



EBC 2017 Summer Enrichment Day Camp

An Outreach of Ebenezer Baptist Church

216 Fourth Street, Englewood, New Jersey 07631

Tel: (201) 569-1156

Fax: (201) 569-8017

Website: www.myebc.org

Child's Name _____ Male Female Date of Birth _____

Address _____ City _____ State _____ Zip _____

School Name _____ City _____

Student's Grade _____ Age _____

T-Shirt Size: Child Small Child Medium Child Large Child XL Adult Small Adult Medium

How did you hear about us: _____

	MOTHER / GUARDIAN INFORMATION	FATHER / GUARDIAN INFORMATION
Name		
Birth Date		
Address		
Home phone		
Work phone		
Cell phone		
Email address		

Emergency contact / Medical Consent – List names and phone numbers of people authorized to pick up your child. Reminder: All persons must show ID and be at least 18 years old, otherwise your child will not be released. Furthermore, if anyone attempts to pick up your child and they are not listed below, written consent must be provided by the parents or authorized guardians otherwise the police authority will be contacted.

EMERGENCY INFORMATION	
EMERGENCY CONTACT #1	EMERGENCY CONTACT #2
Name:	Name:
Relationship to child:	Relationship to child:
Home number:	Home number:
Work number:	Work number:
Cell number:	Cell number:

PERSONAL DATA FORM

Parents: We will provide the best possible environment for your child. All information will be kept confidential and used to create a fun, safe, and supportive environment for all children.

Child's Name _____

Does your child have any allergies or food sensitivities? Yes No

If yes, please explain _____

Does your child have any behavioral classifications or medical diagnosis? Yes No

If yes, please explain. _____

Does your child have an IEP (**Individualized Educational Plan**) prepared by the school in which your child attends?

Yes No If so, please include the latest copy with your application.

Pediatrician's Name: _____ Phone No: _____

Address _____

What are your child's hobbies, special interests, and extracurricular activities?

Has your child attended camp here before? Yes No

Is there any additional information that you would like us to know about your child? _____

What language(s) are spoken at home?

Any other comments, suggestions, or concerns: _____

Parents' Signature _____ Date _____

MEDICAL RELEASE / PERMISSION FORM

Child's Name _____

Parents' Name _____

Home Address _____ City _____ State _____ Zip Code _____

Does your child have any medical issues that should be reported (i.e., recent illness, chronic illness, a contagious disease, asthma, allergies, etc.)? If so, please describe.

Are there any significant medical, neurological, psychological, or other conditions that would affect the experience of your child or others in the EBC SEDC? If so, please explain.

Is your child taking any medications? Please include all prescription and non-prescription drugs, ointments, inhalers, etc.

Does your child have any allergies to any medicines, foods, plants, animals, or insect toxins? If so, please explain.

Does your child wear glasses? Yes No

Does your child wear contact lenses? Yes No

Please answer the following statements by placing a check (✓) if the statement is applicable.

YES, my child is authorized to participate in all trips and camp activities.

NO, my child is not authorized to participate in all trips and camp activities.

YES, I have read this entire application and I agree to abide by all terms and regulations.

YES, in the event of any sudden illness or accident, it is understood that the EBC Summer Enrichment Day Camp will contact me. However, if immediate medical care becomes necessary, I give permission for my child to receive such treatment from, and as deemed appropriate, by the nearest hospital, its medical staff, agents, and representatives.

YES, I have attached a copy of my child's most current (must be within the last 12 months) health records from a physician's office that includes immunizations, and if needed, a plan of care.

STATEMENT FOR PARENT'S SIGNATURE: *My child has been immunized in compliance with New Jersey state law. My child has had a physical examination within the last year and was found to be physically able to participate in athletic and summer activities. I, the undersigned, do hereby, authorize officials of the program at Ebenezer Baptist Church (EBC), ECDC Summer Enrichment Day Camp Program (SEDC) to contact directly the persons named on this report and do authorize the named physician to render such treatment necessary in an emergency for the health of said child. In the event the physician, other persons named on this report or parents cannot be contacted, EBC and ECDC SEDC officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforesaid child. I will not hold EBC and ECDC SEDC financially responsible for the emergency care and/or transportation for said child. I give my permission for the medical official on staff to share all health information with the staff as needed in accordance with HIPAA, and all applicable laws and regulations. Should any of the above information require updating at any time, I will directly advise the program of such changes.*

Parent/Guardian Name Signature: _____

Date: _____

Please Print Your Name: _____

TERMS OF AGREEMENT

By completing and signing this application, I hereby declare that all supplied information is correct and current. I also agree to the following terms and conditions:

1. A non-refundable registration fee of \$50.00 February 28, 2017, or \$100 on or after March 1st must accompany this application to reserve a space. Please note that there is a 1-session (3 weeks) minimum of attendance.
2. **Weekly tuition must be paid in full 30 days in advance (NO EXCEPTIONS). The EBC SEDC reserves the right to vary these terms and require a payment of a late fee. For example, if your child is starting camp on June 26th, the weekly payment of \$170 must be paid by May 26. This includes before/after care fees, field trip fees, and co-payments. All tuition payments are non-refundable and tuition fees are not prorated for absences. All checks should be made payable to: the EBC Summer Enrichment Day Camp EBC SEDC. Before and aftercare is available for an additional cost of \$35.00 per week (includes both morning and evening).**
3. I understand and agree that upon notification from EBC Summer Enrichment Day Camp of a returned check, I will make payment within three (3) business days along with a \$30.00 returned check fee. I further understand that if I do not make payment, my child will be suspended from the program until payment has been made.
4. **I understand and agree that although some trips are included in the program, there is a possibility that there will be an additional charge for specific field trips not covered by the program.**
5. I understand and agree that the EBC Summer Enrichment Day Camp will assess a late fee of \$10.00 for every 10 minutes or in part thereof if I am late picking up my child.
6. I understand that trips, activities, and events of the EBC Summer Enrichment Day Camp are privileges of students enrolled in the camp only. Siblings of campers will not be allowed to participate in activities without enrollment.
7. I understand and agree to read and discuss the EBC Summer Enrichment Day Camp Program "Code of Conduct" with my child.
8. Ebenezer Baptist Church reserves the right to use photographs taken during the summer program in any correspondence distributed by the EBC Summer Enrichment Day Camp.
9. Parents and students understand that all valuables (e.g. electronic devices & games, trading cards, and cell phones) should remain at home. The EBC Summer Enrichment Day Camp program will not be responsible for **ANY** personal belongings.
10. I agree to inform, in writing, the director, of persons other than those listed as an emergency pick up, that will be given permission to pick up my child. I agree to inform those persons that proper identification will be necessary before the child is released.
11. I agree to inform the director of any contagious medical issues that my child may have come in contact with. Campers will not be able to attend the program until they have been seen by a doctor and treated for the condition. A doctor's note will be required upon returning to the program.

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature _____

STUDENT CODE OF CONDUCT AGREEMENT

1. I will remain within my class/group at all times and will not leave without permission.
2. I will not bring jewelry, electronic games of any kind, cellular telephones, musical devices, trading cards or comics to the summer camp.
3. I will respect church property, off-site facilities, and all bus transportation. If I willfully destroy property or equipment at any given time, monetary reimbursement will be required by my parent or guardian.
4. I will obey drill safety rules and will never play or tamper with any alarms.
5. I will respect the safety of everyone in a moving vehicle and will obey all bus/van rules.
6. I will respect personal property of students and staff and not take anything that doesn't belong to me.
7. I will respect the program staff and follow instructions as given. I will not run away from my group or instructor at any time. I will not leave or wander from any site without adult permission.
8. I will not hurt anyone with unkind words or actions.
9. I will always show respect for everyone and only use appropriate language and gestures at all times.

I will always have the opportunity to meet with the program director or other summer program staff to explain any incident that is being reported to the camp office. I will report any problems that I am having with the program or with any students, or staff member to the program director.

Parent/Guardian Signature: _____

Date _____

Student Signature _____

Date _____

PAYMENT INFORMATION

REGISTRATION FEE

A non-refundable registration fee of \$50.00 by February 28, 2017, or \$100 on or after March 1st, must accompany this application to reserve a space. Please note that there is a 1-session (3 weeks) minimum of attendance.

CAMP TUITION

Weekly tuition must be paid in full 30 days in advance (**NO EXCEPTIONS**). The EBC SEDC reserves the right to vary these terms and require a payment of a late fee. For example, if your child is starting camp on June 26th, the weekly payment of \$170 must be paid by May 26. This includes before/after care fees, field trip fees, and co-payments.

All tuition payments are non-refundable and tuition fees are not prorated for absences. All checks should be made payable to: the EBC Summer Enrichment Day Camp EBC SEDC. Before and aftercare is available for an additional cost of \$35.00 per week (includes both morning and evening).

Please check if you require before and aftercare services.

Remember to include the total number of weeks and costs in your tuition total.

Session Options

Summer Camp - June 26 through August 25, 2017

Please check the boxes for the specific sessions and weeks you would like your child to attend.

(daily rates are not available for summer) (a minimum of 1 session is required)

Session 1: Week 1 (6/26 – 6/30)

Session 1: Week 2 (7/03 – 7/07)

Session 1: Week 3 (7/10 – 7/14)

Session 2: Week 1 (7/17 – 7/21)

Session 2: Week 2 (7/24 – 7/28)

Session 2: Week 3 (7/31 – 8/05)

Session 3: Week 1 (8/07 – 8/11)

Session 3: Week 2 (8/14 – 8/18)

Session 3: Week 3 (8/21 – 8/25)

Payment Information

Summer Camp Registration Fee	\$50 by Feb 28 or \$100 per application on or after March 1 (non-refundable)	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$100.00
SIX MONTH EASY PAYMENT PLAN Pay tuition in full before camp starts. Automatic credit card payments due on the 25 th of each month, from January through June. Special payment arrangements can be made upon request.	1 week	\$170.00	
	2 weeks	\$340.00	
	3 weeks	\$510.00	
	4 weeks	\$680.00	
	5 weeks	\$850.00	
	6 weeks	\$1,020.00	
	7 weeks	\$1,190.00	
	8 weeks	\$1,360.00	
	9 weeks	\$1,530.00	
TOTAL AMOUNT DUE		\$	

Method of Payment

Cash (in person only; please do not mail cash)

Scholarship (funded by _____)

Check/Money Order

Tuition Assistance (funded by _____)

**To reserve a space for your child, we require a non-refundable deposit. There is a limited number of spaces for each age group. Once a group fills up, all other names will be placed on a waiting list.