



ENROLLMENT AGREEMENT

Camp _____ Grade (now or just completed) _____ Age _____ DOB _____

Name of Child _____

Mailing Address _____

Home Phone _____ Email _____

Mother's Name _____ Cell/Work # _____

Father's Name _____ Cell/Work # _____

Home Church _____

In Case of Emergency, if parents cannot be reached, call:

Name _____ Relation _____ Number _____

Name _____ Relation _____ Number _____

Does child have any allergies (food, bees, poison ivy, etc)? _____

If so, please explain:

Do you give Oakland permission to take your child's photo for craft and/or promotional purposes?

Yes

No

Comment: _____

In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located, I give permission for Allison Moylan, Children's Ministry Director, Oakland UMC, or other personnel designated by the Director, to authorize such treatment. I will not hold the church or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents and other persons listed for emergency contact.

Date _____ Signed _____

(Parent or Guardian)