ARBC SUMMER CAMP – REGISTRATION FORM 2017

CAMPER’S INFORMATION

CAMPER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade for fall of 2017 \_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male \_\_\_\_\_\_\_\_ Female \_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ zip \_\_\_\_\_\_\_

Phone numbers you can be reached at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S INFORMATION

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Party: Yes \_\_\_\_ No \_\_\_\_\_ Responsible Party: Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

Place of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER PERSONS AUTHORIZED FOR PICK UP

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_

SUMMER CAMP 2017 FEES

Registration fee to be submitted with registration form. $65 first child, $50 second child, $40 third child.

Full week: $147.00 {2nd child $100.00}

4 day a week: $ 137.00 per child

3 days a week: $ 97.00 per child

2 day a week: $ 67.00 per child

1 day a week: $ 37. 00 per child

Afternoon Camp: $87.00 per child: No Field Trip

Active ARBC Church Members get a 15% discount!

Full week tuition for 2nd /3rd child: $100, Discount can only be used for full week of camp. (Discount only applies for children enrolled in summer camp.)

Payment Information

I am inclosing a non-refundable, nontransferable registration fee of $65 per child, for a total of $ \_\_\_\_.

I understand that I am responsible for paying my balance in full for each child attending Monday Morning at drop off.

Parents Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARBC SUMMER CAMP – 2017 REGISTRATION FORM

Medical Information

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medication your child takes on a regular basis:

Name of Medication(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_

Name of Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_

Name of Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_

Please list any additional information about your child’s health history, behavior and physical, emotional, or mental health about which the summer camp staff should be aware.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICATION AUTHORIZATION:

Childs full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All medication must be in original prescription container.

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

Week 1. June 5th – 9th ………………. Full Week 4 Days 3 Days 2 Days 1 Day Afternoon Camp

Week 2. June 12th – 16th ……………. Full Week 4 Days 3 Days 2 Days 1 Day Afternoon Camp

Week 3. June 19th – 23rd …………….. Full Week 4 Days 3 Days 2 Days 1 Day Afternoon Camp

Week 4. June 26th – 30th …………….. Full Week 4 Days 3 Days 2 Days 1 Day Afternoon Camp

Week 5. July 3rd – 7th …………………. Full Week 4 Days 3 Days 2 Days 1 Day Afternoon Camp

Week 6, July 10th – 14th ………………. Full Week 4 Days 3 Days 2 Days 1 Day Afternoon Camp

Week 7, July 17th – 21st ………………. Full Week 4 Days 3 Days 2 Days 1 Day Afternoon Camp

Week 8, July 24th – 28th ……………… Full Week 4 Days 3 Days 2 Days 1 Day Afternoon Camp

Week 9, July 31st – August 4th ………. Full Week 4 Days 3 Days 2 Days 1 Day Afternoon Camp

Week 10, August 7th – 11th ………….. Full Week 4 days 3 Days 2 Days 1 Day Afternoon Camp

PLEASE CIRCLE EACH WEEK AND THE NUMBER OF DAYS YOUR CHILD PLANS TO ATTEND CAMP. YOU CAN CHANGE DAYS IF YOU NEED TO. THIS GIVES US AN IDEA OF OUR WEEKLY NUMBERS.

CHILDS NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liability Releases

Release of Liability

In the event an accident occurs, I am aware that ARBC does not provide accident insurance, and I will not hold ARBC responsible for any injury.

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

Transportation Release

I give my consent for my child to be transported by ARBC staff in ARBC vehicles to the Summer Camp and/or any all-day field trips.

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

Emergency Care Release

In the event of an emergency in which I cannot be reached, I authorize emergency medical personnel to provide the necessary first aid and/or hospitalization.

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

PG Movie Care Release

My child has permission to view movies rated PG and deemed appropriate by the After-School Director.

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

Photography Release

I understand that my child may be photographed, videotaped, and/or interviewed for the purpose of ARBC promotional use.

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

WHAT SIZE SHIRT DOES YOUR CHILD WEAR? \_\_\_\_\_\_\_\_\_\_\_

PLEASE COMPLETE YOUR REGISTRATION INFORMATION IN FULL. READ YOUR SUMMER CAMP HANDBOOK AND GO OVER THE RULES OF SUMMER CAMP WITH YOUR CHILD.

I HAVE READ THE SUMMER CAMP HANDBOOK AND UNDERSTAND THE RULES AND POLICIES OF AUGUSTA ROAD BAPTIST CHURCH SUMMER CAMP.

PARENTS/GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_