# Discovery Day Camp: Journey of Discovery

# June 25-28, 2018 (Mon-Thu)

# Unitarian Universalist Fellowship of Midland

# Register by June 4! (We need a minimum 12 kids to hold camp).

# Email form to Heather Cleland-Host ([dreheather@uufom.org](mailto:dreheather@uufom.org))

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Name: | Enter First & Last | Extended care? | Yes or no, Dates? | |
| Age of child (6-25): | Enter Age in Years | Until 5pm |  | |
| How many days? | Enter 3 ($60) or 4 ($75) | $5/day) |  | |
| Special Instructions (allergies, meds, phobias, etc) | | | |  |
| Describe concern & needs here | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2nd Child’s Name: | Enter First & Last | Extended care? | | Yes or no, Dates? | |
| Age of child (6-25): | Enter Age in Years | Until 5pm | |  | |
| How many days? | Enter 3 ($60) or 4 ($75) | $5/day) | |  | |
| Special Instructions (allergies, meds, phobias, etc) | | | | |  |
| Describe concern & needs here | | | | |  |
|  | | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3rd Child’s Name: | Enter First & Last | Extended care? | Yes or no, Dates? | |
| Age of child (6-25): | Enter Age in Years | Until 5pm |  | |
| How many days? | Enter 3 ($60) or 4 ($75) | $5/day) |  | |
| Special Instructions (allergies, meds, phobias, etc) | | | |  |
| Describe concern & needs here | | | |  |

|  |
| --- |
| Parent / Guardian / Emergency Information |

|  |  |
| --- | --- |
| Parent / Guardian Name: | Enter first and last |
| Day Phone Number: | Enter number & which type (home, work, etc) |
| Back-up Phone Number: | Enter number & which type (home, work, etc) |
| Email: | Enter Email |
| Parent / Guardian Name: | Enter first and last |
| Day Phone Number: | Enter number & which type (home, work, etc) |
| Back-up Phone Number: | Enter number & which type (home, work, etc) |
| Email: | Enter Email |
| Emergency Contact: | Enter Name, relationship, contact # |
| Emergency Contact: | Enter Name, relationship, contact # |
| Individuals by name who are permitted to pick up your child (including parent/guardians) | Enter names only if listed above, enter phone # if here if not listed above. |
| Any Additional Information or questions that you may have: | Describe here. |

Please fill out completely. It is all right if the form extends onto the next page.