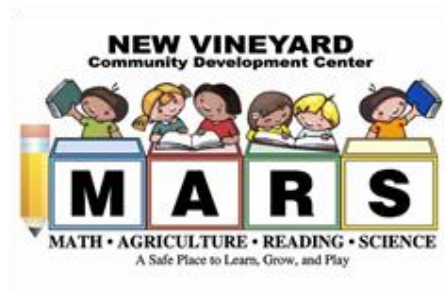


# Summer Camp M.A.R.S. 2026 (JACKSON)



## ENROLLMENT FORM

### PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: ☐ Female ☐ Male Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade attended year 2025-2026: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_ cell: \_\_\_\_\_

Parent email: \_\_\_\_\_

(Include area code with telephone)

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's Day phone: \_\_\_\_\_ Father's Day phone: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

### Persons authorized to pick up child:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

Emergency contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Specify any of your child's health problems or allergies: \_\_\_\_\_

Is your child on any medication? ☐ No ☐ Yes If so, please specify: \_\_\_\_\_

## EMERGENCY MEDICAL RELEASE FORM

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem necessary.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies \_\_\_\_\_

Student Medical Problems \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_

Who is financially responsible for the student? \_\_\_\_\_

## PHOTO CONSENT FORM

\_\_\_\_ I grant permission for my son/daughter to be photographed during the 2026 Summer Camp. I further agree that these photos (still and moving) may be used in a variety of contexts to spotlight the New Vineyard Community Development Center program, including the church flyers and websites, bulletin boards and newsletter, news releases for community newspapers, and evangelistic purposes, etc.

\_\_\_\_ I don't grant permission for my son/daughter to be photographed during summer camp 2026.

## LIABILITY RELEASE STATEMENT

**Child's Name** \_\_\_\_\_

This Consent Form gives permission to seek whatever medical attention is deemed necessary, and releases, New Vineyard Church/New Vineyard Community Development Center, and persons of any liability against personal losses of you/your child.

I / We give permission for my child to participate in all Summer Camp activities at New Vineyard Church/New Vineyard Community Development Center on June 1, 2026, through July 30, 2026.

***By signing this application, I agree to pay the non-refundable \$50 registration fee and the \$130 weekly fee each Monday/ Tuesday.***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Administrative Use Only:

Date of Enrollment: \_\_\_\_\_ Date of Dismissal: \_\_\_\_\_

Amount of Deposit paid: \$ \_\_\_\_\_ First week payment \$ \_\_\_\_\_

Feeding Program Enrollment: \_\_\_ Free \_\_\_ Reduced \_\_\_ Paid

Staff Initials \_\_\_\_\_