Youth Enrichment Summer Camp

Registration Form/Emergency Form/Health History

10 Martin Luther King Avenue, Morristown, NJ 07960
973.267.9079 x206 (office) - 973.898.1971 (fax)
yes@calvarybc.org

NOTE: Incomplete forms will be returned; use a separate form for each camper!

Camper Name_____

Nickname_____ Birth Date____/_____/____ Grade completed by June_____

Full Mailing Address _____

T-shirt Size: ___ch small ___ch medium ___ch large ___adult small ___adult medium ___adult large

Mother's Name_____ Email_____

Home Phone_____ Cell Phone_____ Work Phone_____

Employer_____ Occupation_____ Work Hours_____

Father's Name_____ Email_____

Home Phone_____ Cell Phone_____ Work Phone_____

Employer_____ Occupation_____ Work Hours_____

Camper's Living Arrangements During Camp: ( ) Both Parents ( ) Mother ( ) Father ( ) Other _____

REQUIRED: **A copy of my child's most current immunization record is attached.** Initial_____

Those authorized to pick-up/If a parent cannot be reached immediately call *(must be 18 or older)*:

Name_____ Relationship_____ Phone No._____

Name_____ Relationship_____ Phone No._____

Who may **not** pick up the child? _____

Child's Doctor or Clinic_____ Phone No._____

Address_____ Medical Insurance ID_____

Preferred Medical Facility for Emergency Treatment_____

Allergies? _____ Medication prescribed? _____

Require an epipen? Yes___ No___ Medication to be taken daily while attending camp_____

Note: All medication (prescription & over-the-counter) must be given to the Health/Recreation Coordinator on the 1st day with written permission for administration.

Medical/Orthopedic/Emotional/Learning Conditions?_____

If so, please explain_____ Date of Last Physical?___/___/___

This health history is complete and accurate to the best of my knowledge. Initial_____

I hereby enroll my child in Youth Enrichment Summer Camp. In signing this application, I certify that he/she is healthy and free of problems that could adversely affect him/her or other youth. Initial_____

OVER

Camper Name_____

I understand that my child must comply with the rules and standards of conduct and that the organization may terminate my child's participation in the camp if he/she does not maintain these standards. Youth Enrichment Summer (YES) Camp is not responsible for lost, stolen or damaged personal articles. The YES Camp does not assume the risk for youth that travel to or from the church without supervision or authorization. The YES Camp assumes no responsibility for youth once they leave the premises. I understand and acknowledge that participation in the activities involved inherent risks of injury to my child including risks associated with transportation by walking, bus, amusement park rides and water rides. Initial_____

I hereby grant YES Camp and its agents full authority to take whatever actions they deem necessary regarding my child's health and safety, and I fully release the them from any liability. I understand that prudent attempts will be made to contact the undersigned immediately, in the event of an emergency. I understand that I will be responsible for payment of all medical and medication bills. Initial_____

__ I have applied for CFR or TANF
__ Apply the multi-child discount, I am enrolling __ children
(names: 1._____ 2._____ 3. _____)
__ I have attached a financial aid application

Rising 1st – 7th graders Only

__6 weeks, 2 sessions [$600]	$300 due May 27th/$300 due June 13th	_____
OR	After May 27th, add $25 late fee	_____
	After June 13th, add $25 late fee	_____
3 weeks (choose 1 session)***	[$360]	
__June27th-July15th	$180 due May 27th/$180 due June 13th	_____
__July18-Aug5th	After May 27th, add $25 late fee	_____
	After June 13th, add $25 late fee	_____

Rising 8th-10th graders: **The Nehemiah Team**

__6 weeks, 2 sessions [$600]	$300 due May 27th/$300 due June 13th	_____
OR	After May 27th, add $25 late fee	_____
	After June 13th, add $25 late fee	_____
3 weeks (choose 1 session)***	[$360]	
__June27th-July15th	$180 due May 27th/$180 due June 13th	_____
__July18-Aug5th	$180 due May 27th/$180 due June 13th	_____
	After May 27th, add $25 late fee	_____
	After June 13th, add $25 late fee	_____

__ Club OT AM (Before Care 7:30-9am)		FREE
__ Club OT PM (After Care 4-6pm)	__ $60/6wks	_____
	__ $30/3wks	_____
Submitted before May 8th?	- $50 tuition discount	-_____
***Upgrade from 1→2 sessions on/after June 27th – add *$360 (tier)* due upon change		_____
_X_ 1-time, *non-refundable* registration fee		**$50**

Make checks payable to: Calvary Community Development Corporation TOTAL _____

I understand the tuition fees schedule. Initial_____

I authorize YES Camp to have and use photographs, slides, videotapes and comments of the person named on this application as needed in promotional materials and public relations programs. I understand that Calvary Baptist Church and Calvary Community Development Corporation are not-for-profit organizations offering programs that may not otherwise be available. Initial_____

I agree to indemnify YES Camp, Calvary Baptist Church and Calvary Community Development Corporation and their employees and agents and the National Baptist Convention for any loss, damages, claims, liabilities, costs or expenses arising out of my child's participation in the activities. Initial_____

The above information is accurate. I understand that it is my responsibility to notify the camp immediately, in writing, of any changes. Initial_____

Signature of Parent or Guardian: _____ **Date**_____