



501(C)(3) NON-PROFIT ORGANIZATION

Enrollment Date: _____ Email: _____

Name _____

Home Address: _____

City: _____ State: _____ Zip _____

Date of Birth: _____ Name of Last School Attended: _____

Grade Entering: _____ What School Does Your Child Attend: _____

Parent or Legal Guardian's Name: _____

Mother's Phone (Hm) _____ Cell Phone: _____

Mother's Phone: (Wk) _____ Emergency Phone: _____

Father's Phone (Hm) _____ Cell Phone: _____

Father's Phone: (Wk) _____ Emergency Phone: _____

In the event of a medical emergency, please contact: _____

In the event of a behavior emergency, please contact: _____

Phone number if different from the above listed numbers: _____

****PARENT AUTHORIZATION****

Signature MUST be received prior to attendance!

I approve this registration and certify that my child is capable of such an experience. I grant permission for my child to participate in all planned camp activities including out of state of trips by van or bus and hiking. In the event of an accident or illness, AAOC will seek to secure immediate emergency medical treatment. Prudent attempts will be made to notify the parents immediately. I understand the related expenses for this medical attention will be my responsibility. AAOC or Mt. Bethel Church is not responsible for lost, stolen or damaged personal articles. The attached health history is correct and complete to the best of my ability and knowledge, and the person herein described has my permission to engage in all camp activities except those noted on the health history form.

Signature

Date



**501(C)(3) NON-PROFIT ORGANIZATION
PARTNERSHIP WITH PARENT AND FAMILY INFORMATION SHEET
SUMMER , _____**

Please initial in the designated spaces:

- _____ 1. My child has permission to participate in all AAOC-MOH camp activities, understanding that my weekly payment of **\$75.00 (full-time) or \$85.00 (part-time) does not include** field trips and swimming fees. I also understand that I will be charged a non-refundable registration fee of **\$50.00**.
- _____ 2. I authorize AAOC-MOH Camp to utilize photographs, which may include my child/children, to be used in media releases, which benefit the center.
- _____ 3. I understand and agree that all children enrolled in the program are expected to follow the rules established by the staff, for the purpose of safety and smooth operation of the program. If a disciplinary problem occurs, the Site Director or her Designee will contact me. The discipline procedures are as follows:
 - 1. Verbal Warning
 - 2. Five Minutes in "Time Out" (Away from the Group)
 - 3. Site Director notified/Conference with Child and Site Assistant.
 - 4. Conference with Parents
 - 5. Dismissal from the Camp

******Immediate Dismissal will occur for the following:**

- 1. Harming another child or staff person
- 2. Stealing
- 3. Damaging or destroying property
- 4. Using foul or profane language
- 5. Being totally disruptive and uncontrollable in the group
- _____ 4. I understand that AAOC -MOH Camp is in a community environment and it's classes and teaching are all family oriented/ based.
- _____ 5. I understand that weekly fees must be paid on Monday in advance for the following week. A late fee of **\$10.00** will be assessed beginning Tuesday if payment is not received and every day following until all payments are collected. If payment has not been received by the close of business on Tuesday to include the late fee your child will not be accepted back into the program until payments have been made satisfactory. I understand a holding fee of **\$25.00** per child will be charged for vacation week.
- _____ 6. I understand that my child or I may be asked to complete a survey and declaration form providing information regarding the program/classes and to get a consensus of the families we serve for evaluation purposes.
- _____ 7. I understand and agree that any checks returned, regardless of the reason will be assessed a \$35.00 service charge and late fees.
- _____ 8. I understand that AAOC -MOH Camp concludes its day at 5:30 pm. I agree to pay a late fee of \$2.00 per minute for any time after 5:30 p.m. **I also understand that this fee must be paid at the time of my arrival to pick-up my child.**
- _____ 9. I agree to hold _____ Mt. Bethel Church and AAOC-MOH blameless in the event of accident, sickness or injury. I the parent/legal guardian will be the sole responsible party.

Signature

Date