

Fredericksburg Baptist Church Summer Camp Registration Form 2017

FIRST CHILD

Name of Child _____ Nickname _____

Gender _____ D.O.B. ____ - ____ - ____

Grade Completed as of 6/16/17 ____ T-Shirt Size (circle one): Youth S M L XL Adult S M L XL

Previously enrolled in Child Care/Camp? No If Yes, where? _____

List any friends attending our program _____

List any other siblings _____

Please indicate anything else that might help us to better understand and engage your child in order to ensure him/her a great FBC Summer Camp experience. Include any chronic physical problems, pertinent developmental information or any special accommodations needed. (Attach another page if needed)

Allergies/Intolerance to food, bees or medication _____

Medications/Vitamins Taken on Doctor's Orders _____

If allergic reaction occurs, please list steps to take to relieve reaction: _____

SECOND CHILD

Name of Child _____ Nickname _____

Gender _____ D.O.B. ____ - ____ - ____

Grade Completed as of 6/16/17 ____ T-Shirt Size (circle one): Youth S M L XL Adult S M L XL

Previously enrolled in Child Care/Camp? No If Yes, where? _____

List any friends attending our program _____

List any other siblings _____

Please indicate anything else that might help us to better understand and engage your child in order to ensure him/her a great FBC Summer Camp experience. Include any chronic physical problems, pertinent developmental information or any special accommodations needed. (Attach another page if needed)

Allergies/Intolerance to food, bees or medication _____

Medications/Vitamins Taken on Doctor's Orders _____

If allergic reaction occurs, please list steps to take to relieve reaction: _____

Name of Parent _____ Cell Phone _____

Address _____ City/State _____

Zip Code _____

Employer _____ Work Phone _____

Work Hours _____ Email Address _____

Name of Parent _____ Cell Phone _____

Address _____ City/State _____

Zip Code _____

Employer _____ Work Phone _____

Work Hours _____ Email Address _____

Names, addresses, and phone numbers needed in case of emergency - must be completed. May not live in same residence and can live out of state.

1. Name _____ Home Phone _____ Cell Phone _____

Address _____ City/State _____ Zip Code _____

2. Name _____ Home Phone _____ Cell Phone _____

Address _____ City/State _____ Zip Code _____

Persons authorized to pick up child (MUST BE AT LEAST 18 YEARS OF AGE):

1. _____

2. _____

3. _____

4. _____

Persons NOT authorized to pick up child (may require legal documentation):

1. _____

2. _____

The parent(s)/guardian(s) authorize Fredericksburg Baptist Church to obtain immediate care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. The parent(s)/ guardian(s) understand the provider will make every effort to contact them and/or their designated Emergency Contacts. I/we will be responsible for payment of medical expenses.

Parent/Guardian Signature and Date and **Name of Child(ren)**

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read this information and sign below.

- I understand that the first week tuition fees are due two weeks prior to the beginning of camp (May 26, 2017).
- I understand that after the first payment made prior to the beginning of camp, weekly payments are due every Friday.
- I understand that any fees that are declined or not paid by the due date will be assessed a \$10 late fee.
- I understand that registration fees and deposits are nonrefundable and nontransferable.
- I understand that the director is to be **notified in writing at least one week prior** to any vacation time or extended leave from the preschool. In your child's planned absence one (1) week of tuition will be waived **OR** two (2) weeks of tuition will be reduced by 50%.
- I understand that the director is to be **notified in writing** when a child is to be withdrawn from the program. Parents are required to pay for tuition until the office receives this information. Children withdrawn before the 15th of the month will owe tuition for half of the month. Those withdrawn after the 15th will owe tuition for a full month.
- I understand that my child must be picked up when the program is over. I will be charged \$20 for each 15-minute, or portion thereof, interval past the closing of the program for each child.
- I understand that I am to inform the FBC Camp staff within 24 hours if their child or any other immediate household member has developed any reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.
- I understand that I may not leave my child at FBC or program site unless an FBC Camp staff member or volunteer is there to receive my child.
- I understand that I must provide sunscreen for my child and sign and return the sunscreen policy.
- I understand that it is my responsibility to sign my child in upon arrival in the morning and sign my child out before leaving in the afternoon. Sign-in/Sign-out sheets available as you enter the program. There must be an exchange of responsibility from one adult to another, not from a child to staff. All persons signing children in/out must be at least 18 years of age. FBC cannot release minors to minors. (See other pick-up provisions in Parent Handbook).
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.
- I understand that state law mandates FBC to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that FBC will notify me of any illness my child has and I am to pick up my child as soon as possible.
- The undersigned is an adult over 18 years of age and am the parent or legal guardian of my child(ren), whose names are listed below, and agree he, she or they will participate in Fredericksburg Baptist Church ("FBC") Summer Camp Programs ("FBC Summer Camp"). I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore in exchange for allowing my child(ren) to participate in FBC Summer Camp, I understand and expressly acknowledge that I, for myself and for anyone entitled to act on my behalf, waive and forever release FBC, and FBC sponsors, representatives, officers, agents, employees, volunteers, consultants, directors, members, and assignees and successors from any and all claims or liabilities of any kind whatsoever arising out of my child's participation in activities at or sponsored by FBC, including without limitation participation in the FBC Summer Camp. I understand that this waiver and release includes without limitation any claims based on negligence, or action or inaction of FBC, sponsors, representatives, officers, agents, employees, volunteers,

consultants, directors, members, assignees and successors and invited guests.

The parties to this agreement believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within a Christian context. Therefore, the parties agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the rules of a mutually acceptable arbitration company. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision. This agreement shall be governed by the laws of the Commonwealth of Virginia.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

THE UNDERSIGNED further agrees, acknowledges, and certifies that he/she:

- has adequate insurance to cover any personal injury, death or property damage;
- has inspected and will continue to inspect the FBC program activities area(s) to ensure that they are safe and reasonably suited for use; and
- competent to execute this agreement

Witness the following signatures:

By: _____

Print Name: _____

List Children: _____ and Ages _____

- I have read and understand the statements above regarding FBC policies and procedures.

Parent/Guardian Signature and Date

- I have provided a copy of my child's physical, immunization record and birth certificate along with this form.

Parent/Guardian Signature and Date

Please indicate below which sessions your child(ren) will attend and circle part-time (only available for 2-4 year olds) or full-time camp:

- | | | |
|---|-----------|-----------|
| <input type="checkbox"/> Session 1: June 5 - June 16 | Part-Time | Full Time |
| <input type="checkbox"/> Session 2: June 19 - June 30 | Part-Time | Full Time |
| <input type="checkbox"/> Session 3: July 3 - July 14 | Part-Time | Full Time |
| <input type="checkbox"/> Session 4: July 17- July 28 | Part-Time | Full Time |
| <input type="checkbox"/> Session 5: July 31 - August 11 | Part-Time | Full Time |
| <input type="checkbox"/> Session 6: August 14 - August 25 | Part-Time | Full Time |