

## SUMMER DAY CAMP Registration Form

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Grade Last Completed \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Primary Phone \_\_\_\_\_

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Besides parents, the following persons are authorized to pick up the above named student from camp:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

List any allergies or other medical alerts: \_\_\_\_\_

### ENROLLMENT OPTIONS

Full-time Summer Day Camp (Monday-Friday)  
(\$150.00 per week and a discounted rate of \$125 for additional children)

Part-time Summer Day Camp

- Minimum of 2-Days Required
- Rate of \$80 (must choose your days below)
- Any additional days, \$40 per day if spot is available.

Check Days that apply:  Mon.  Tues.  Wed.  Thurs.  Fri.

**T-shirt Size** (Each camper will receive a t-shirt.)

**Child:**  Small  Medium  Large      **Adult:**  Small  Medium  Large  XL

**Registration fee is \$75.00 per Full-time child, and \$55 for Part-time campers, all of which is non-refundable. A two week written notification is required to cancel enrollment. Students are allowed one week without charge for vacation use. Requires a two week's notice and the vacation form filled out and returned to director. If no payment is received by Tuesday, the following week, your child will not be permitted into camp until payment is current.**

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

# Parent Contract

I am the parent and/or the legal guardian of \_\_\_\_\_ (name of camper). I hereby agree to enroll my child in the Summer Day Camp program of the First Baptist Church Joelton in Joelton, TN.

I believe my child can enter into the activities of his/her group, and I delegate all responsibility for his/her care and control to the authorized staff of the camp during the hours I leave him/her with them. However, if a problem exists which cannot be resolved, I understand the camp has the right to dismiss my child.

I authorize my child to participate in all camp field trips and activities.

I will not hold the camp, the church, or the staff liable for any accident or injury to my child on the way to or from the camp, or during the hours I leave him/her in their care. I authorize the staff or attending doctor to give emergency aid and treatment in the case of injury or illness until either I or my physician can be reached.

In case of emergency at a time when I cannot be reached, I authorize the staff to reach the persons whose names have been listed on my child's registration sheet.

If at any time an individual other than myself or the one regularly designated is to take my child away from camp, I will notify the camp staff or director, giving the name of individual who will call for the child, his/her destination, and the time he/she is to leave camp.

TUITION: Weekly tuition is due on Mondays by the end of the business day. If no payment is received by Tuesday, your child will not be permitted into camp until payment is current.

I will be responsible for paying for my child's tuition for the entire summer with the following exception:

Vacations- I may allow my child to miss one consecutive (five days) week of camp without payment due to vacation. I must give a two-week, advanced notice and fill out a vacation form notifying the week that is scheduled. The only exception is for circumstances beyond control.

I give permission for pictures of my child to be used in promotional materials for church activities.

I have read the general information sheet and agree to abide by the procedures stated herein. These procedures will be in effect from May 28 to August 2, 2024.

Date \_\_\_\_\_ Signed \_\_\_\_\_ Parent/Guardian

## Disciplinary Policies

First Baptist Church Joelton Summer Day Camp uses the following guidelines in dealing with discipline.

- Step 1.** The child's group leader, or whoever sees the infraction, will talk to the individual privately; encouraging a more positive way to act, with the goal of restoring the child back to the group
- Step 2.** The group leader has the prerogative to continue to deal with the problem as long as he/she thinks he/she can handle the situation.
- Step 3.** When the group leader feels unable to communicate with the child and change the behavior, the group leader will take the child to the camp director.
- Step 4.** If the situation cannot be corrected at this point, First Baptist Children's Minister who is responsible for day camp will become involved. At this meeting the child will be informed that if the negative activity happens again the parent/guardian will be informed and a meeting of all concerned will occur.
- Step 5.** Meeting of all parties involved, including a parent/guardian. Appropriate disciplinary action will be discussed.
- Step 6.** If the child's parents are called two times to be met with, the child may be dismissed from the program.

As a parent/guardian, I have read the discipline policy of the First Baptist Church Joelton Summer Day Camp. I give my permission for the camp to use the methods stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Camper's Name: \_\_\_\_\_

## EMERGENCY MEDICAL CONSENT FORM

\_\_\_\_\_ has my permission to obtain  
emergency medical treatment for my child, \_\_\_\_\_  
when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

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

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

E-mail Address: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

My insurance provider is \_\_\_\_\_

My child's medical record number is \_\_\_\_\_

Preferred hospital/treatment center \_\_\_\_\_

My child is taking the following medications

\_\_\_\_\_

My child has the following allergies

\_\_\_\_\_

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in child care.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# Medication Release Form

Please Write Clearly

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Condition Being Treated: \_\_\_\_\_

Date(s) Medication is to be Given: \_\_\_\_\_

Time(s) Medication is to be Given: \_\_\_\_\_

Dosage / Amount to be Given: \_\_\_\_\_

Method of Administration (for example, orally, topically, nasally, etc.): \_\_\_\_\_

Possible Side Effects or Interactions with Other Drugs: \_\_\_\_\_

\_\_\_\_\_

I hereby give my permission for the provider to administer this medication according to the instructions above. I agree that the provider will not be held liable for any illness or injury resulting from the administration of this medication, and will not be held responsible for the reimbursement of any medical expenses resulting from such action.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent or Guardian Date

**Verbal Authorization:** Date & Time: \_\_\_\_\_ Provider's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Medication Administration Record					
Date	Time	Dosage	Administered By	Reactions	Administration Errors
____/____/____					
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This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are **not** required to use this form.