

Office Use Only
 Registration Date _____
 Registration Due _____
 Date Paid _____
 Cash _____ Check # _____ CC _____



SUMMER CAMP FAMILY REGISTRATION PACKET

Camp is open to K2-8th grade students

Please complete all Registration forms in their entirety.

Student Name: _____

 Please Print

Date of Birth _____
 Age _____
 Grade Entering _____
 T-Shirt Size _____

Student Name: _____

 Please Print

Date of Birth _____
 Age _____
 Grade Entering _____
 T-Shirt Size _____

Student Name: _____

 Please Print

Date of Birth _____
 Age _____
 Grade Entering _____
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Preschool, Elementary, Middle School & Special Eagles Camp Dates:

Begins June 3rd Main campus Camp ends July 26th Preschool ends 8/2 **No Camp week of May 29th or July 1st**

Camp Hours: 7:30am – 5:30pm

Middle School students entering grades 5-8 will have separate activities while on campus and then attend field trips with elementary students.

Camp Fees Elementary/MS \$180 per week Preschool Camp \$200 per week Special Eagles Camp \$230 per week
 Students entering 1st – 8th grade Students entering K2 – K5

We will not be offering sibling discounts for camp to keep our pricing as low as possible. Thank you
 Some field trips may incur additional fees.
 Weekly recurring field trips are included.
 Example: Swimming, movies and parks for 1st grade and up.

Camp Registration Fee Elementary/Middle School/Special Eagles Campers \$75 per student or \$100 per family
 Currently enrolled Preschool Students \$25 per student
 Non BCS campers all ages \$100 per student or \$125 per family

Register by May 1 and your camper will receive a Camp Bethany T shirt!

Payment and Late Fee Charges

- Payment is for the entire week and is due on the first day of the week. Payments not received by Tuesday 5:30 p.m. will incur a \$15 late fee per family per day.
- There will be a \$1.00 late charge per Camper for every 1 minute they are picked up past their selected plan end time.

Week Selection:
 (entering 1st-8th ONLY)

____ Week 1 (6/3-6/7)
 ____ Week 2 (6/10-6/14)
 ____ Week 3 (6/17-6/21)
 ____ Week 4 (6/24-6/28)
 (7/1-7/5)NO CAMP
 ____ Week 5 (7/8- 7/12)
 ____ Week 6 (7/15-7/19)
 ____ Week 7 (7/22-7/26)
 ____ Week 9 PS ONLY
 (7/29-8/2)

*camp begins on a Monday 6/3
Note choose weeks wisely. You will be charged for all weeks you choose. If you need care for a week you do not choose the fee is \$30 more and based on availability.

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(Release of all Claims)

Student Name _____	Grade _____
Student Name _____	Grade _____
Student Name _____	Grade _____

In consideration for being accepted at Bethany Christian School for participation in Bethany Christian School Summer Camp trips/activities, we, being twenty-one years of age or older, do, for ourselves, and for and on behalf of my/our child participate (herein referred to as Participant) if said participant is not twenty-one years of age or older, do hereby release forever, discharge and agree to hold harmless Bethany Christian School and the directors thereof from any and all liability, claims or demands of personal injury, sickness or death, as well as property damage and expense, of any nature whatsoever which may be incurred, as the result of the negligent, willful or intentional acts of said participants including expenses incurred attendant thereto,

Furthermore, we (and on behalf of our/my participant if under the age of twenty-one) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agrees to hold harmless and indemnify said school directors, employees and agents for any liability sustained by said school as the result of the negligent, willful or intentional acts of said participants including expenses incurred attendant thereto.

I/We have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leaderships of the activity.

PARENTAL CONSENT

TO WHOM IT MAY CONCERN: The undersigned do (does) hereby give permission for my (our) children listed above to attend and participate in activities sponsored by Bethany Christian School.

I (we) authorize an adult, in whom CAMP of the minor has been entrusted, to consent to x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment in hospital CAMP, to be rendered to the child/minor under general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Florida Medical Practice Act on the medical staff of a licensed hospital, whether surgical diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child/minor or pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for my (our) child/minor to ride in the vehicle designated by the adult in which CAMP the child/minor has been entrusted with during and participating in activities sponsored by Bethany Christian School.

“Under penalties of perjury, I declare that I have read the foregoing (document) and that the facts stated in it are true.”

 Father/Legal Guardian Mother/Legal Guardian

This form shall be in effect until the student is withdrawn from Bethany Christian School.

 Emergency Contact Relationship to student Telephone Number

Medical Insurance Yes No Insurance Company _____

Policy # _____ Primary CAMP Physician _____ Tel. # _____



Summer Camp 911 INFORMATION

Student Name _____ Grade _____
Student Name _____ Grade _____
Student Name _____ Grade _____

EMERGENCY Names and phone numbers of persons to call in the event of emergency or illness.

Note we will call these emergency numbers in the order they are listed.

1. Parent _____ Phone _____ Cell _____
2. Parent _____ Phone _____ Cell _____
3. Name _____ Phone _____ Relationship _____
4. Name _____ Phone _____ Relationship _____
5. Name _____ Phone _____ Relationship _____
6. Name _____ Phone _____ Relationship _____

AUTHORIZED PICK-UP Names of **any** person allowed to pick up your student:

Note anyone not on this list will be prohibited from picking up your child.

1. Parent _____ Phone _____ Relationship _____
2. Parent _____ Phone _____ Relationship _____
3. Name _____ Phone _____ Relationship _____
4. Name _____ Phone _____ Relationship _____
5. Name _____ Phone _____ Relationship _____
6. Name _____ Phone _____ Relationship _____

MEDICAL

Name of physician _____ Phone _____

Are there any special physical conditions of the student? No Yes

If "yes", please specify and explain, including if any accommodation is needed:

Is or has your child ever been under regular medication, including Ritalin, for any purpose?

No Yes If "yes", please specify medication and explain, including dosage.

*Please list any allergies your student may have: _____

May we administer the following to your child?

Topical Medications No Yes Sunscreen No Yes

PHOTO CONSENT () Consent to and authorize () Do not consent to

.....the use and reproduction by BCS of any and all photographs and any other audio/visual materials taken of my child or children listed above for promotional material, educational activities, and exhibitions or for any other use for the benefit of the school. This includes posting of picture on the official BCS Website and Facebook Page.

HOW DID YOU HEAR ABOUT CAMP BETHANY?

- BCS Website Email Previous Program
 I am a Current BCS Student Walk in Referred by _____