



Bethel Baptist Church Summer Camp

Registration Form

Participant Information

Child's Name: _____ DOB: _____ Age: _____ Male Female

Address: _____

Race: _____ School Child Attends: _____ Grade 2024-2025: _____

Person Financially Responsible:

Name: _____ Relationship: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Place of Employment: _____ Email: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Child's Family Members

Parent Names: _____

Additional Members of Family

Name	Relationship	Age/School/Grade

Persons Authorized to Pick Up Child In Addition to Persons Listed Above

Name	Relationship	Home #	Cell #	Work #

Summer Camp Fees

Registration Fee: \$65.00(non-refundable)

If registration is paid **before** March 1, 2024

\$125.00 weekly per child Discounts: First Responder, BBC Member, Active Military, Sibling \$115.00 weekly

If registration is paid **after** March 1, 2024

\$140.00 weekly per child Discounts: First Responder, BBC Member, Active Military, Sibling \$130.00 weekly

ONE DISCOUNT PER FAMILY

Medical Information

Primary Care Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

Certificate of Immunization: Yes No

Does your child have any allergies to food, medications or insect bites? If so, what are the allergies and/or treatments for them? _____

Does your child carry this treatment with them? Yes No

Does the staff of Bethel Baptist Church have permission to administer treatment if an allergic reaction occurs?

Yes No Please explain: _____

Is your child currently taking any medication at home or school? Yes No

Is this medication needed at after school or summer camp? Yes No

Name of Medication: _____ Dosage: _____ Time to administer: _____

Instructions to administer medication: _____

Any medicine that needs to be administered must be in the original container

Medical History

Please include any information that would affect diagnosis or treatment, such as diabetes, seizure disorder, injuries, etc.

Does your child have any specialized needs? Yes No Please explain: _____

***If your child has had a significant life change that may affect their behavior, we encourage you to discuss the matter with the program director so that we may better serve your child and understand their needs.**

Medical Insurance Information

Company: _____ Policy #: _____

Group #: _____ Phone #: _____

Responsible Person: _____

Additional Comments: _____

I certify that to the best of my knowledge (child's name) _____ is in good mental and physical health and able participate in the Bethel Baptist Church After School and/or Summer Camp.

Handbook Agreement

___ No Corporal Punishment

The use of corporal punishment is prohibited by BBC After School & Summer Camp Program. The BBC staff will use positive behavior management techniques that are developmentally appropriate.

___ Release of Liability

If an accident occurs, I am aware that BBC After School & Summer Camp does not provide accident insurance and I will not hold the BBC responsible for any injury.

___ All Children

I understand that if my child registers for Summer Camp he or she **MUST** have a pre-purchased ACTIVATED Carowinds Season Pass with All Season Dining Plan on his or her pass, not the parents pass.

___ Photography

I understand that my child may be photographed, videotaped and/or interviewed for Bethel Baptist Church advertising for this program.

___ Holiday, Vacations, Inclement Weather

BBC After School & Summer Camp Program does not prorate for holidays, vacations, inclement weather, days that we must close due to circumstances beyond our control or days a child does not attend.

___ Handbook

I have read and understand the Bethel Baptist Church After School & Summer Camp handbook.

___ Registration, Change Fee, Cancellation Policy

I understand that there is a non-refundable registration fee of \$65.00 for each program, BBC After School Program and BBC Summer Camp Program. There is a registration fee of \$30.00 if my child only attends intercession weeks. I understand that there will be a fee of \$10.00 if I make changes to the weeks my child plans to attend during the summer.

___ Enrollment/Payment Agreement

I understand that I am responsible for paying every week my child is enrolled in either program, After School or Summer Camp. I must maintain one current form of payment method in the Brightwheel system. Payments are due the Friday prior to services being rendered. In the event of a declined draft, an additional \$20.00 late fee will be charged on day two and \$5.00 each additional day.

___ Field Trips

I give permission for my child to attend BBC After School & Summer Camp field trips. I understand that BBC will make every effort to stay with the scheduled trips; however, weather, or other circumstances may occur causing a change either in the trip destination or day of the trip.

Signature: _____

Parent or Guardian

Date: _____

Signature: _____

Director

Date: _____