

RALEIGH COMMUNITY CHURCH OF CHRIST SUMMER CAMP

REGISTRATION FORM



June 3 - July 26, 2019

"Improving Academics through Reading Intervention and Building Christian Character Through Fun, Adventure, Acceptance & Love"

\$40.00 NON-REFUNDABLE Registration Fee (one registration form per child)

WEEKLY CAMP FEE MUST BE PAID ONE WEEK IN ADVANCE

\$40 Registration Fee Received Staff Initials _____

Date of Enrollment: _____

Early Special \$25.00 per Week

Regular Summer Camp Fees: \$90.00 Per Week

CHILD'S INFORMATION:

Child's Name: _____ Age: _____ Birth Date: _____

Boy or Girl _____ Entering Grade _____ Name of Entering School _____

Child's Start Date: _____ Child's End Date: _____

Child's T-Shirt Size _____ (Youth Size - S, M, L or XL) (Camp T-Shirt must be worn during off-campus field trips)

PARENT'S INFORMATION:

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Telephone Numbers (Day): _____ Telephone Numbers (Day): _____

Telephone Numbers (Work): _____ Telephone Numbers (Work): _____

Email: _____ Email: _____

Persons Authorized to Pick Up Child Other Than Parent(s) & Telephone Number(s):

(1) _____ /Phone Number _____

(2) _____ /Phone Number: _____

HEALTH INFORMATION

Check if child has had the following and give details below:

- Heart Trouble Epilepsy Asthma Diabetes Allergies Rheumatic Fever
 Food Allergies Attention Deficit Type Disorder (ADD)

Details:

Please answer the following (use below to explain fully any questions answered YES):

____ ____ Does your child have seizures, fits or shaking spells (circle all that apply)?

Yes No

____ ____ Does your child have speech, hearing or sight limitations (circle all that apply)?

Yes No

____ ____ Does your child have tubes in his/her ears?

Yes No

____ ____ Does your child sunburn easily?

Yes No

____ ____ Does your child require frequent restroom visits?

Yes No

____ ____ Does your child have frequent headaches and/or stomachs (circle all that apply)?

Yes No

Please list below any conditions, medication being taken, diagnosis, health and/or emotional problems of which we should be aware of in order to relate more effectively with your child: _____

NOTE: We are not authorized to administer Medication.

I agree to the following statements:

STATEMENTS OF UNDERSTANDING -- PLEASE READ CAREFULLY

My child has my permission to participate and be enrolled in the Raleigh Community Church of Christ "CAMP VICTORY" Christian Summer Camp. I hereby release, forever discharge and agree to hold harmless the Camp, its Directors, employees, volunteers and church members, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above named child that occur during any activities. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in these activities. The undersigned further agrees to hold harmless and indemnify the above mentioned Camp, its Directors, employees, volunteers or church members for any liability sustained by the Raleigh Community Church of Christ as the result of the negligent, willful or intentional acts of the above named child, including expenses incurred attendant thereto.

PHOTO & VIDEO RELEASE AUTHORIZATION

I authorize the Raleigh Community Church of Christ "CAMP VICTORY" Christian Summer Camp to take pictures and video recordings of my child to be used for public advertising or information packages to solicit support to operate the Camp. Pictures and video recordings **MAY NOT** be used in any private advertising/information packages, illegal manner, or sold to any public or private organization(s).

DISCIPLINE POLICY

Raleigh Community Church of Christ "CAMP VICTORY" Christian Camp reserves the right to terminate camp services for any child enrolled in our program. The following circumstances may result in termination of services for a child.

1. A child exhibiting behavior that is hazardous to the safety of other children, such as hitting, kicking, or shoving.
2. A child using inappropriate language.

3. A child being disrespectful to the staff verbally or physically abusive to other children.
4. A child requiring one-on-one attention from the staff.
5. Unsafe behavior to other children, staff member or himself/herself.
6. Inappropriate behavior such as touching, fondling, etc.

Note: **After 3 office time-outs, parents will be called to pick up misbehaving child, and child may be subject to dismissal. In case of dismissal, all ADVANCED weekly camp fees will be refunded. There will be NO REFUND for the unused days in the week the child was dismissed.**

Medical Emergency Treatment Consent Form

I _____ (name of parent), give permission for Raleigh Community Church of Christ Christian Summer Camp Staff Member(s) to provide all necessary emergency medical, dental or other care for _____ (name of child). This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of my child. The staff member(s) will attempt to contact me, the other parent or legal guardian at one of the below telephone numbers. At no time will the staff member(s) attempt to drive the sick or injured child to an emergency medical facility.

(911 WILL BE called to transport child).

My child's insurance information is provided below:

Insurance Co. _____

Name of Child's Physician _____

Phone Number of Physician _____

My child should be transported to _____

(Name of Hospital)

EMERGENCY NUMBERS:

(If we are unable to reach a parent or legal guardian, we will call one of these numbers.)

1. Name: _____ /Contact #s _____

2. Name: _____ /Contact #s: _____

It is your responsibility to ensure a Camp Staff Member can contact you or your emergency contact person at all times. Please notify a Camp Staff Member, as soon as possible, if there is a change in address or telephone numbers.

MEDICAL RELEASE STATEMENT

I herein authorize the Raleigh Community Church of Christ "CAMP VICTORY" Christian Summer Camp employees to consent to any x-ray, examination, anesthetic, medical or surgical supervision and on the advice of any physician or surgeon licensed to practice in the state of treatment, when the need for such treatment is immediate, and when efforts to contact me are unsuccessful.

Signature of Parent or Legal Guardian _____

AGREED RATE AND PAYMENT POLICY:

Registration Fee: \$40 (non-refundable)

- **Free Lunch**
- **Child may bring a sack lunch anytime**

Return Check Fee: **\$35 service charge** (After the first returned check all future payments must be made by cash or Postal Money Order)

Late Weekly Camp Fee: \$25 per child (Camp fees are late on Wednesday of each week)

Late Pick-Up Fee: **\$1 per minute**, per child (when child is picked-up after 5:00 pm,

\$25.00 Per Week - 7:30 am-5:00 pm (All Weekly Camp Fee MUST be paid ONE WEEK IN ADVANCE)

You agree to enroll your child in our Christian Summer Camp Program and pay \$25 per week. Your weekly camp fee is due on Monday (Tuesday is a “Payment Grace Day”), and is considered late by Wednesday morning. A \$25 late camp fee will be added to your account on Wednesday. If payment is not received by Friday at 5:00 pm, your child will be officially dis-enrolled from camp. To re-enroll your child after dis-enrollment (by parent or Camp Director), a non-refundable re-enrollment fee of \$40 and all outstanding camp fees must be paid in full prior to accepting child back into the camp.

There will be **No refunds** for days your child is absent for sickness, family vacations, emergencies, or federal holidays.

Note: Weekly camp fee is required if your child attends the camp or does not attend, as long as the child is enrolled in the program. Your child’s spot will be held as long as it is being paid.

\$10.00 a day - for occasional drop-in service – 7:30 am-5:00 pm

You agree that your child **will not** be attending camp every week. This service is for parents who want their kids to play in a safe & Christian environment while they run errands, go to an appointment, or just take a break. The fee is due **WHEN CHILD ARRIVES** at camp. The \$40 (non-refundable) registration & late pick-up fee will apply for this service.

Date: _____

Signature of Parent or Legal Guardian

***Signature indicates acceptance of above Statements and Financial Obligation.**