

**Need a place for your children to go during the upcoming February Vacation????**

**The Penn Yan Area Churches is pleased to offer:**

## **“February Camp”**

**A Fun, Safe and FREE faith-based program designed to fill the child care needs that parents may have when elementary students are on vacation in February.**

**February 21, 22, 23, and 24**

**8:30 AM - 3:30 PM**

**February Camp Theme:**

**SKY: Everything Is Possible With God**

**Science experiments \* breakfast \* lunch \* games \* stories \* songs \* snacks \* movies**

**Come for 1, 2, 3, or all 4 days - whatever your schedule needs!! Come along with a friend or with your siblings - It's for ALL kids Pre-K thru 4<sup>th</sup> grade**

**Registration forms can be left at your child's school office by February 15.**

**Contact Linda Snyder (536-8844) with questions**

PENN YAN UNITED METHODIST CHURCH  
Permission Slip/Registration Form

PLEASE complete one form for each child attending.

Please Print.

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Numbers: Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name & Phone number: \_\_\_\_\_

Circle all the days you would like to attend: 2/21 2/22 2/23 2/24

**Please check all that apply and sign below:**

I give my child, \_\_\_\_\_, permission to attend “February camp” on the dates circled above.

I understand that transportation to and from the program is my responsibility, pick up time is 3:30 pm, and photo identification may be required to at pick-up time. The only people authorized to pick up my child are: *(Don't forget to list yourself!)*

I give PYUMC permission to secure appropriate medical care for injuries if I am unable to be reached in an emergency.

I give PYUMC/Cornell Cooperative Extension permission to photograph/videotape my child during the dates circled above for publication/promotional purposes.

My child has the following food/other allergies that you should be aware of:

My child has the following special needs that you should be aware of:

My child is a member of the following church:

Parent's signature: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL OFFICE BY FEBRUARY 15.**

If you have any questions, please call the church office at 536-6711 or Linda Snyder 536-8844. Upon receipt of this form, your child's registration will be confirmed. Registrations must be returned by FEBRUARY 15<sup>TH</sup>, for your child to attend.