

MESSIAH LUTHERAN CHURCH AND SCHOOL SUMMER DAY CAMP PROGRAM

DAY CAMP PROGRAM FOR SCHOOL AGED CHILDREN

2017 Enrollment Forms (Please Print)

A. Participant Information

Child First Name:	Last Name:
Date of Birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Child lives with	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other

Ethnicity (for demographic purposes only)

<input type="checkbox"/> Native American	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian/ Pacific Islander	<input type="checkbox"/> Caucasian/ White	<input type="checkbox"/> Other
<input type="checkbox"/> African American/ Black		

Other siblings that may be enrolled in the program (please list last name if different):

Name	Date ___/___/___ of Birth
Name	Date ___/___/___ of Birth

Parent/ Guardian #1 *This is the first person we will contact in an emergency

First Name	Last Name
Home Address	City/State/Zip
Home Phone	Cell Phone
Work Phone	Work Name and Address

Parent/ Guardian #2 *This is the second person we will contact in an emergency

First Name	Last Name
Home Address	City/State/Zip
Home Phone	Cell Phone
Work Phone	Work Name and Address

B. Others Authorized to pick up your child

Children will only be released to those listed on this form unless notified in writing. Those listed below must provide a phot ID at the time of pick up. Contact the summer camp director to make changes to this information.

First Name	Last Name
Home Phone	Cell Phone
Relationship to child	

First Name	Last Name
Home Phone	Cell Phone
Relationship to child	

First Name	Last Name
Home Phone	Cell Phone

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Relationship to child	
C. Sessions and Programs	
<input type="checkbox"/> Full Summer (\$150/week) Includes all 8 weeks of Day Camp. You may select one week of vacation at no charge and still qualify for the full summer pricing.	
<input checked="" type="checkbox"/> Summer Select (\$175/week) Select from 1 to 7 weeks (a la carte) of Day Camp.	
<input type="checkbox"/> Before Care (\$15/week) 7:00am-8:00am	
<input type="checkbox"/> After Care (\$20/week) 4:30pm-6:00pm	
<input type="checkbox"/> WEEK 1: June 5-9 Vacation Bible School	
<input type="checkbox"/> WEEK 2: June 12-16 Sports Fanatic Week	
<input type="checkbox"/> WEEK 3: June 19-23 Dinosaur Week	
<input type="checkbox"/> WEEK 4: June 26-30 Outdoor Education Week	
<input type="checkbox"/> WEEK 5: July 3-7 Junior Chef Week	
<input type="checkbox"/> WEEK 6: July 10-14 Creation Week	
<input type="checkbox"/> WEEK 7: July 17-21 Amazing Art Week	
<input type="checkbox"/> WEEK 8: July 24-28 Superhero Week	
D. Participant Health History and Information	
Child's Doctor	Phone Number
Address	
Check any conditions your child has experienced	
<input type="checkbox"/> Asthma <input type="checkbox"/> Autism <input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy/seizures <input type="checkbox"/> ADD/ADHD
	<input type="checkbox"/> Cerebral Palsy/ Other Motor Disorders <input type="checkbox"/> Vision/Speech or Hearing Issues to Note
<input type="checkbox"/> Non Food allergies (list)	
<input type="checkbox"/> Food/ Milk Allergies (list)	
If your child has food allergies or dietary restrictions, please include a statement from a medical professional (required)	
<input type="checkbox"/> My child carries an epi-pen or inhaler with them	
<input type="checkbox"/> My child must have an epi-pen or inhaler available to them at all times	
Please provide symptoms and/or special instructions for any condition marked above. (additional documentation may be attached)	
Does your child take medication on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what kind?	
Check any of the following that may relate to your child	
<input type="checkbox"/> Fears the camp facilitators should be aware of	
<input type="checkbox"/> An event in your child's life that may be particularly upsetting	
<input type="checkbox"/> Social or emotional characteristics you would like to note	

Other conditions requiring special care or additional information you feel would be helpful. (additional pages may be attached if necessary)

Please initial each of the following to indicate agreement and/or understanding

_____ A copy of current immunizations for my child is provided with this form (required for enrollment)
_____ Staff members may apply sunscreen to my child as needed. I understand that I am responsible for providing the sunscreen for my child.
_____ Staff members may apply bug spray to my child as needed. I understand that I am responsible for providing the bug spray for my child.
_____ I understand that for any medication to be administered to my child (over the counter or prescription), a medication form must be on file with the camp director.

The staff of Messiah Lutheran Church and School's Summer camp has permission to:

_____ Involve my child in swimming
_____ Involve my child in off-site field trips
_____ Involve my child in photographs or video taken for publicity purposes

E. Statements of Understanding

Please initial each of the following to indicate agreement and/or understanding

_____ I will notify the staff of any changes in the registration information.

_____ I consent to my child's participation in the Messiah summer program and assume the risks involved. I attest and verify that I have knowledge of the risks involved in program activities and I give my child authorization to participate in such activities.

_____ I have reviewed the Code of Conduct and Behavior Management Policy with my child{ren).

_____ In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the staff of Messiah Lutheran Church and School Summer Camp to take my child to the nearest facility for medical attention,

_____ I understand that it is my responsibility that my child is signed in upon arrival to the program, and signed out before leaving each day.

_____ I understand that I cannot leave my child at the program site unless a staff member is there to receive and supervise my child. There must be an exchange of responsibility from an authorized individual to a staff member.

_____ I understand that state law mandates the Messiah Lutheran Church and School Summer Camp to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

_____ I understand that I am responsible for all of the information in the Parent Handbook. A copy of the Parent Handbook is available online at messaihlutheranschool.com or I can request a printed copy from Messiah Lutheran Church and School Summer Camp

_____ By signature and of free will I do hereby agree to indemnify and hold harmless the Messiah Lutheran Church and School Summer camp for any and all claims or demands, cost of expense arising out of any injury or damage sustained by me or any party I am responsible for.

_____ I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing my child to participate in the summer program programs, I understand and expressly acknowledge that I, for myself and for anyone entitled to act on my behalf, waive and release Messiah Lutheran Church and School Summer Camp, it's sponsors, representatives and successors from all claims or liabilities of any kind arising out of my child's participation in activities at or sponsored by Messiah Lutheran Church and School Summer Camp. I further agree to indemnify and save harmless Messiah Lutheran Church and School Summer Camp from any claims or demands arising out of such injuries or losses. I understand that this release includes any claims based on negligence, action or inaction of the Messiah Lutheran Church and School, its staff, directors, members and guests.

F. Payment and Accounting Agreements

Please initial each of the following to indicate agreement and willingness to comply.

_____ Acceptable payment forms are: cash, personal check, money order or credit card (subject to a 3% service charge).

_____ To secure your child's spot, a \$10 per week non-refundable deposit is due at the time of registration.

_____ Payment in full must be received the Wednesday before the week your child is attending

_____ No adjustments in the weekly fee will be made for partially attended weeks, when care is not provided due to holidays that the summer camp is closed or inclement weather days.

_____ Refunds are typically not given. A Refund Request may be presented to the camp director; all refunds are at the discretion of the camp director.

_____ If your payment is returned for insufficient funds (NSF), your payment along with an NSF service fee of \$25.00 will be collected. A \$10 late fee will be assessed on payments not made by the deadline.

_____ A late pick up fee of \$1.00 per minute will be assessed for each minute after 6:00pm that your child remains in our care. This fee will be added to the following week's payment and must be remitted before your child is allowed to attend camp unless other arrangements have been made with the camp director.

I have read and understand the statements regarding Messiah Lutheran Church and School Summer Camp and agree to comply with its policies and procedures.

I further acknowledge that this application has been completed with as much accuracy as possible.

Parent's Signature

Parent's Name
Printed

Date