

Jasper First Methodist Church 2024 Summer Program



WELCOME TO CHAMP CAMP!

Thank you for the opportunity to minister to your child this summer. We have lots of fun activities planned each Tuesday – Thursday from 9am – 2pm. July 4th is on a Thursday, so we have added July 1st and will not have Champ Camp on July 4.

Dates for CHAMP CAMP are:

May 28, May 29, May 30, June 4, June 5, June 6, June 11, June 12, June 13, June 18, June 19, June 20, June 25, June 26, June 27, July 1, July 2, July 3.

Registration will begin April 8th and the total for camp is due at the time of registration. This is what will hold your spot! The cost for registration for ALL days is \$320 (this covers all 18 days) or \$20 per day. You pay only for the days you plan to attend. <u>There is no scaled rate for families with multiple children.</u>

CHAMP CAMP is open to children from 3 years of age (must be 3 before September 1, 2024) to those entering 7th Grade in the fall of 2024. (We will accept 1 and 2-year-olds who are presently enrolled in our preschool or who have an older sibling enrolled in CHAMP Camp).

Our theme for the summer will be: **Start the Party -** "Celebrate the Good News!" Here are a few important notes:

- Lunch Kids will need to bring their own lunch.
- Snack We will provide a snack. Please indicate on your registration form <u>ANY ALLERGIES</u> your child might have.
- Carline will begin at 8:45 in the morning and 1:45 in the afternoon. Hours are 9:00 AM until 2:00 PM. Doors will be unlocked from 8:45- 9:30 each morning and from 12:30- 2:15 each afternoon. 2nd grade 7th grade will drop off and pick up at the youth building. If you must pick-up or drop-off your child at any other time, please contact your child's group leader via Brightwheel.
- If your child has a summer birthday, please feel free to plan a special snack for that day. We love to party!!!
- Fun is the rule!
- If you have not already downloaded the Brightwheel app and allowed for notifications, please do that. We will notify you of daily activities via this app.

Lastly, should you have any questions or concerns regarding our summer program, please do not hesitate to contact Erica Sherman at 205-300-5909 (please feel free to text) or email esherman1331@yahoo.com. We love children at Jasper FMC, and we want your children to experience the love of Jesus Christ here.

IMPORTANT: The total for CHAMP Camp is due with the return of the registration form in order to ensure your child's spot. (Brightwheel Billing will hold your child's spot as well)

Space and class sizes are limited. Once a class is full, we will not add any more children to that class. (Last year we filled up the first week registration was open.)

JASPER IST METHODIST CHAMP CAMP REGISTRATION 2024

Amount paid with Registration _____

Check here to bill to Brightwheel _____

MY CHILD WILL ATTEND THE FOLLOWING DAYS				
ALL (Pricing is \$20 per child per day or \$320 for the entire camp)				
May 28 May 29	May 30 _	June 4	June 5	June 6
June II June I2	June 13 _	June 18	June 19	_ June 20
June 25 June 26	June 2	27 July I	July 2	_ July 3
Completed registration form and total payment for Summer is due at the time of registration. Registration begins April 8. There are limited spaces per age group!!				
Child's Name:				
Birth Date mm/dd/yyyy	:			
Grade/Preschool class level your child will be entering Fall 2024:				
Parent/Guardian Full Name(s): Mother:				
	Father	•:		
Mailing Address:				
Email Address:				
IMPORTANT: How do we reach you while your child is at the church?				
Parent's Name:		Work #	Cell #	
These persons are to be called in case of an EMERGENCY (illness, injury or behavioral issues) should I ST Methodist Church staff not be able to reach parents and/or guardian (must list at least one person in case you cannot be reached)				
NAME	Relationship		2 nd Numb	er
1.				
2.				

ARE THERE INDIVIDUALS THAT YOUR CHILD SHOULD NOT BE RELEASED TO? PLEASE LIST:

AUTHORT7ATTON FOR FMFRGFNCY MEDTCAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or designated person in charge to take my child to:

Name of Physician: _____ Phone: _____

Name of Preferred Hospital:

For 2-and 3-year-olds, please complete the following: (circle answer) My child **IS** or **IS NOT** potty trained.

My child **DOES** or **DOES NOT** nap/rest.

SPECIAL NEEDS OF YOUR CHILDREN

List any special needs that your child may have, such as ALLERGIES—especially food, EXISTING ILLNESS, PREVIOUS SERIOUS ILLNESS, and INJURIES during the past 12 months, any MEDICATIONS prescribed for long term continuous use, any SPECIAL NEEDS or DISABILITIES and any other information of which the staff should be aware for the safety of your child:

By signing below, I agree to the choices circled on this consent form, release Jasper Ist Methodist from liability and I give my consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic. I release Jasper Ist Methodist and its agents from any liability for any action taken.