

CAMP MANNA MINISTRIES

2021-2022 Registration Form

SCHOOL YEAR ACTIVITES

(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 2021 _____ Gender M F

Age _____ Birth date ____/____/____

School child attends :

Cooleemee Elem Mocksville Elem

Cornatzer Elem South Davie Middle

Option #1 – Full Monthly Pay

Option #2 – Partial Month (3day/week Pay)

\$250 Per Month

\$180 Per Month

MEDICAL INFORMATION AND WAIVER

Please list medical, physical, emotional, mental or behavioral conditions

Bee Stings Yes No Has never been stung

Peanuts/NUTs Yes No explain: _____

Food/OTHER Allergies Yes No yes, explain: _____

ADD ADHD

behavioral, mental, emotional or physical conditions or disabilities: _____

Asthma Inhaler (must be given to camp staff)

Other Allergies or illnesses: _____

NONE: I certify my child has none of the above conditions and realize that failing to disclose important health information can be harmful to my child during a day of camp recreation.

Daily Medication: If your camper will need medication, inhaler or epi-pen during their camp day you MUST sign a medication release form (contact our office or print off website). All medications are kept in camp medic area (including inhalers and epi-pens).

INSURANCE INFORMATION / PARENTAL CONSENT

Name of Insurance Co. child is covered by: _____

I hereby grant permission of _____ (camper's name) to attend Camp Manna Ministries, Inc. 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 give my consent for my child to be transported to and from the camp facility by means of Camp Manna Van and/or Activity bus. 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

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