

The Learning Tree

June 3-August 1

***Please Note: The Learning tree is closed July 1-4

2024 Summer CAMP

Application/Record of Child Information

Name of Child _____ Preferred Name _____

Birthdate _____ Age _____ Sex _____

Summer Program Choice:

8 Weeks for 450.00 DUE at time of registration

PLEASE DEDUCT OUT OF MY CURRENT ACH ACCOUNT JUNE 4, 2024

PAY WITH CHECK Check # _____

Jr. Preschool: Children who are 2, or will by September 1, 2023

- Monday & Wednesday: 9:15 am - 12:15 pm
- Tuesday & Thursday: 9:15 am - 12:15 pm

Preschool: Children who turned 3 before September 1, 2022 entering Preschool

- Tuesday & Thursday: 9:15 am - 12:15 pm

Pre-Kindergarten: Children turning 4 before September 1, 2022

- Monday & Wednesday: 9:15 am – 12:15 pm

School-Age: Children 5-10 years

- Monday & Wednesday: 9:15 am - 12:15 pm
- Tuesday & Thursday: 9:15 am - 12:15 pm

Parents' Information:

Please place a checkmark next to the contact(s) who would like to receive official communication from The Learning Tree (i.e. newsletters, teacher emails, sick child notifications, etc.)

Name _____ Relation _____

Home Address _____

Phone Number _____ (Primary) _____ (Other)

Email Address _____

Name _____ Relation _____

Home Address _____

Phone Number _____ (Primary) _____ (Other)

Email Address _____

Name(s), Age(s) of other children living in the home:

Emergency Contacts (other than parents, authorized to place and pick-up child):

Name _____ Relation _____

Home Address _____

Phone Number _____ (Primary) _____ (other)

Name _____ Relation _____

Home Address _____

Phone Number _____ (Primary) _____ (Cell)

Physician to contact if child becomes ill or injured:

Name _____ Phone # _____

Address _____

Choice of Hospital _____

If the child has any other following, please explain:

Allergies _____

Medical Problems _____

Restrictions for play – Outdoors _____

Restrictions for play – Indoors _____

Food likes _____

Food dislikes _____

Fears _____

Legal/Custody Concerns _____

Is the child toilet trained? _____

Does the child regularly take medication? _____ If so, what kind _____

*If medication may need to be administered at school, a doctor will need to sign an authorization to medicate.

Consent to Photograph

_____ I give consent to have my child photographed while at O'Fallon First United Methodist Church with the understanding that these photographs may be used in church and Learning Tree publications, websites, and social media. My child's name will not be mentioned in connection with these photos.

_____ I give consent to have my child photographed while at O'Fallon First United Methodist Church with the understanding that these photographs will be for classroom and teacher use only. However, I do not wish for my child's photograph to be used in church and Learning Tree publications, websites, and social media.

_____ I do not wish for my child to be photographed while at O'Fallon First United Methodist Church.

Health Examinations

The State of Illinois, Department of Human Services, and Certificate of Child Health Examination must be completed. No other Forms will be accepted.

_____ I have submitted a copy of my child's up to date immunizations and health examination record in accordance to The State of Illinois, Department of Human Services.

_____ I have not submitted a copy of my child's up to date immunizations record and health examination in accordance to the State of Illinois, Department of Human Services. I understand that I have 30 days from the start of school to submit them. I understand if required paperwork is not submitted, my child will not be able to attend class until proof is submitted. My child's spot may be filled after 30 days.

Parent's Name _____ Date: _____

Parent's Signature _____



Authorization Agreement for Preauthorized Payments (ACH Debits)

I (we) hereby authorize O'Fallon First United Methodist Church, hereinafter called CHURCH, to initiate debit entries, and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicted below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit and/or credit the same to such account to the CHURCH. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name of Financial Institution

Branch

Address

City/State

Zip

Type of Account: _____Checking _____Savings

(August and May tuition payments will be pro-rated based on number of scheduled attendance days.)

If transaction will be made from a checking account, please attach a voided check. A deposit slip cannot be accepted.

If transaction will be made from a savings account, please have a bank employee provide or confirm the routing number and account number.

Routing Number

Account Number

This Authority is to remain in full force and effect until CHURCH has received written notification from me (or either of us) by the 15th of the month of its termination, in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)
(Date)

(Signature)

(Print Joint Account Owner Name)

(Signature)

(Date)