

EAST HILL BAPTIST WEEKDAY CHILDREN'S MINISTRIES



2019 SUMMER DAY CAMP



(1) Child's Name _____ DOB: _____ Age _____

Sex _____ Completed grade May 2019 _____ Will daily meds need to be administered: Yes / No

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

(2) Child's Name _____ DOB: _____ Age _____

Sex _____ Completed grade May 2019 _____ Will daily meds need to be administered: Yes / No

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

(3) Child's Name _____ DOB: _____ Age _____

Sex _____ Completed grade May 2019 _____ Will daily meds need to be administered: Yes / No

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

Doctor's Name _____

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 two local people who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

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. _____(initials)
- I have read, understand, and agree to adhere to the fee policies. _____(initials)
- I have read and understand the discipline policy and agree to support these guidelines. _____(initials)
- I have read, understand, and agree to adhere to the security policies & procedures. _____(initials)
- I have read, understand, and agree to adhere to the swimming and water 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) 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.

| WEEK | DATES | PAYMENT DUE DATE | WEEK (\$150) | LUNCH (\$32) |
|-------------|---|----------------------------------|---------------------|---------------------|
| 1 | June 3 rd -7 th | Wednesday, May 29 th | | |
| 2 | June 10 th -14 th | Wednesday, June 5 th | | |
| 3 | June 17 th -21 st | Wednesday, June 12 th | | |
| 4 | June 24 th -28 th | Wednesday, June 19 th | | |
| 5 | July 1 st -5 th (closed July 4 th) | Wednesday, June 26 th | (\$120) | (\$25) |
| 6 | July 8 th -12 th | Wednesday, July 3 rd | | |
| 7 | July 15 th -19 th | Wednesday, July 10 th | | |
| 8 | July 22 nd -26 th | Wednesday, July 17 th | | |
| 9 | July 29 th -August 2 nd | Wednesday, July 24 th | | |
| 10 | August 5 th -9 th | Wednesday, July 31 st | | |

—OFFICE USE ONLY—

- | | |
|---|-----------------------------------|
| <input type="radio"/> Registration Fee (\$50.00 per family) | <input type="radio"/> EHBC Member |
| <input type="radio"/> Early registration (\$50 waived) | <input type="radio"/> Lunches |

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

CHILD (1) _____ 1 2 3 4 5 6 7 8 9 10 11

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CHILD (1) _____ 1 2 3 4 5 6 7 8 9 10 11

TOTAL DUE WHEN REGISTERING = \$ _____

Form of Payment: _____

Staff Initials: _____