



**KIDZ KAMP SUMMER CAMP ENROLLMENT FORM 2018**

A **non-refundable** fee of \$30.00 is required to complete the admission process.

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employment \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (zip)

Father's Name \_\_\_\_\_ Employment \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Attending church \_\_\_\_\_  
(Name) (Denomination)

Persons Authorized to remove child from camp: Mother Y \_\_\_ N \_\_\_ Father Y \_\_\_ N \_\_\_  
If no, supporting documentation is attached.

Other persons authorized to pick-up child from camp:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contacts (if parents can't be reached):

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any special educational needs (IEP; ADD; ADHD)? Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian  
Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

**2018  
GRACE PLACE KIDZ KAMP  
REGISTRATION & FINANCIAL AGREEMENT**

Please enroll \_\_\_\_\_ in the **KIDZ KAMP SUMMER CAMP** program at Grace Place Community Church for the following days: (A minimum of 10 days are required.)

<b>Week of:</b> (Check week)	<b>Days:</b> (Circle days)	<b>Week of:</b> (Check week)	<b>Days:</b> (Circle days)
May 29 – June 1	_____ T W TH F	July 2 - 6	_____ M T - TH F
June 4 – 8	_____ M T W TH F	July 09 - 13	_____ M T W TH F
June 11 - 15	_____ M T W TH F	July 16 - 20	_____ M T W TH F
June 18 – 22	_____ M T W TH F	July 23 – 27	_____ M T W TH F
June 25 –29	_____ M T W TH F	July 30 – Aug 3	_____ M T W TH F
		Aug 6 – 9	_____ M T W TH

**TUITION:**

I agree to pay the current tuition, on a weekly basis, as follows: (check one)

- \_\_\_\_\_ \$145.00 for full-time program (4/5 full days)
- \_\_\_\_\_ \$105.00 for part-time program (3 full days)
- \_\_\_\_\_ \$ 70.00 for part-time program (2 full days)
- \_\_\_\_\_ \$ 40.00 daily rate

I agree to pay a non-refundable registration fee of \$30.00 that is not included in the weekly tuition.

Field Trip fees, unless otherwise noted, are included in weekly tuition. T-shirt cost is included in registration fee.

**T-shirt Size:** Youth S (2-4) \_\_\_ M (6-8) \_\_\_ L (10-12) \_\_\_ XL (14-16) \_\_\_ Adult SM \_\_\_

**ATTENDANCE:**

**I agree that payment will be made for all weeks marked above. I also understand that absence due to illness, holidays or emergency closings are not prorated or refunded.**

**PAYMENT:**

**ALL PAYMENTS ARE DUE IN ADVANCE. PAYMENT FOR THE FIRST WEEK OF CAMP IS PAYABLE UPON REGISTRATION. All payments are due by Friday for the upcoming week of camp. No child will be admitted to camp without advance payment.**

Payment will be accepted by cash, check or automatic debit.

Late payments will result in a \$10.00 late fee and no child will be admitted to camp without advanced payment.

Signing this agreement indicates acknowledgment and acceptance of the terms and conditions set forth herein.

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



KIDZ KAMP SUMMER 2018 MEDICAL INFORMATION

**Camper's Name:** \_\_\_\_\_  
Last First Nickname

Please provide us with a list of allergies and intolerance to food, medication or any other substances, and actions to take in an emergency situation.

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Please provide us with details regarding any pertinent developmental information or chronic physical problems that affect your child.

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Please use this space to note any other special requests or considerations for your child.

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Name of child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**INFORMED CONSENT, RISK OF INJURY, AND AUTHORIZATION  
FOR EMERGENCY TREATMENT AND TRANSPORTATION**

I/We, the undersigned, as the parent or legal guardian of \_\_\_\_\_ in consideration of the request, give permission for my child to participate in The Grace Place Community Church KIDZ KAMP Summer Camp Program. I/We understand and acknowledge by allowing my child to participate in this camp program, the risk of injury exists and medical treatment may be necessary. I/We understand that I/we will be notified if my child, listed above, becomes ill or injured while at camp. In the case of an emergency when I/we cannot be reached, I/we hereby give authorization to The Grace Place Community Church, its employees and agents, and the treating physician to obtain or provide whatever medical treatment deemed necessary for the immediate welfare of my child, listed above.

**Conditions of Enrollment:** I/We have read, understand and agree to the terms and conditions listed on this form and the Parent/Camp Agreement as it relates to my child. I/We understand it is my responsibility to provide accident and health insurance coverage for my child and that the Grace Place provides supplemental accident insurance that is secondary to such coverage. I/we agree that I am financially responsible for all charges and fees for emergency medical treatment that is not covered by the above.

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

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



## KIDZ KAMP SUMMER CAMP PARENT/CAMP AGREEMENT

The following conditions involved in the care of \_\_\_\_\_  
(Child's Name)

are understood and agreed upon between THE GRACE PLACE PRESCHOOL KIDZ KAMP  
SUMMER CAMP and \_\_\_\_\_  
(Parent/Guardian's Name)

### IT IS AGREED THAT:

1. Payment shall be made on a weekly basis and is due in advance the Friday before camp begins. Payment for the first week of camp is due upon registration.
2. No child will be admitted to camp without advance payment.
3. Payment shall be made for all weeks for which the child is registered.
4. If there is availability, weeks may be added at any time without charge.
5. Absences due to illness or other circumstances will not be prorated or refunded.
6. Hours of camp are from 7:30 am to 6:00 pm. Children shall arrive no later than 9:00 am, unless an earlier time is requested depending on travel time to scheduled activity. A late pick-up fee of \$10.00 for the first 5 minutes and \$1.00 per minute after that shall be charged for children picked up after 6:00 pm center time.
7. It is understood that this program involves travel to and from different locations in Martin, St. Lucie and Palm Beach Counties. Permission is hereby granted for The Grace Place Community Church Camp personnel to transport my child/children by bus to destinations described in the KIDZ KAMP calendar, which is incorporated herein by reference.
8. Parent shall provide a light snack and lunch for their child. KIDZ KAMP shall provide a snack each day in the afternoon when on-site.
9. If a child has a temperature or other illness, he/she shall not be accepted to camp until free from the temperature or other illness for at least 24 hours. If a child is sent home from camp because of illness, he/she must automatically take the next day off.
10. In the event of a contagious illness, parents will notify the center, remove the child and not allow him/her to return until all danger of contagion is past.
11. In all emergencies, THE GRACE PLACE KIDZ KAMP has permission to take such reasonable measures deemed appropriate by the workers to be necessary for the welfare and safety of all the children.
12. In case of illness or accident when the parent cannot be contacted, and in the judgment of the Preschool Director or counselor in charge the illness or accident requires a physician, 911 will be called.
13. THE GRACE PLACE KIDZ KAMP Summer Camp reserves the right to dismiss any Child if he/she seems unable to participate in group activities, exhibits continual Disruptive behavior or has a delinquent account.
14. Liability for the actions of the child while he/she is under the care of THE GRACE PLACE KIDZ KAMP Summer Camp is the responsibility of the parent or guardian.
15. KIDZ KAMP will be closed on Monday, July 4th in observance of Independence Day.
16. THE GRACE PLACE KIDZ KAMP will exercise reasonable care and judgment in all matters related to the welfare and safety of the children in the camp,

17. In case of accident or illness, the parent/guardian will be notified as soon as possible. An accident report will be filled out explaining the accident and care provided. This form will be signed by the parent and kept in the child's file.
18. THE GRACE PLACE KIDZ KAMP (PRESCHOOL) shall provide supplemental accident insurance.
19. No child will be released to anyone other than the parent, guardian or those listed on the enrollment form unless written permission is received from the parent or guardian.
20. The following procedures are used as disciplinary action:

- Parent will be notified of any excessive behavioral problems that might occur. Disciplinary action includes warnings, timeouts and loss of privileges. Most negative behavior will be curtailed through positive redirection. If the above measures are not effective, the following procedure will be followed:

**On a field trip:** If a child behaves in a way that is dangerous to him/herself or behaves in such a way that the leaders deem disruptive or dangerous to the group, the parent will be called to remove the child from camp for the rest of the day. In this event, the child will have to take a mandatory day off from camp the next day. This includes behavior on the bus and at our destination. These guidelines are absolutely necessary to ensure the safety of all children and staff on the field trip.

**On site:** When a child behaves in a way that is dangerous to him/herself, is inappropriate or is disruptive to the entire group, he/she will first receive a warning. If the child repeats the behavior, a timeout or loss of privilege will be issued. A child with reoccurring or extreme behaviors will receive either a note to take home or the parent will be asked to remove the child from camp for the day. In this event, the child will be required to take a mandatory day off from camp the next day.

- Corporal Punishment is never used.
- The Grace Place reserves the right to dismiss any child if he/she seems unable to participate in group activities or exhibits continual extreme and/or disruptive behavior.
- “To the best of my knowledge my child is physically and emotionally able to take part in the camp program. I have reviewed this form, the Medical Information Form, Financial Agreement and Parent-Camp Agreement. I certify that all appropriate medical information is included. I also certify that I fully understand and will comply with all camp policies. I also give my permission for the use of photographs/videos including my child to be used in future camp publicity.”

By signing this agreement, both parties agree to the terms and conditions hereof.

\_\_\_\_\_  
(Parent/Guardian Signature)

Date \_\_\_\_\_

THE GRACE PLACE KIDZ KAMP SUMMER CAMP

\_\_\_\_\_  
(Authorized Signature)

Date \_\_\_\_\_