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**Application: Duke Memorial’s Parents’ Morning Out**

**Summer Camps 2015**

Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check which week(s) you would like to register (child can attend up to 4 weeks). Camp is only open to children who are currently enrolled in PMO. We will make every effort to either keep your child’s room the same as they were enrolled in the school year, or move up to an older room if age appropriate and space allows.

( ) Week One: Dr Seuss – June 1st – June 5th

( ) Week One Baby Room Mon/Wed ( ) Week One Baby Room Tues/Thurs

( ) Week Two: Under the Sea – June 8th – June 12th

( ) Week Two Baby Room Mon/Wed ( ) Week Two Baby Room Tues/Thurs

( ) Week Three: Eric Carle – July 13th – July 17th

( ) Week Three Baby Room Mon/Wed ( ) Week Three Baby Room Tues/Thurs

( ) Week Four: Things that Go – July 20th – July 24th

( ) Week Four Baby Room Mon/Wed ( ) Week Four Baby Room Tues/Thurs

Parents Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_F or \_\_\_ M

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission for the childcare personnel of PMO at Duke Memorial United Methodist Church to secure medical assistance for my child while he/she is attending the program. I understand that efforts will be made to contact me in an emergency, but if I am unavailable, the decision related to securing medical assistance will be made by the childcare staff in my absence.

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

Please submit a $100.00/week registration fee per child (non-refundable) by April 15th if your child is attending 5 days. If your child is attending the 2 day a week option, please submit $40/week registration fee. Checks should be made out to Duke Memorial United Methodist Church. Please mail form and check to:

Harriet Putman

Duke Memorial United Methodist Church

504 West Chapel Hill Street, Durham, NC 27701