

Pleasant Green United Methodist Church

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Jo Anna Walker Brown, Director
(919) 383-5764 Church
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Application for Afterschool Program / Summer Day Camp

School Year _____

Name of Student: _____

Last

First

Middle

Sex: _____ Date of Birth: _____ Month _____ Day _____ Year _____ T-Shirt Size _____

Address _____

Home Phone # _____

E-Mail Address (print) _____

Grade in Fall: _____ School: _____ Teacher _____

Student will be full-time _____ Part-time (List days) _____

Parents Information

Marital Status: _____ If separated/divorced, custodial parent: _____

Are parents members of a church? If so, name of church: _____

Name of Mother/Guardian: _____

Address _____ Home Phone # _____

Where Employed _____ Phone # _____ Cell Phone# _____

Name of Father/Guardian: _____

Address _____ Home Phone # _____

Where Employed _____ Phone # _____ Cell Phone# _____

Other children in home (list below)

Name _____ Sex M/F _____ Age _____

Name _____ Sex M/F _____ Age _____

Field Trip Permission

Child's Name _____ has my permission to go on all field trips during this Afterschool / Summer Camp session.

Parent / Guardian Signature _____ Date _____

Medical Emergency and Medication Authorization

I hereby grant permission to the Pleasant Green UMC Afterschool / Summer Camp Staff present during any emergency or accident involving my child _____ to obtain the services of a hospital. I also grant permission to the physician to treat my child unless I am present.

*** **(circle one)***** I **GRANT or DO NOT GRANT** permission to the Pleasant Green Staff to administer the appropriate dose of Acetaminophen to my child should he/she need it.

Parent / Guardian signature _____ **Date** _____

Child's Physician _____ phone # _____

Child's Dentist _____ phone # _____

Hospital Preference _____

Does child have a physical ailment or allergy of which we should be notified? Yes No

If yes, describe _____

Is your child on any medication? If so, type and for what and when? _____

Does he/she take medication during the school year? If so, what type? _____

Does child have any challenges with large or small group activities? Yes No

If yes, what type? _____

Has he/she had other Afterschool / Summer Camp experiences? when and where? _____

Persons to contact in case of emergency and authorized to pick up my child from Pleasant Green UMC without a note or telephone call to the staff.

Name	Home Phone # / Cell Phone #
_____	_____
_____	_____
_____	_____
_____	_____