



2019 Summer Enrollment Form



May 28 - August 9

Monday - Friday 7:30 AM - 5:30 PM

\$110/week

Join us for a Jesus centered, fun-filled, active week here at Kids of Creation's Journeys of Faith!! Throughout the week we will participate in fun activities to include:
field trips, cooking, chapel, dancing, science,
Fear Factor, sports, and much more!

Please complete the form below AND the attached documents to enroll your child for the 2019 Journeys of Faith summer program. If your child attended the 2019 JOF Spring Break session please only complete the bottom portion of this front page.

All required documentation must be completed and turned in prior to your child attending.

***Registration Fee**

You must pay a non-refundable \$50 registration fee at the time of enrollment.

Please fill out completely:

Child's Name: _____

Grade Entering 19-20: _____ **Primary School:** _____

Parent/Guardian Name(s): _____

Contact Number: _____ **Email:** _____

Is your child attending public summer school? ___YES ___NO Dates: _____

(Students enrolled in more than one 4 week session of summer school will not be able to attend JOF).

_____ I give permission for my child to be photographed while participating in the JOF program activities. I understand that these photos may be used on future brochures, the website, or social media. My child's personal information, such as his/her name, would not be attached to any photograph used.

_____ I understand that JOF has scheduled periodic off-site activities. I give my child permission to participate in these activities, which includes transportation on the Wesley Church bus. I hereby release JOF, Wesley Church and its employees from any and all liability for any accident, injury or illness which may be sustained while participating in said activities.

Parent Signature: _____ **Date:** _____



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Child's Full Name _____ Birth Date _____ Sex _____
 Address _____ City/State _____ Zip _____
 Primary School: _____ Home Church: _____ T-Shirt Size: _____
 Grade Level (**grade entering for 19-20 year**): 1st 2nd 3rd 4th 5th 6th Jr. Intern
 Will your child be attending public school summer school? Yes No If yes, what dates?: _____

Attention Springfield Public School Students Only: If your child will be attending ALL 8 weeks of SPS summer school, we will **not** be able to accept their enrollment for the last week of JOF.

Parental Information:

Mother's Name or Guardian: _____ Phone # _____
 Address _____ City/State _____ Zip _____
 Email _____ Mother's Employer _____
 Work # _____ Work Address _____
Father's Name or Guardian: _____ Phone # _____
 Address _____ City/State _____ Zip _____
 Email _____ Father's Employer _____
 Work # _____ Work Address _____

Emergency Contacts other than Parents:

Name _____ Relationship _____
 Address _____ Phone _____
 Name _____ Relationship _____
 Address _____ Phone _____

Authorized Individuals to Pick-Up Child other than Parents:

Name: _____
 Name: _____

Authorization for Emergency Medical Care:

I understand that in case of a medical emergency, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are as follows:

Doctor _____ Phone _____
 Hospital _____ Phone _____

Does your child have any allergies? (Additional paperwork may be needed) _____
 Other Medical Concerns: _____

Please submit this enrollment form to the Journeys of Faith/Kids of Creation office with your registration fee. Spring Break enrollment requires a non-refundable \$20 deposit. Summer enrollment requires a \$50 non-refundable registration fee. There is also a non-refundable \$10 security fee for each key card needed for access to the building. Space is limited and enrollment is on a first come, first serve basis. Please verify enrollment with the office at the time of submission. If you have any questions, please call us at (417)720-1053.

Parent Signature: _____ Date: _____