

# EAST HILL BAPTIST WEEKDAY CHILDREN'S MINISTRIES



# 2021 SUMMER DAY CAMP



**CHECK:**    **New Family**    or    **Returning Family**

Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_

Sex \_\_\_\_ Completed grade June 2021 \_\_\_\_\_ Will daily meds need to be administered: Yes / No

T-Shirt Size (Please mark, there are youth and adult sizes available): YXS    YS    YM    YL    or    S    M    L    XL

Please list any allergies, physical limitations, or behavioral/emotional concerns: \_\_\_\_\_

**(2)** Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_

Sex \_\_\_\_ Completed grade June 2021 \_\_\_\_\_ Will daily meds need to be administered: Yes / No

T-Shirt Size (Please mark, there are youth and adult sizes available): YXS    YS    YM    YL    or    S    M    L    XL

Please list any allergies, physical limitations, or behavioral/emotional concerns: \_\_\_\_\_

**(3)** Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_

Sex \_\_\_\_ Completed grade June 2021 \_\_\_\_\_ Will daily meds need to be administered: Yes / No

T-Shirt Size (Please mark, there are youth and adult sizes available): YXS    YS    YM    YL    or    S    M    L    XL

Please list any allergies, physical limitations, or behavioral/emotional concerns: \_\_\_\_\_

**Doctor's Name** (REQUIRED BY DCF) \_\_\_\_\_

**Father/Guardian's Name** \_\_\_\_\_

Address \_\_\_\_\_

Place of Work \_\_\_\_\_ Work # \_\_\_\_\_ Home# \_\_\_\_\_

Email \_\_\_\_\_ Cell # \_\_\_\_\_

**Mother/Guardian's Name** \_\_\_\_\_

Address \_\_\_\_\_

Place of Work \_\_\_\_\_ Work # \_\_\_\_\_ Home# \_\_\_\_\_

Email \_\_\_\_\_ Cell # \_\_\_\_\_

Child lives with:     Mother and Father     Mother only     Father only     Other \_\_\_\_\_

Primary Contact for any concerns regarding your child: \_\_\_\_\_

List any additional people who are allowed to pick up your child from Summer Day Camp:

\_\_\_\_\_

List any people, who under any circumstances, may NOT pick up your child from Summer Day Camp:

\_\_\_\_\_

List at least two local people who will be available to assume responsibility for your child in an emergency if parents cannot be reached. (REQUIRED BY DCF)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

**Important Note:** Parents or Legal Guardians are required to disclose any physical, emotional, or behavioral limitations, needs, or concerns about their child in writing prior to registration. The Camp Administration reserves the right to deny your camp registration if it is determined our Day Camp is not suited or staffed to meet your child's needs. Failure to disclose information will result in forfeiture of fees and deposits previously paid if your child is dismissed from camp for reasons described above or in the Parent Handbook. *\*If any information on this or any other documentation is found to be false, it could result in the denial of your child's registration.*

I understand that despite the many safety precautions taken, my child could incur minor, serious, or fatal injuries while attending the Summer Day Camp Program, and I grant my permission for the Summer Day Camp Program staff or employees of East Hill Baptist Church to seek medical attention and/or take my child to an emergency room or medical facility for treatment.

Please read and initial each of the following statements. Sign and date the bottom.

- I have read, understand, and agree to support the policies and procedures described in the Parent Handbook. I acknowledge and will follow all policies described in the handbook. \_\_\_\_\_(initials)
  - Read and agree to adhere to the fee policies. \_\_\_\_\_(initials)
  - Read and agree to adhere to the Covid-19 policies & procedures. \_\_\_\_\_(initials)
  - Read and agree to adhere to the Cancellation Policy. \_\_\_\_\_(initials)
  - Read and agree my child will adhere to the cell phone policy. \_\_\_\_\_(initials)
  - Read and understand the discipline policy and support these guidelines. \_\_\_\_\_(initials)
  - I have read and agree to adhere to the security procedures. \_\_\_\_\_(initials)
  - I have read and agree to adhere to the swimming policies & procedures. \_\_\_\_\_(initials)
- I give my permission for photographs of my child to be used on the East Hill Baptist Weekday Children's Ministries website ([www.easthillweekday.com](http://www.easthillweekday.com)) and on any media distributed by East Hill. \_\_\_\_\_YES \_\_\_\_\_NO (initials)
- I give my permission for my child to participate in food activities: cooking, birthdays, special events \_\_\_\_\_YES \_\_\_\_\_NO (initials)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Check the boxes of the weeks that you would like to sign your child up for  
(if you would like to include lunch please check the corresponding box).**

**WEEKLY PAYMENTS ARE NON-REFUNDABLE.**

<b>WEEK</b>	<b>DATES</b>	<b>PAYMENT DUE DATE</b>	<b>CANCEL BY</b> <i>(as to not be charged a "No Show Fee")</i>	<b>WEEK</b> <b>(\$150)</b>	<b>LUNCH</b> <b>(\$34)</b>
1	June 14 <sup>th</sup> -18 <sup>th</sup>	Wednesday, June 9 <sup>th</sup>	Wednesday, June 9 <sup>th</sup>		
2	June 21 <sup>st</sup> -25 <sup>th</sup>	Wednesday, June 16 <sup>th</sup>	Wednesday, June 16 <sup>th</sup>		
3	June 28 <sup>th</sup> -July 2 <sup>nd</sup>	Wednesday, June 23 <sup>rd</sup>	Wednesday, June 23 <sup>rd</sup>		
4	July 6 <sup>th</sup> -9 <sup>th</sup> (CLOSED JULY 5 <sup>th</sup> )	Wednesday, June 30 <sup>th</sup>	Wednesday, June 30 <sup>th</sup>	(\$120)	(\$26)
5	July 12 <sup>th</sup> -16 <sup>th</sup>	Wednesday, July 7 <sup>th</sup>	Wednesday, July 7 <sup>th</sup>		
6	July 19 <sup>th</sup> -23 <sup>rd</sup>	Wednesday, July 14 <sup>th</sup>	Wednesday, July 14 <sup>th</sup>		
7	July 26 <sup>th</sup> -30 <sup>th</sup>	Wednesday, July 21 <sup>st</sup>	Wednesday, July 21 <sup>st</sup>		
8	August 2 <sup>nd</sup> -6 <sup>th</sup>	Wednesday, July 28 <sup>th</sup>	Wednesday, July 28 <sup>th</sup>		

**—OFFICE USE ONLY—**

- Registration Fee (\$50.00 per family)                       EHBC Member
- Early registration (\$50 waived)                                       Lunches
- Paid 2021 SB Camp Registration Fee (\$50 waived)

Circle week(s) paid for at time of registration (if applicable):

CHILD (1) \_\_\_\_\_ 1 2 3 4 5 6 7 8  
 CHILD (1) \_\_\_\_\_ 1 2 3 4 5 6 7 8  
 CHILD (1) \_\_\_\_\_ 1 2 3 4 5 6 7 8

**TOTAL DUE WHEN REGISTERING = \$** \_\_\_\_\_

**Form of Payment:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_

**Processed in Procure:** \_\_\_\_\_