

S u m m e r FUN CAMP

2024 REGISTRATION FORM - PLEASE RSVP DATES CHILD(REN) WILL ATTEND:

Check Day(s) Mon 6/10 Tue 6/11 Wed 6/12 Thr 6/13 Fri 6/14
 Mon 6/17 Tue 6/18 Wed 6/19 Thr 6/20 Fri 6/21

Child's Name _____ Date of Birth ____/____/____

Child's Name _____ Date of Birth ____/____/____

Child's Name _____ Date of Birth ____/____/____

Parent/Guardian's Name(s) _____

Address _____

City _____ State _____ Zip _____

Home phone(s) _____

Cell phone(s) _____ Text? Y N

Email Address(es) _____

Emergency Name(s) and phone(s) _____

Special needs /allergies (child's name) _____

Please note any other concerns _____

I Hereby grant permission for my child(ren), _____, to partake in the activities that are involved with the Eden UCC Summer Program, *excepting* that which is listed below:

Even with careful measures taken, I/We understand the risks involved in sending my child(ren) to any extracurricular program such as at Eden, including exposure to Covid-19. I/We shall hold harmless, Eden UCC, its staff, members and volunteers, from any recourse involving these risks.

Signed: _____

I understand Eden UCC has a policy whereas any photographs involving children, including mine, may be posted on social media, but with first names or initials ONLY to protect identity.

Signed: _____

Printed Name(s) _____

Fees: Full Week (5 days) @ \$130, or \$35 /day (1st child); \$90, or \$25 per day each addl. child, (2 or more per family): Total # Children Attending _____ Total # of Days Attending _____

Total Amount of Payment _____

Make Checks payable to: Eden UCC

SPONSORED BY: EDEN UCC & REDEEMER OF CALVARY UMC

EDEN+UCC

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*Redeemer
of Calvary*



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