



EBC Summer Enrichment Program

An Outreach of Ebenezer Baptist Church

216 Fourth Street, Englewood, New Jersey 07631

Tel: (201) 569-1156

Cell# 973-910-8631

Website: myebc.church

Rev. Preston Thompson, Jr., Pastor

Program Director

Child's Name _____ Male Female Date of Birth _____

Address _____ City _____ State _____ Zip _____

Name of school child attends _____ City _____

Student's Current Grade _____ Current Age _____

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

| | 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 telephone numbers of all persons, other than child's parents, that are permitted to pick up your child. Reminder: All persons must show ID and must be at least 18 years old. Please list only people who are able to pick up your child in an emergency situation.

| 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: |



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PERSONAL DATA FORM

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

Camper 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 # _____

Address _____

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

Has your child attended camp here before? Yes No

Describe your child's personality? _____

Any fears or phobias? _____

What language(s) are spoken at home? _____

Any other comments, suggestions, or concerns: _____

Parent Signature _____ Date _____



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MEDICAL RELEASE/PERMISSION FORM

Camper Name _____

Parents' Name _____

Home Address _____ City _____ State _____ Zip _____

- Does your child have any medical issues that should be made known (i.e., recent illnesses, chronic illness, contagious diseases, 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 Ebenezer Enrichment Summer Camp? If so, please explain.

- Is the student 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 mark (✓) if the statement is applicable.

- YES, you have my permission to use my child's name, photo, or voice to tell the public about the programs of the Ebenezer Enrichment Summer Day Camp.
- NO, you do not have my permission.
- YES, you have my permission for my child to be taken on trips or bus rides that are a part of the camp activities.
- NO, you do not have my permission.
- 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 Ebenezer Enrichment Summer 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 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 Enrichment Summer Day Camp Program 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 in this report or parents cannot be contacted, the Church 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 the Church 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. Should any of the above information required updating at any time, I will directly advise the program of such changes.*

Parent/Guardian Name _____ Signature _____



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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 \$75.00 must accompany this application to reserve a space. Please note that there is a minimum requirement of a 1-session=3weeks of attendance.
2. **Weekly tuition must be paid in full at the beginning of each week (NO EXCEPTIONS). 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 are made payable to the Ebenezer Enrichment Summer Day Camp.
3. I understand and agree that upon notification from Ebenezer Enrichment Summer Camp Program for 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 Ebenezer Enrichment Summer 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 Ebenezer Enrichment Summer 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 Ebenezer Enrichment Summer Day Camp Program "Code of Conduct" with my child.
8. Ebenezer Enrichment Summer Day Camp reserves the right to use photographs taken during the summer program in any correspondence distributed by the Ebenezer Summer Camp Program.
9. Parents and students understand that all valuables (e.g. electronic devices & games, trading cards, and cell phones) should remain at home. The Ebenezer Enrichment Summer Day Camp Program will not be responsible for **ANY** personal belongings.
10. I agree to inform, in writing, the director or any person other than those listed as an emergency pick up, that they will be given permission to pick up my child. I agree to inform the person 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 the child returning to the program.

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

Parent/Guardian's Signature _____



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STUDENT CODE OF CONDUCT AGREEMENT

I will always have the opportunity to meet with the program director or other summer program staff to tell my side of any incident that is being reported to the camp office. I will report any problems that I am having in the program or with any staff member to the program director.

1. I will always remain within my class/group 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 requirements. If I willfully destroy property or equipment at any given time, monetary reimbursement will be required by the parent.
4. I will obey drill safety rules and will never play or tamper with alarms of any sort.
5. I will respect the safety of everyone in a moving vehicle and will obey all bus/van rules.
6. I will respect the 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 be a good camper by not fighting or instigating a situation. I will not hurt anyone with unkind words or actions.
9. I will always show respect for everyone and always use appropriate language and gestures at all times.

Parent/Guardian Signature: _____ Date _____

Student Signature _____ Date _____



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TUITION/PAYMENT INFORMATION

Please check the boxes for the specific program/camp(s) and weeks you would like your child to attend.

Summer Camp (June 24th through August 23, 2024)

Cost: \$170.00 full week

To reserve a space for Summer Camp, please complete the application and provide full payment. Both application and full payment are required in advance to RESERVE A SPACE.

To reserve a space for the summer camp, please complete an application for each child and provide the **\$75 non-refundable registration fee per child.**

| Program Options | |
|-----------------|--|
| | Summer Camp June 24 through August 23, 2024 \$170 per week |
| | (a minimum of 1 session is required) |
| | <p style="text-align: center;"><u>SESSION #1</u></p> <p><input type="checkbox"/> Week 1 (6/24 – 6/28)</p> <p><input type="checkbox"/> Week 2 (7/1 – 7/6)</p> <p><input type="checkbox"/> Week 3 (7/8 – 7/12)</p> <p style="text-align: center;"><u>SESSION #2</u></p> <p><input type="checkbox"/> Week 4 (7/15 – 7/19)</p> <p><input type="checkbox"/> Week 5 (7/22 – 7/26)</p> <p><input type="checkbox"/> Week 6 (7/29 – 8/02)</p> <p style="text-align: center;"><u>SESSION #3</u></p> <p><input type="checkbox"/> Week 7 (8/5 – 8/09)</p> <p><input type="checkbox"/> Week 8 (8/12 – 8/16)</p> <p><input type="checkbox"/> Week 9 (8/19 – 8/23)</p> |

Payment Information

| | | |
|------------------------------------|--|-------|
| Summer Camp Registration Fee | \$75.00 per application (non-refundable) | 75.00 |
| Summer Camp (Full Week) | \$170.00 | |
| Summer Camp | # of Weeks <u>9</u> x \$170 = \$1,530 | |
| TOTAL AMOUNT DUE \$1,605.00 | | |

Method of Payment

- Cash (in person only; please do not mail cash)
 Scholarship (funded by _____)
- Check/Money Order
 Tuition Assistance (funded by _____)

** Registration is on a first come, first served basis. There is a limited # of spaces for each age group. Once a group fills up, all other names will be placed on a waiting list.