



# Camp Embry Hills

## 2019 Registration Form

Please select the week(s) your child will attend

Week 1: June 10-14 (9:30am-1:30pm)

Week 2: August 5-9 (9:30am-1:30pm)

Camp Embry Hills tuition = \$120 if paid by May 1 / \$130 after May 1<sup>st</sup>

Toddler Stay & Play tuition = \$100 if paid by May 1 / \$110 after May 1<sup>st</sup>

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Current School (2018-2019) \_\_\_\_\_ Grade Completed \_\_\_\_\_

Allergies? Please specify. \_\_\_\_\_

*I give Embry Hills UMC Preschool & Kindergarten permission to administer first aid to my child. In case of emergency, the school staff promptly contacts the parents. If neither the parent nor the emergency contacts can be reached, and in case of a surgical emergency, I hereby give permission to the physician selected by Embry Hills staff to hospitalize and secure proper treatment for my child as named above.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**In case of emergency when parents cannot be reached, please contact:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

**Names of people who are authorized to pick up your child from Camp Embry Hills:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Please attach a check payable to EHUMCK for the full amount of each camp and return to the school office or mail to Embry Hills Preschool & Kindergarten, 3304 Henderson Mill Road, Atlanta, GA 30341. **Please do not include any other school fees in your check.**

No refunds given for June camp after June 1; No refunds given for August camp after August 1.