

Pleasant Green United Methodist Church

3005 Pleasant Green Road
Durham, NC 27705
www.pleasantgreenumc.org
pleasantgreenafterschool@gmail.com

Directors
Wendy Anderson, 919-630-1939
Jo Anna Walker Brown, (919) 619-4655
Church phone (919) 383-5764

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 (5 days a week) _____ or Part-time / List days (4 or fewer days a week) _____

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 _____

(Please fill out the back of this form)

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.

*** (**mark 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** _____

May we use your child's photo on PGUMC's website & FB/Instagram page?	___ YES	___ NO
May we apply bug spray to your child as needed when outside?	___ YES	___ NO
May we apply sunscreen to your child as needed?	___ YES	___ NO

Child's Physician _____ phone # _____

Child's Dentist _____ phone # _____

Hospital Preference _____

Does your child have any physical ailments or allergies of which we should be notified? Yes No

If yes, describe _____

Please list food allergies / aversions _____

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 your 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 #
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