



SCAMPS SUMMER CAMP ENROLLMENT FORM 2011

A **non-refundable fee** of \$55.00 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 _____

"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."

Parent/Guardian
Signature (required) _____ Date _____

**2011
GRACE PLACE SCAMPS
SUMMER CAMP
REGISTRATION &
FINANCIAL AGREEMENT**

Please enroll _____ in the

SCAMPS SUMMER CAMP program at Grace Place Community Church for the following days: (A minimum of 10 days are required.)

Week of: (Check week)	Days: (Circle days)	Week of: (Check week)	Days: (Circle days)
June 13-17	_____ M T W T H F	July 18 - 22	_____ M T W T H F
June 20-24	_____ M T W T H F	July 25 - 29	_____ M T W T H F
June 27- July 1	_____ M T W T H F	Aug. 01 - 05	_____ M T W T H F
July 05 - 08	_____ T W T H F	Aug. 08 - 12	_____ M T W T H F
July 11 - 15	_____ M T W T H F		

TUITION:

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

_____ \$125.00 for full-time program (5 full days)
 _____ \$ 85.00 for part-time program (3 full days)
 _____ \$ 70.00 for part-time program (2 full days)

I agree to pay a non-refundable registration fee of \$55.00 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.

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

Signature: _____ Date: _____



SCAMPS SUMMER 2010 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.

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

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

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 SCAMPS 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 _____



SCAMPS 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 SCAMPS
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 5:30 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 \$1.00 per minute shall be charged for children picked up after 5:30 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 SCAMPS calendar, which is incorporated herein by reference.
8. Parent shall provide a light snack and lunch for their child. SCAMPS 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 SCAMPS 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 SCAMPS 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 SCAMPS Summer Camp is the responsibility of the parent or guardian.
15. SCAMPS will be closed on Monday, July 4th in observance of Independence Day.
16. THE GRACE PLACE SCAMPS 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 SCAMPS (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.

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

_____ Date _____
 (Parent/Guardian Signature)

THE GRACE PLACE SCAMPS SUMMER CAMP

_____ Date _____
 (Authorized Signature)