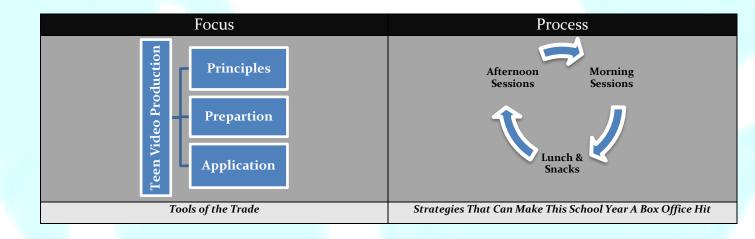
Useful Ministries, Inc. June 2017





Teen Video Production

In Association With Creative Exposure Consulting McPhail Productions



Minimum \$10.00 Donation Per Student

July 31 thru August 4, 2017

Useful Ministries, Inc. June 2017

Teen Video Production Camp Application & Enrollment

Applicant Information				
Application Date (mm/dd/yyyy)	Birth Date (mm/dd/yyyy)			
Childle News (lest first middle initial)				
Child's Name (last, first, middle initial)				
Child's Nickname	Gender Age			
Home Address (Street Address, City, State and 2	Zin Codo)			
Frome Address (Street Address, Oity, State and 2	21p Code)			
Llore Tolorboro Number	Childle Drives will an augus			
Home Telephone Number	Child's Primary Language			
School Attending				
()	()			
Mother's Cell Telephone Number	Father's Cell Telephone Number			
Mother's Email Address	Father's Email Address			
	<u>(</u>			
Father's Name/Home Address/Telephone Number	er, If different from child's			
	(
Place of Employment/Address of Employment/Bu	usiness Number with extension			
	(
Mother's Name/Home Address/Telephone Numb	er, it different from child's			
Place of Employment/Address of Employment/Bu	usiness Number with extension			
	ONAL STATEMENT tate 1-why you should be choosen, 2- what your personal goals are for the year			
and 3- what you will be doin	g during the summer if you are not choosen.)			
				
	*			

Useful Ministries, Inc. June 2017

Please list your areas of strenghts and weaknesses

STRENGHTS	WEAKNESSES	
1-	1-	
2-	2-	
3-	3-	

Pick up/Drop off Authorizations: My child may be released to the person(s) signing this agreement or to the following: Address (include complete street address, city, state and zip Name Telephone code) Emergency Contacts: Persons to contact in case of an emergency when parents cannot be reached. These people are authorized to make medical decisions concerning my child. Name Address (include complete street address, city, state and zip code) Telephone Pediatrician or child's primary health care source name Telephone number Dentist name Telephone number Does your child have any allergies or food restrictions?______ If yes, please describe and attach care Does your child have any diagnosed special needs, medical or mental conditions? ______ If yes, please describe: _ Are your child's activities restricted by any special needs, developmental disabilities, medical or other conditions? _ If yes, please describe: __ The following special accommodation(s) may be required to most effectively meet my child's needs while at this (circle one) NONE YES center. My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns unmentioned above: (circle one) NONE YES Other Helpful Information: **Medical Insurance Information** Insurance Carrier Insured's Name ______ Telephone (_____)___ Primary Care Physician Name _____ ID or Policy # Member Service Number ()

Useful Ministries, Inc. June 2017

EMERGENCY MEDICAL AUTHORIZATION

Should			suffer an injury or illness	while in the
	Child's Name	Date of Birth		
secure such m of changes in any incidents i to the nearest treatment that	edical attention and car telephone numbers, etc requiring professional m appropriate medical fac a physician deems n	e facility is unable to contact e for the child as may be nector. Where I/We can be reached the facility and its eccessary for the well being portation expenses incurred.	essary. I/We agree to kee ed. The facility agrees to y child. Permission is gra medical staff have my au of my child. I agree to	ep the facility informed keep me informed of anted to take my child uthorization to provide
Signature of Par	rent/Guardian (on behalf c	f both parents/guardians) Da	()_ ate (mm/dd/yyyy)	elephone
		FAMILY AGREEMEN	Г	
child participate	s in routine transportation	The center agrees to obtain on, field trips, special activities than two (2) feet deep.		
1. TRANSPOR	RTATION: I hereby 🗌 ç	give	t for my child to be transլ	ported and
supervised	by the operation's empl	oyees.	cy care	
2. FIELD TRIF Parent's Comm		do not give – my consent fo	r my child to participate i	n Field Trips:
3. WATER ACT	IVITIES: I hereby 🗌 g	ive 🗌 do not give – my cons	sent for my child to partic	ipate in Water
Activities: S	prinkler play 🗌 splashii	ng/wading pools swimmir	ng pools water table	play
		mission for my child to be ph ning, curriculum, marketing a		
		nc. agrees to provide camp/o y 31, 2017 – August 4, 2017		p.m.
authorization, w	hich includes: date, nar	Before any medication is disp ne of child, name of medicati en. Medicine will be in the ori	ion, prescription number,	if any; dosage; date
Ministries, Inc. a from any claims registration, use other than to the	and those in association s, losses, damages or co e of the Center, or partic	S, INC In consideration of to, and their related companie osts (including attorneys' feesipation in the programs and enegligent or willful misconductes and agents.	s, directors, officers, emps) caused by or arising fro activities conducted by U	oloyees and agents, om my child's Iseful Ministries, Inc.
	/RITTEN OPERATION/ dge and agree ministry'	AL POLICIES: s operational policies includi	ng those for discipline an	nd guidance.
Signature (Pare	nt/Guardian)		Date	
Signatura (Para	nt/Guardian)		Data	