

STUDENT INFORMATION

(PLEASE PRINT)

Name: _____


Age: _____

Grade: _____ T-Shirt Size _____ (please indicate youth or adult size)

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

 Please list any known allergies or medical conditions of student: _____

 Please list any special accommodations needed: _____

Is your child on any medication? (please circle one) **No** **Yes** If so, please specify: _____
(all medical information is kept private and confidential)

PARENT/GUARDIAN INFORMATION

*Parent/Guardian: _____ Relationship to Student: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Phone: _____ Other: _____ Email: _____

(Include area code with telephone)

Place of Employment: _____ Work Number: _____

*Parent/Guardian: _____ Relationship to Student: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Phone: _____ Other: _____ Email: _____

(Include area code with telephone)

Place of Employment: _____ Work Number: _____

REQUIRES PARENT'S SIGNATURE:

I give my permission, in the event of an emergency, and in case I am unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ (student) as they may deem advisable.

Parent/Legal guardian name: _____ Date: _____

Parent/Legal guardian Signature: _____ Date: _____

EMERGENCY CONTACT IF PARENTS OR GUARDIAN IS UNAVAILABLE

Name: _____ Relationship to Student: _____

Phone: _____ Other: _____ Email: _____

Place of Employment: _____ Work Number: _____

THE FOLLOWING PERSON(S) HAVE PERMISSION TO PICK UP MY CHILD:

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

CAMP POLICIES

Lunch: Lunch is provided daily, however; if you will be sending your child's lunch, please be sure that your child's lunch is clearly marked with your child's first and last name. Glass bottles/containers are not allowed.
_____ (please initial)

Personal Property: Please ensure that all items belonging to your child are clearly marked with their first and last name. The camp staff are not responsible for any personal property that is lost or stolen. This includes but is not limited to: toys, games, or handheld devices (cell phones, tablets, computers) or any other personal affects.
_____ (please initial)

Payments: Tuition may be paid by cash or by check. **\$35.00** will be charged for all returned checks. Make the check payable to: **Beulah Baptist Church**.
*ALL FEES ARE DUE BY CLOSE OF BUSINESS, MONDAY, OF EACH WEEK.
_____ (please initial)

Registration fee: \$25.00 (Non-refundable) Payable in advance | Lunch Included | T-shirt included

The first week's balance is due by **Wednesday, May 31, 2017**. We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to summer camp every day.

Camp Fees: \$55.00 Weekly Per Child
\$105.00 Per Week/Two Siblings
\$145.00 Per Week/Three Siblings
\$40.00 Daily Fee, Per Child
\$50.00 Half Day (7:00 A.M. – 12:00 Noon | 12:00 Noon – 5:30 P.M.)

DROP OFF AND PICK UP TIMES:

Drop off time:

- **7AM** for full day campers
- **12PM** for half day campers

Pick up time:

- **5:30PM** for full day campers
- **12:00PM** for half day campers

Late Pick up time:

- A **\$25.00** LATE FEE WILL BE CHARGED FOR PICK UP AFTER 5:30 P.M.
- A **\$35.00** WILL BE CHARGED FOR PICK UP AFTER 5:45 P.M.

CONTACT INFORMATION:

For more information, contact **Flora Gay**, Camp Director at:

205-758-9560

Email: **beulah25@comcast.net**

PARENT STATEMENT

I hereby state that (camper's name) _____ is in good mental and physical health condition to participate in the activities provided by **Beulah Baptist Church, including but not limited** to all aspects of both indoor and outdoor sports such as swimming, bowling, skating, basketball, and any other physical activities. I hereby release **Beulah Baptist Church, its employees, and its staff** from liability to the above named student, of the person claiming through him/her, arising from injury to the person or property of the above named student occurring in the premises of **Beulah Baptist Church**, including any event sponsored or sanctioned by **Beulah Baptist Church**, and or travel to and from such activities.

I agree not to hold the **Beulah Baptist Church** responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Beulah Baptist Church**, or its scheduled program; and that **Beulah Baptist Church**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have read the camp **policies and fee statements** and agree to comply.

Parent Signature: _____ Date: _____