



2023 GROW Summer Day Camp

Registration Packet

For more information contact

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Grow in the grace and knowledge of our Lord Jesus Christ.”

2 Peter 3:18

Bethany Christian Church is excited that you have chosen to be a part of our summer children's ministry, Grow Summer Day Camp. Our mission is to help students and their families *GROW in the grace and knowledge of our Lord Jesus Christ*. **Grow Summer Day Camp runs Monday-Thursday for 7 weeks** starting on June 19th and ending the week of July 31st. Each day runs from 8 AM-5 PM, with drop-offs 7:30-8:00 AM and pick-ups 5-6 PM. Grow Summer Day Camp is offered to all **RISING 1st through 9th graders**. (This means your child has completed Kindergarten and has not attended high school yet.)

The cost of attending Grow Summer Day Camp is **\$100 a week Early Bird, and \$120 a week if registered after April 30th**. This price includes a morning and afternoon snack, and a weekly field trip. **YOU WILL NEED TO PROVIDE A BAG LUNCH FOR YOUR CHILD/CHILDREN DAILY.** There is also a one-time **t-shirt fee of \$15** to wear on field trip days. There is a **registration fee of \$5 per week** due when you return your registration packet. Your remaining balance will be due **two weeks prior to the week(s)** you have selected. Checks can be made payable to Bethany Christian Church . Our program has a two-week notice policy for any change in registration that is needed. This notice must be given in writing or email.

Families in need of financial assistance can check the appropriate box on the registration form. A scholarship fund has been made available for those in need of partial or full scholarship through donations.

The attached forms along with your registration fee can be turned in at the GROW Office at BCC. Turn in your registration packet as soon as possible to complete your registration since space is limited. In any weeks you register for is full, you will be placed on a waiting list and be contacted if a spot becomes available. After your registration has been processed, you will receive a confirmation email that includes the weeks you have registered for and a payment schedule.

Registration

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Daytime Phone: _____

Grade (rising): _____ Age: _____ Car Seat Needed (circle one): Yes No

T-shirt Size: _____ Youth Small _____ Youth Medium _____
Youth Large

Financial Assistance:

_____ I am NOT in need of financial assistance.

_____ I AM in need of financial assistance.

2023 GROW Summer Day Camp Schedule:

* Please only check the weeks you are registering for.

_____ Week 1: June 19-22

_____ Week 2: June 26-29

_____ Week 3: July 3-6 *Please note no camp on July 4th*

_____ Week 4: July 10-13

_____ Week 5: July 17-20

_____ Week 6: July 24-27

_____ Week 7: July 31- August 3

_____ Total number of weeks X \$5/week registration fee = _____ enclosed

Payment Method: _____ Check _____ Cash

*Make checks payable to Bethany Christian Church

Contact Information

Name of Child(First, Middle, Last) _____

Grade _____ Age _____ Date of Birth _____

Is child allergic to anything, including food allergies? ____ Yes ____ No

If yes, please explain _____

Parent Email Address: _____

Child's Address _____

(Street)

(City)

(State)

(Zip)

Mother's Name/Guardian: _____

Cell # _____ Home # _____ Work # _____

Address _____

(Street)

(City)

(State)

(Zip)

Place of Employment: _____

Father's Name/Guardian: _____

Cell # _____ Home # _____ Work # _____

Address: _____

(Street)

(City)

(State)

(Zip)

Place of Employment: _____

Emergency Contact: _____ Relationship to Child _____

Cell # _____ Home # _____ Work # _____

Address _____
(Street)

(City) (State) (Zip)

Name of Child's Health Clinic: _____ Phone: _____

Name of Child's Physician: _____ Phone: _____

Name of Child's Dentist:: _____ Phone: _____

Health Insurance Provider: _____

Policy Number: _____ Group Number: _____

Name of Policy Holder: _____

We will need a copy of your insurance card on file

Authorized Pick-up:

Other than the parents listed in the contact info, the following are allowed to pick up my child:

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____

Parent Signature: _____ Date: _____

Authorization & Release

Student Name: _____

Consent to Use Photos:

I **DO** give our consent for the above minor child's name/photo/picture/video to be used in Church picture boards/brochures/websites/Facebook/social media or any materials published regarding activities sponsored by or participated in by Bethany Christian Church.

In Case of an Emergency:

If an emergency arises, I hereby give permission to Bethany Christian Church to secure emergency medical, dental/or emergency surgical treatment and to provide emergency transportation for my child. Non-emergency medical treatment or elective surgery is not included in this authorization.

Travel:

I am agreeing to waive, release, and hold harmless Bethany Christian Church, its members, volunteers, agents, and employees from any and all claims and liability arising out of your child's participation in the program whether on or off campus and transportation there to and from the destination.

Medication:

I **DO** give Bethany Christian Church permission to administer medication during hours of operation. A licensed physician has prescribed this medication and BCC has a record of the medical condition, medicine to be administered, and the dosage. It is not BCC's policy to administer medicines-unless it is necessary to prevent illness such as allergic reaction or asthma. I hereby release Bethany Christian Church and its employees/volunteers from any and all liability that may result from my child taking the medication.

Guidelines:

I understand that Bethany Christian Church assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition from his/her participation in after school activities. In consideration of the privilege of participating in activities, I hereby voluntarily release and discharge Bethany Christian Church, its agents, contract services, and employees from any and all claims for injury, illness, death, loss, or damage which my child may suffer as a result of his/her participation in activities during the school year.

Participants are responsible for his/her own accident insurance when participating in activities offered at Bethany Christian Church.

I understand there are inherent risks associated while using the playground equipment. I agree to assume all risk on behalf of my child.

Parent Signature

Date

Medication Authorization

TO BE COMPLETED BY PHYSICIAN/MEDICAL PROVIDER

Only if needing medication for emergency situations

Name of Child(First, Middle, Last): _____

DOB: _____ Name of Parent/Guardian: _____

If necessary that medication be given during Grow Summer Day Camp hours in order to keep this student in optimum health and to help maintain performance.

Medication: _____ Dosage: _____

Route: _____

Time(s) medication is to be given at Grow Summer Day Camp:

If medication is ordered **as needed**, please indicate **specific circumstances** when medication should be given. (Grow Summer Day Camp staff/non-licensed medical or nursing personnel, will be administering medication).

_____ May self-medicate (student has demonstrated proficient use of medication)

_____ May not self-medicate

Physician Signature: _____ Date: _____

Summer Camp Code of Conduct

Student Name: _____

In order to establish the safest and best possible learning environment, students are asked to follow these behavioral guidelines during each week participating in Grow Summer Day Camp

- Students will be respectful of everyone in the Grow Summer Day Camp community, including one another, staff, and property.
- Students will respect Grow Summer Day Camp facilities and equipment and not take or destroy Grow Summer Day Camp property.
- Students have the responsibility to follow directions and guidance provided by Grow Summer Day Camp staff.
- I acknowledge that Bethany Christian Church will not be responsible for loss or damage to personal property.
- Students will not engage in any activity, which may put themselves, other students, or staff at risk.
- Students must act and behave in a way which does not endanger, intimidate or interfere with the participation of other.

If the student fails to abide by these behavioral expectations, the following steps will followed:

- The student will receive a verbal warning Grow Summer Day Camp staff for breaking rules.
- After warning, if behavior or actions still persists, the student will not participate in that given activity.
- If behavior persists, parent will be notified at this point and asked to assist in helping their student make more positive choices.
- If behavior or actions do not improve, parents will be notified that their child is being sent home. **Students asked to leave Grow Summer Day Camp early for behavioral reasons will not receive a refund for the day. Grow Summer Day Camp reserves the right to send home any student if it is decided that it is in the best interest of the program and students.**

The following forms of behavior are considered a violation of this document and are unacceptable. These behaviors will not be tolerated and could result in the immediate dismissal of the participant.

- Aggressive behavior of any kind including hitting, kicking, biting or pushing another student or staff member.
- Failure to follow staff instructions thereby resulting in situations that put themselves, other students or staff in physical danger.
- Leaving Grow Summer Day Camp property or assigned program area without the permission of the staff member supervising the area or activity.
- Verbal abuse of or toward other students or staff, which includes swearing, teasing or bullying.
- Behavior that is constantly interfering with the quality of the program other participants are receiving.

Agreement

I have read and agree to adhere to the above Rules and Code of Conduct Grow Summer Day Camp. My child and I fully understand the Rules and Code of Conduct as detailed above and I agree to him/her receiving appropriate disciplinary action should he/she breach them.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____