



SUMMER DAYS @ KELLOGG 2014

August 4-8 9am - 12pm Preschool thru 4th grade

Name of Child _____ **Date of Birth** _____ **Age** _____
Grade completed as of June 2014 _____ **Girl / Boy (circle one)**
T-shirt size _____

Parents/Guardians Name _____
Family Mailing Address _____
City, State, Zip _____
Email Address _____
Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Emergency Contact Information: Please list at least one person other than yourself to contact in case of emergency.

Name _____ **Relationship to Child** _____
Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Medical Information: Please list your family doctor, any known allergies your child may have, as well as any other important information (eg. Has asthma, needs to use inhaler when participating in sports, etc.)

Doctor _____ **Phone** _____
Allergies _____ **Other** _____

Insurance Company/policy holder _____ **ID/Plan Number** _____

Parent or Guardian, this notice must be signed in order for the child to be accepted in the SUMMER DAYS @ KELLOGG program.

I give full permission for my child to attend and to participate in all phases of the program. I understand that every effort will be made to protect and safeguard all children. Therefore, I agree not to hold the Elijah Kellogg Church, Congregational, or its Board of Trustees or its agents liable for any illness or for any mishap from any cause whatsoever which may be sustained.

I authorize the Program Director as well as any SUMMER DAYS @ KELLOGG volunteers to seek medical attention, if necessary, for my child.

I authorize Elijah Kellogg Church, Congregational to take and use photographs, slides and videotapes of my child without compensation for the purpose of promotion and/or website use.

At the end of each day, my child may be releases to _____

Signature of Parent or Guardian _____ **Date** _____

Mail completed form to ELIJAH KELLOGG CHURCH, CONGREGATIONAL
917 Harpswell Neck Rd., Harpswell, ME 04079