



“Word, Water & Witness” Kid’s Camp

Children’s division of the Memphis Conference of the United Methodist Church

Collierville United Methodist Church

June 2-4

Registration Deadline: May 20

Contact: Cindy Lamb

clamb@colliervilleumc.org

615-713-7025

Welcome! We look forward to working with your children at our “Word, Water & Witness Kid’s Camp!” We have many fun activities and trips planned for your child which will strengthen and enhance their spiritual growth. Our camp includes care for:

NURSERY

Infants through four year olds

- Sunday, June 2 3:00p.m. - 8:30 p.m.
- Monday, June 3 8:00 a.m. – 8:30 p.m.
- Tuesday, June 4 8:00 a.m. – 8:30 p.m.

KID'S CAMP

Entering k through fifth graders

- Sunday, June 2 3:00-8:30 p.m.
- Monday, June 3 8:00 a.m. – 8:30 p.m.
- Tuesday, June 4 8:00 a.m. – 8:30 p.m.

REGISTRATION FORM



Parent's name _____

Address _____

Cell Phone Number _____

Email _____

NURSERY

I have a child age 0-4 who needs nursery services.

Please check which day(s) that you will need nursery:

Sunday _____

Monday _____

Tuesday _____

Child's Information

Name _____

Age _____ Allergies _____

Name _____

Age _____ Allergies _____

Name _____

Age _____ Allergies _____

What else would you like for us to know about your child?

KID'S CAMP (*Child must be 5 years old or older to participate*)

Child's name(s)

1. _____ Grade _____

2. _____ Grade _____

3. _____ Grade _____

4. _____ Grade _____

My child will attend Kid's Camp on the following days

Sunday _____

Monday _____

Tuesday _____

What will we do at Kid's Camp?

We will be ministering to the homeless at the soup kitchen at St. Mary's Catholic Church and we will visit a nursing home in the area.

Fun field trips include: The Memphis Zoo, The Civil Rights Museum and the Pink Palace Museum.

Parents, please sign the following documents.



This week, Kid's Camp will be traveling to:

St. Mary's Soup Kitchen in Memphis

The Pink Palace

The Memphis Zoo

The Civil Rights Museum

By signing this document, I am affirming that my child has my consent to attend the field trips. *No child will be allowed to attend without the written consent of a parent or guardian.*

Child's name _____

Parent's signature _____

EMERGENCY MEDICAL RELEASE FORM

Child's name(s)

1. _____

2. _____

3. _____

4. _____

Address _____

Parent's name _____

Cell number _____

Health restrictions, allergies, etc. _____

I, _____ give my permission to the staff or volunteers of Kid's Camp to obtain medical treatment as deemed necessary for said child to be treated by an accredited physician or dentist in an approved emergency room or hospital. I therefore designate CUMC staff or volunteers with the authority to act on my behalf and order appropriate treatment. I release from liability Collierville United Methodist Church due to accident or injury to my

child. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Parent's signature _____ Date _____

Please email all documents to: clamb@colliervilleumc.org

OR mail to:

Cindy Lamb

Collierville United Methodist Church

454 W. Poplar Ave.

Collierville, TN 38017