

CAMP MANNA MINISTRIES

2018-2019 Registration Form

SCHOOL YEAR ACTIVITIES

(After school, teacher work days, and/or early release days) **

Separate Form must be completed for our Summer Camp Program **

Student's Name: _____

Address _____

City, State, Zip _____

Student lives with: Both Parents Father Mother

Other _____

Please put "#1" beside contact number we should try first!

Father's Name _____

Contact Phone # _____

Contact Phone # _____

Mother's Name _____

Contact Phone # _____

Contact Phone # _____

Parent E-mail _____

(invoices will be sent to the above email address)

Home Room Teacher: _____

Grade entering in Fall 2018 _____ Gender M F

Age _____ Birth date ____/____/____

School child attends :

Cooleemee Elem Mocksville Elem

Cornatzer Elem South Davie Middle

Ellis Middle

Mocksville Drop off (\$5/week fee)

Check Here if you plan to use Drop Off

An additional \$5/week will be added for the Mocksville drop off service. This is an afternoon drop off service at the Davie County Library 5:30 - 5:45 pm.

MEDICAL INFORMATION AND WAIVER

Check any allergies the camper has:

Bee Stings Yes No Has never been stung

Peanuts Yes No Other Nuts: _____

Other Allergies: _____

Type of Reaction _____

Treatment Given: _____

Other Illnesses/medical conditions: _____

List any specific activities to be restricted or any physical or mental limitations we should be aware of: _____

Camp Manna Release Form

I hereby grant permission of _____ (student's name) to attend Camp Manna School Year Activities Program. In my capacity as parent or guardian, I hereby wave any rights that I, or said minor child, may have to sue Camp Manna Ministries, Inc or any of their employees, as a result of any and all injuries, damages, or losses sustained by the mentioned minor child while participating in the camp program. I hereby release the right to Camp Manna to use pictures and/or video taken of my child during After School Care recreational times to be used for promotional purposes including, but not limited to, newspaper ads, brochures, newsletters, website, etc. I affirm that the individual is in good health and suffers from no illness, disability or condition that may or may not require taking medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason that the applicant cannot participate in camp recreation activities. I hereby authorize emergency medical treatment to be performed by camp staff and/or attending physicians at a local clinic or hospital, to my child, in my absence. In my capacity as a parent and/or guardian and on behalf of the applicant, I hereby release Camp Manna Ministries and its staff from any and all liability from injury or illness, mental or physical, suffered by the applicant during or related to camp.

Signature of Parent / Guardian

Date

Please indicate which service you will be needing:

- Full Time - Monthly Pay
- Part-Time - Weekly or Daily Pay
- Teacher Work Days and/or Early Release
- Christmas Camp
- Spring Break Camp

Pick Up/Emergency Contact Information

Please list names of persons (and relationship to student) authorized to pick up your child. (do not list parents or guardians listed previously) ID may be required to verify names on list.

Name: _____ Relation _____

Phone: _____ or _____

Name: _____ Relation _____

Phone: _____ or _____

Name: _____ Relation _____

Phone: _____ or _____

Name: _____ Relation _____

Phone: _____ or _____

Important Information:

We accept Cash, Check and/or Visa/MasterCard.
Please Contact us if your child is absent on a scheduled day, otherwise you will be billed for that day. Thank you

**We Close at 6:00 pm Mon- Thursday
And 5:30pm on Friday!**

Mail Completed Form and Fee To:

**Camp Manna Ministries
243 Gibson Way
Mocksville, NC 27028**

336.284.CAMP, www.campmanna.org
info@campmanna.org