



SUMMER DAY CAMP APPLICATION

REGISTRATION: \$75 per child

REGISTRATION PAYMENT: Amount Paid:\$ _____ Cash Credit Online Check

_____ Staff Initials _____

COST: WEEKLY--1st Child- \$140/week

CAMPER/FAMILY INFORMATION

CHILD'S NAME	DOB	GENDER	GRADE ENTERING	ALLERGIES	T-SHIRT SIZE

PARENT(S) INFORMATION

First _____ Last _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell phone _____ Email _____

Occupation (Father) _____ Employer _____

Occupation (Mother) _____ Employer _____

GUARDIAN INFORMATION

First _____ Last _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell phone _____ Email _____

Occupation _____ Employer _____

Relationship to child(ren) _____



Person responsible for payment _____

Split invoices 50/50 between parents Alternate weekly billing between parents

Child lives with _____

Emergency Contact Information – Alternate Pick-Up/Release

In case of illness, medical emergency, or need for pick-up, the following people (in addition to parents listed above) may pick up my child(ren). These people will be required to show photo ID.

NAME	RELATIONSHIP	ADDRESS	PHONE

MEDICAL RELEASE INFORMATION

Insurance Information:

Policy Number _____

Name of Health Insurance Provider _____

Primary Physician _____ Hospital Preference _____

Address _____

Phone _____

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

December 2017



Nutrition Opt Out Form

Child Care Rules .0901(c) and .1706(b) state:

When children bring their own food for meals and snacks to the program, if the food does not meet the nutritional requirements specified in Paragraph (a) of this Rule, the operator must provide the additional food necessary to meet those requirements unless the child's parent or guardian opts out of the supplemental food provided by the operator as set forth in G.S. 110-91(2) h.1. A statement acknowledging the parental decision to opt out of the supplemental food provided by the operator signed by the child's parent or guardian shall be on file at the facility. Opting out means that the operator will not provide any food or drink so long as the child's parent or guardian provides all meals, snacks, and drinks scheduled to be served at the program's designated times. If the child's parent or guardian has opted out but does not provide all food and drink for the child, the program shall provide supplemental food and drink as if the child's parent or guardian had not opted out of the supplemental food program.

I _____ plan to provide all meals, snacks and
(Parent/Guardian Print Name)

drinks for my child and do not want his/her meals, snacks or drinks supplemented to meet the Meal Patterns for Children in Child Care Programs from the United States Department of Agriculture (USDA), which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition.

Since I opted out, if I do not provide all the meals, snacks or drinks for my child, I understand that the program will provide supplemental food and drink.

Parent/Guardian Signature

Date



TERMS OF AGREEMENT

Medical Release

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

Photo Release

I hereby give permission for my child to be photographed during the Shining Light Summer Day Camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Shining Light Summer Day Camp.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official Shining Light Summer Day Camp activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

Shining Light Summer Day Camp and Shining Light Baptist Academy are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Shining Light Summer Day Camp

*Hosted by Shining Light Baptist Academy
2541 Old Charlotte Highway | Monroe, NC 28110
shininglightsharks.com | (704) 225-0396*