

# Sonshine/Day Camp Registration – 2010

*Main Campus or North Campus (please circle)*

Child's Name \_\_\_\_\_, \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last) (First) (Middle In.)

Emergency Contact \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (in now): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Child resides with: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Marital Status:  Married  Separated  Divorced  Single  Widowed

Optional Weeks: Please **circle** the week (day) your child will begin camp.

June 1-4 (\$80.00) June 7-11 Friday, June 11 (\$20.00)

Day Camp begins on June 14 for all students that school ends on June 10.

We need to know (circle the date) if your child will attend on Friday, June 11. The charge will be \$20.00 for the day.

end of camp – August 16 - 20 (\$100.00) This is an optional week for all campers.  
There will be a sign up sheet around the end of July / first of August for this week.

VACATION WEEK: Only one vacation credit will be given for time out of camp. Vacation credits must be a full week of camp. We cannot give credit for certain days when children are out.

**CIRCLE ONLY ONE WEEK**

6/07/10 6/14/10 6/21/10 6/28/10 7/05/10 7/12/10 7/19/10 7/26/10 8/02/10 8/09/10

Persons other than parents who are allowed to take this child from camp:

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

T-SHIRT SIZES: Please circle YOUTH: small medium large

(T-shirts are for campers only) ADULT: SMALL MEDIUM LARGE X-LARGE

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Office Use Only:

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash Amt: \_\_\_\_\_ Today's Date \_\_\_\_\_

Carowinds \$45.00 (3<sup>rd</sup> – 6<sup>th</sup> grades only) Due with registration: Paid \_\_\_\_\_ Own pass \_\_\_\_\_ Not going \_\_\_\_\_ received by: \_\_\_\_\_

# EMERGENCY MEDICAL CARE INFORMATION

Child's Name: \_\_\_\_\_ Grade (in now): \_\_\_\_\_  
(Last) (First) (Middle in.)

Emergency Contact: \_\_\_\_\_ Emergency # \_\_\_\_\_

Name and number of relatives or friends if parents cannot be reached in case of an emergency

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Child's weight \_\_\_\_\_ Allergies \_\_\_\_\_

Medications to be taken while at day camp \_\_\_\_\_

Any medical conditions we should be aware of \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
*Hospital/Doctor may require this information in the event of an emergency*

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## Medical Release

I hereby grant permission for the Day Camp Director or Representative to administer basic First Aid or obtain necessary medical attention in case of sickness or injury to my child.

Permission is hereby granted to (please circle one) Carolinas Medical, Presbyterian, Mercy hospital to provide necessary treatment to my child.



Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Medication Authorization

Child's Name \_\_\_\_\_  
(Last) (First) (Middle In.)

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time to Administer \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

Special Instructions \_\_\_\_\_

*All medicines must be clearly marked with the child's name in proper medicine containers.  
Children are not allowed to keep medicines of any kind in their lunch boxes, purses or bookbags.  
ALL medicines must be left at the front desk of the Family Life Center.*

NO medication is to be given to my child.



Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_



## Personal Information

Did child attend HGBC Day Camp last summer?  YES  NO

Does child have a sibling at HGBC camp?  YES  NO

If yes, name \_\_\_\_\_ and grade \_\_\_\_\_ of sibling.

What school does child attend?  HGBCS  CMS  Other \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Would you like more information about Hickory Grove Baptist Church?  YES  NO

# Field Trip Permission Release

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of HGBC Day Camp. I hereby grant permission for my child to leave HGBC campus under the supervision of a staff member for field trips in an authorized vehicle and will not hold Hickory Grove Baptist Church or any of its employees liable for any accident or incident that may occur.



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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Carowinds Permission

(Completed 3<sup>rd</sup> through 6<sup>th</sup> grades)

YES, allow \_\_\_\_\_ to attend  
the weekly trips to Carowinds.

NO, Do NOT allow \_\_\_\_\_  
to go on the weekly trips to Carowinds.

*Check one:*

- \$45.00 – I need to purchase a season pass (payment due at registration)
- I already own a season pass.

# SUMMER CAMP FINANCIAL POLICIES



**Registration Fee:** \$200.00 at time of registration. **This is non-refundable.**  
\$100.00 is for the registration fee and \$100.00 covers the last week (8/10/09 – 8/14/09)  
\$45.00 is also due for Carowinds pass (grades 3<sup>rd</sup> – 6<sup>th</sup> only)

**Optional weeks / day:** 6/01/10 through 6/04/10 and June 11 - 8/16/10 through 8/20/10  
Day Camp begins June 14 for students that school ends on June 10. June 11 is an optional day and you **MUST** sign your child up to attend on Friday, June 11.

**Weekly Fees:** The weekly fee is \$100.00 and includes most activities. This fee must be paid by **Monday** for that particular week. Day Camp is a five-day program and you will be billed for the entire week even if you only attend one day. **We will be closed on Friday, July 2<sup>nd</sup> for the Holiday. This week will be prorated. The fee will be \$80.00**

**Vacation Credit:** Summer Camp is a full summer commitment. Only **one** week of vacation will be given per child and it must be scheduled at least 2 weeks prior to the vacation time. You will not be allowed to break up your vacation week. You must take a full week in order to get the credit.

**Payments:** Please turn in your coupon with your weekly payment. All payments and coupons should be dropped in the payment drop box. Checks should be made out to HGBC Main or HGBC North. Only one check/coupon is needed per family. To insure accounts are credited correctly, please add your child's first and last name to the memo line of your check. Do NOT include payments for lunches with your weekly tuition. **A fee of \$25.00 will be reflected on your account for all returned checks.**

**Receipts:** Please circle "yes" on your coupon and write "receipt needed" on your check if you need a receipt for weekly payments.

**Late Pick Up Fees:** A fee of \$1.00 per minute will be charged to your account for children that are not picked up by 6:00 pm (based on our facility clock).

**Withdrawals:** If your child is withdrawn from camp for any reason, the \$100.00 registration fee plus the \$100.00 that you paid for the last week will not be refunded. Your child may not be enrolled back into the camp without paying for any missed weeks during the withdrawal period.

**Statements:** You will receive a statement of your camp payments during the month of December. Please keep this statement in a safe place for your tax records.

I have read and agree to the above conditions.



Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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