

HARBOR UMC SUMMER CAMPS

4853 Masonboro Loop Rd. Wilmington, NC 28409
910-452-7202 ext. 103 preschool@harboronline.org

- 9:00 am-12:00 pm daily
- For ages 2 through 5th grade (just completed)
- \$125.00 per session per child.
- Advance payment required. No refunds available.
- Early Drop off (8:15) and Lunch Bunch (12-1) \$5.00 each session. Parents provide lunch. No peanut or nut butter. Must sign up and pay in advance.

PLEASE CIRCLE YOUR CHOICES

- June 17-21 Commotion in the Ocean
Camp_____Early drop off M T W Th F Lunch M T W Th F
- July 8-12 Fun & Fitness
Camp_____Early drop off M T W Th F Lunch M T W Th F
- July 15-19 Outdoor Madness
Camp_____Early drop off M T W Th F Lunch M T W Th F
- July 29-Aug 1 Imaginarium
Camp_____Early drop off M T W Th F Lunch M T W Th F
- Aug. 5-9 Art Explosion
Camp_____Early drop off M T W Th F Lunch M T W Th F
- Aug. 12-16 End of Summer
Camp_____Early drop off M T W Th F Lunch M T W Th F

Harbor Preschool Families please pay on Myprocare.com

Payment may be made by check or credit card at the preschool office.

Child's name: _____

date of birth _____ school _____

address _____

Print Parent/Guardian's Name: _____

Emergency phone: Cell: _____ cell #2 _____ cell #3 _____

Insurance Company: _____ Policy Number: _____

List any allergies or medical conditions that may be relevant to a physician in the event of a medical emergency:

Person dropping off: _____

Person Picking up: _____

Check all that apply:

- I understand in the event of an emergency and medical treatment is needed; every attempt will be made to contact me. If I cannot be reached, I hereby give my permission to secure medical treatment for my child as needed.
- I understand my insurance will be used as primary coverage in the event medical treatment is needed. Coverage by Harbor UMC through its accident policy will be used as secondary for what my insurance policy does not cover.
- I consent to allowing pictures of my child to be taken/ used at Harbor UMC.
- I understand all reasonable safety precautions will be taken by Harbor UMC. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree *not* to hold Harbor UMC its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my child.

I have read the above and agree to its terms and conditions.

Parent/Guardian Signature: _____ Date: _____

Office :

Total due: _____

Total paid: _____

Payment method: _____

Received by: _____

Date: _____