

2025 STREAM SUMMER CAMP
LOCATION: SOUTH HOPE CTR 1125 S LAFAYETTE DR SUMTER SC
7:30AM-5:30PM



General Information

Participant Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____ E-mail Address _____

Date of Birth _____ Age _____ Grade Level _____

T-shirt Size: Child: S / M / L Adult: S / M / L / XL

Last School Attended _____ For Grades 2 thru 12th

Ethnicity:

African-American _____ Caucasian _____ Hispanic _____ Asian _____

Indian/Native American _____ Alaskan _____

Registration Processing Fee:

Registration Fee: \$15.00 (non-refundable for all participants)

Cost: \$30.00 per week (for Full Day)

Camp t-shirt required (\$10)

Certified Teachers will be a part of our summer team!

Parent acknowledgment: _____ Date: _____ :

For more information please call Dr. Gray-Williams @ 803-360-7896 or Mr. Jones @ 803-236-0809. Or Mrs Pitts-Myers 803-840-2394. Partners for Change of the Carolinas, in cooperation with the SC Department of Education, prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status.

EMERGENCY CONTACT INFORMATION

Emergency Information

I give permission for staff to render first aid to _____ (student's name) in the event of an emergency. I also give permission for staff to contact my child's physician or to seek necessary care in a medical facility.

Parent/Guardian

signature _____ Date _____

Participant's primary

physician _____ Phone _____

Physician's healthcare

facility/address _____

Emergency Contacts

Primary guardian _____ Relationship to student _____
Any Food Allergies _____

Address _____

Home # _____ Cell # _____

Employer _____ Work # _____

Primary guardian _____ Relationship to student _____

Address _____

Home # _____ Cell # _____

Employer _____ Work # _____

Our Program requires lots of physical activities; therefore we require all parents to have insurance for their child(ren) or purchase accident insurance. The staff, facility partners, and affiliates of Partners for Change (dba Kidz Klub) assume no liability in case of an accident or COVID 19 exposure. Parents review program safety rules. Picture/videos will be taken throughout the program and shared on social media in a respectful manner, if you do not want your child photographed please provide a refusal letter.

Parent acknowledgment: _____ Date: _____ :

