

Community Presbyterian Church

Summer Journey 2017

(June 19– August 4, 2017)

511 Celebration Avenue

Celebration, Florida 34747

407-566-1633

“Train up a child in the way he should go, and when he is old he will not depart from it.” Proverbs 22:6

REGISTRATION AND EMERGENCY CONSENT FORM

Child’s Name _____ Sex _____ Birth date _____

Participant Grade in August 2017 (circle one) K 1st 2nd 3rd 4th 5th

Home Address _____ Child’s nickname _____

City, state & zip code _____

Mother’s Name _____ e-mail address _____

Address (if different from above) _____

Place of employment _____

Father’s Name _____

Address (if different from above) _____

Place of employment _____

Home phone _____ Mother’s cell _____ Mother’s work _____

Father’s cell _____ Father’s work _____

PICK UP INFORMATION: THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK UP MY CHILD:

Name relationship phone number

Name relationship phone number

IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, THE FOLLOWING PERSON(S) SHOULD BE CONTACT

Name relationship phone number

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SPECIFIC ALLERGIES: Medications, foods, organics (insect stings animal dander, etc.).
Please list ALL known with reaction.

Child's Physician: _____ Phone _____

Does your child have any health problems? Yes No

If yes, please describe: _____

Are there any foods your child cannot eat? _____

Any vision, hearing or speech problems? _____

Are there any medications given regularly? _____

Any information that would be helpful to us about your child (special interests, likes, or dislikes)

Names and ages of brothers and sisters _____

Was this child born premature? _____ How many weeks? _____

Been hospitalized within the last 3 years? _____ If so, please explain _____

As parent and/or guardian, I do herewith authorize treatment by a qualified and licensed medical physician in case of a medical emergency. This authority is granted only after reasonable effort has been made to reach me.

Parent/guardian Signature _____ Date _____

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PHOTOGRAPHY /VIDEO PERMISSION:

As the parent of _____ (child's name), I give permission for any video images or photographs that may be taken of the subject of this release during Summer Journey events to be used, distributed, or shown as Community Presbyterian Church sees fit.

Parent/Guardian Signature _____ Date _____

ROSTER PERMISSION:

As the parent of _____ (child's name), I give permission for my e-mail address to be used to send out mass e-mail information regarding upcoming events at Summer Journey and/or Community Presbyterian Church.

Parent/Guardian Signature _____ Date _____

WEEK CHOICES:

___ Week 1 [June 19-23] Cruise Ship [Waterslide on campus]

___ Week 2 [June 26-30] Animal Planet [Lowry Park Zoo in Tampa]

___ Week 3 [July 3-7] Red, White, & Blue Week [patriotic campus fun; no camp on Tues. 7/4]

___ Week 4 [July 10-14] Space is the Place [Orlando Science Center]

___ Week 5 [July 17-21] The Wonder of Florida [Gatorland]

___ Week 6 [July 24-28] Little Magicians [The Great Magic Hall at Old Town]

___ Week 7 [July 31-Aug 4] Amazing Race [Kilwin's & Downtown Fountains]