groups, and will rotate each day with this same group through two specific rotations available only to them. They will be given a variety of activities.

Due to space limitations, children will receive their focus group assignments on a first-come basis. We will make every attempt to place children in their desired class if possible.

Each child will be mailed a confirmation letter including class assignments and any materials needed the week prior to camp.

If you have any questions please call the Elizabeth Kaufman: 281-996-9232

Each one should use whatever gift he has received to serve others, faithfully administering God's grace in its various forms. 1 Peter 4:10

Cost for CAC 2010 is as follows:

The Camp fee includes one T-shirt. Don't forget to note the size on other side!

1 child	\$75
2 children (same family)	\$125
3 children (same family)	\$165

Confirmed, onsite adult Teachers & Helpers will receive a discounted tuition (for immediate family members only):

1 child	\$40
2 children (same family)	\$70
3 children (same family)	\$100

NOTE: If you will be working this camp and your children will be attending, please complete a Camp Registration form or Nursery Registration form for **each** of your children.

Scholarships are available.

Please contact the Children's and Families Ministries office for details at 281-482-7535 extension 106 or 103.

No refunds given past July 14.

Friendswood United Methodist Church

110 N. Friendswood Drive
Friendswood, TX 77546
281-482-7535

www.friendswoodumc.com

Can you help with camp?

_____ Assist in classes*

_____ Help gather materials

Name: _____

Phone number: _____

Where do you regularly attend church?

If not a member anywhere would you like to receive more info on our church? Y N

Pictures taken at events and performances will be used in Friendswood UMC publications. If you prefer your child's picture not be used, please notify us in writing.

I have read the above instructions and the attached brochure. I understand that my child will be given classes that match his/her preferences as closely as possible but may be any one of those we have numbered.

Parent Signature

**PERMISSION/MEDICAL RELEASE
For Friendswood United Methodist Church
Children's Ministries SUMMER PROGRAMS**

By my signature, I _____ the parent/guardian of:

hereby grant my permission for him/her to participate fully in the Friendswood United Methodist Church activities planned during Summer Programs for 2010. I understand that my signature carries with it the following:

1. An authorization of any of the adult leaders to obtain any medical attention and/or treatments for my son/daughter that may be needed.
2. An agreement to hold harmless for damage based on negligence of Friendswood United Methodist Church, any of its employees or any of the accompanying adult leaders, arising out of any incident during any of our activities or trips.
3. An agreement to indemnify Friendswood United Methodist Church, any of its employees and/or adult leaders for any damage they incur as the result of the negligence or intentional acts of my son/daughter.

I have listed on the Camp Registration Form(s) any and all special medical problems/conditions/instructions concerning my son/daughter and have taken the opportunity to discuss these problems with one or more of the adult leaders working with my child.

Signature _____ Date _____

WITNESS:

NAME (PRINTED)

SIGNATURE

***Pictures taken at events and performances will be used in
Friendswood UMC publications.
If you would prefer your (child's) picture not be used,
please notify us in writing.***