

Office Use:	
RF: _____	Date: _____
ACH: _____	DISC: _____
_____	_____



## 2019 Registration Form

**Child's** Name: \_\_\_\_\_ Grade Completed \_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City & ZIP: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Preferred Communication:  Phone  Text: # \_\_\_\_\_  Email: \_\_\_\_\_

Intended Drop-off time: \_\_\_\_\_ Intended Pick-up time: \_\_\_\_\_

**Mother's** Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Dept./Title: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mom's Email: \_\_\_\_\_ Checked throughout the day? Y/N

**Father's** Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Dept./Title: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Dad's Email: \_\_\_\_\_ Checked throughout the day? Y/N

**Approved Pick-up List** (other than Mother and Father):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**I am enrolling in:** (All reservations require the attached ACH Debit form)

\_\_\_\_\_ Full Summer-9 Week Commitment

\_\_\_\_\_ \*Drop in Weeks: \_\_\_\_\_

\_\_\_\_\_ \* Drop in Days: \_\_\_\_\_

*\*Please list planned days/weeks you would like to reserve for our drop-in program. (as available)*

*By signing below, I am authorizing my child to attend King's Camp at McGregor Baptist Church. I agree to abide by the policies and procedures set forth in the McGregor Early Learning Academy Handbook.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Child's Name: \_\_\_\_\_

Program: King's Camp, McGregor Baptist Church

Program Dates:

I, \_\_\_\_\_, as a parent or legal guardian of \_\_\_\_\_, hereby give my permission for my child to participate in all King's Camp events and field trips. I hereby authorize McGregor Baptist Church/McGregor Early Learning Academy to act for me in their best judgment in any emergency situation requiring medical attention. I acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my son or daughter. I hereby waive any claim and forever discharge McGregor Baptist Church and McGregor Early Learning Academy, it's agents, servants, and all other persons, firms and corporations whomsoever of and from any and all actions, claims, and demands, which claimant now has or may hereafter have on account of or arising out of any accident, casualty, and/or event which might occur while participating in this camp.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alternate Emergency Number

## Medical Release Form

I give my permission to McGregor Early Learning Academy/King's Camp to contact my child's physician in case of a medical emergency. My child's doctor may release any information that would be pertinent to the care of my child, in the event of a life threatening emergency.

Physician's name or group: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Should my child become ill or suffer an accident of any character while he/she is in the care of McGregor Early Learning Academy, the director will contact me immediately. In the event I cannot be reached immediately, designated employee(s) of the program will be authorized to secure and consent to such medical attention, treatment, and services for my child as may be deemed necessary. Any qualified person providing such required medical attention, treatment, or services may accept such consent as if given by me in person. I agree to assume responsibility for payment of all medical costs incurred.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

### **Medical Authorization:**

I hereby authorize McGregor Baptist Church, McGregor Early Learning Academy to authorize and administer medical care to my child.

Child's Name \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date

ID Presented

Personally Known

Notary Stamp

**REQUIRED FOR ALL CAMPERS**

Child's Name: \_\_\_\_\_

**Authorization Agreement for Direct Payments (ACH Debit)**

McGregor Baptist Church, McGregor Early Learning Academy:

I (we) hereby authorize McGregor Baptist Church, hereinafter called McGregor Baptist Church, to initiate debit entries to my (our)

**Checking Account** or  **Savings Account (*select one*)**

indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provision of the U.S. laws. Deductions may be taken on a monthly basis, on the 1st of each month or as otherwise agreed upon.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

This authorization is to remain in full force and effect until McGregor Baptist Church has received written notification from me (official Two Week Withdrawal Notice must be signed) of its termination in such time and in such manner as to afford McGregor Baptist Church and DEPOSITORY a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Attach Voided Check Here