



BETHEL CHRISTIAN ACADEMY'S SUMMER DAY CAMP | 2012

REGISTRATION FORM JUNE 11 – AUGUST 10

Child's Information:

Child's Name: _____ Birth date: _____ Age: _____
 Address: _____ Phone: (____) _____
 City: _____ State: _____ Zipcode: _____ Grade Exiting: _____

Parent's Information:

Mother's Name: _____ Home Phone: (____) _____
 Address: _____ Cell Phone: (____) _____
 City: _____ State: _____ Zipcode: _____
 Mother's Employer: _____ Work Phone: (____) _____
 Father's Name: _____ Home Phone: (____) _____
 Address: _____ Cell Phone: (____) _____
 City: _____ State: _____ Zipcode: _____
 Father's Employer: _____ Work Phone: (____) _____

Parents are (Check One):

Married Divorced Widow Single Separated

Legal Status of Child's Custody: _____

T-Shirt Size: _____ (The children are **required** to wear their Camp T-shirts on field trip days!!! You will receive one shirt with your paid registration. We will have additional shirts available to purchase. If you plan on buying any additional T-Shirts please make a note on this form so we can have enough available.)

Camp with meals (includes breakfast, lunch, and a snack)? YES NO

Please check the days that your child will attend the program:

	Monday	Tuesday	Wednesday	Thursday	Friday
June 11-15					
June 18-22					
June 25-29					
July 2-6 (closed 7/4)					
July 9-13					
July 16-20					
July 23-24					
July 30-Aug 3					
August 6-10					

In Case of Emergency (and parents cannot be reached), please contact:

Name: _____ Phone: _____ Relationship: _____
 Name: _____ Phone: _____ Relationship: _____

*** Please submit completed paperwork, registration fee of \$25 and first week's payment to the office at time of registration. ***

Bethel Christian Academy's Summer Day Camp
 12901 W. Pleasant Valley Rd.
 Parma, Ohio 44130
 440-842-8575



HEALTH QUESTIONNEIRE

Child's Name: _____

First

Middle

Last

Birthdate: _____

Gender: _____

Father's Health _____

Mother's Health _____

If deceased, cause _____

If deceased, cause _____

Diseases: (If your child has had any of the following, please state at which age)

_____ Mumps

_____ Diphtheria

_____ Polio

_____ Convulsions

_____ Measles

_____ Whooping Cough

_____ Asthma

_____ Chicken Pox

_____ Rheumatic Fever

_____ Hay Fever

_____ Pneumonia

_____ Heart Disease

_____ Diabetes

_____ Scarlet Fever

_____ Discharging Ears

Recent Disabilities:

_____ Frequent Colds

_____ Fainting Spells

_____ Sore Throats

_____ Frequent Urination

_____ Leg Pains

_____ Allergy (please list below)

_____ Dizziness

_____ Hernia

_____ Persistent Cough

_____ Ringworm

_____ Tires easily

_____ Difficulty Breathing

_____ Speech Difficulties

_____ Growing Pains

_____ Nose Bleeding

_____ Strep Throat

_____ Tonsillitis

_____ HIV Virus

_____ Ear Infections

_____ Vision Problems

_____ Bee Sting Allergy

_____ Bowel Problems

_____ Bladder Problems

_____ Hearing Difficulty

Please list any other health conditions which would interfere with your child's participation in Bethel Christian Academy's Summer Day Camp:



CHILD PICK-UP & RELEASE PROCEDURES

Child's Name: _____ Date: _____

The following persons (and only these persons) are authorized to pick up my child(ren) from Bethel Christian Academy's Summer Day Camp.

Please be advised that the staff of Bethel Temple's Summer Day Camp may request identification from authorized persons at any time in order to ensure the safety of your child.

Mother's Name: _____ Father's Name: _____

Name: _____ Relationship: _____

Home Address: _____ City: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Address: _____ City: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Address: _____ City: _____

Home Phone: _____ Cell Phone: _____

The parent/guardian is responsible for notifying the camp administrator in writing with any changes of authorization.

Parent/Guardian Signature: _____

The following persons are **NOT** authorized to pick up my child(ren):



EMERGENCY MEDICAL AUTHORIZATION

Child's Information:

Child's Full Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Age: _____

I hereby authorize the staff of Bethel Christian Academy's Summer Day Camp to call an emergency ambulance in case of accident or acute illness and to arrange for necessary emergency medical and surgical care if I am not immediately available. Any qualified physician, contact by the staff of Bethel Christian Academy's Summer Day Camp, may treat and do whatever is necessary for the health and well-being of my child. I agree to accept responsibility for the cost of any medical services provided for my child.

Physician's Name: _____ Phone: _____

Address: _____ City: _____

Father's/Guardian's Name: _____

Employer: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Mother's/Guardian's Name: _____

Employer: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Relative's Name: _____

Employer: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Parent(s) or Legal Guardian(s) Signature(s):

_____	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date



PARENT/GUARDIAN CONSENT FORM

I, _____, am the parent or legal guardian of _____ (hereinafter "my child"), and I am informed of the activities offered by Bethel Christian Academy's Summer Day Camp (hereinafter "this camp") located at: 12901 W Pleasant Valley Road in the City of Parma, County of Cuyahoga, and State of Ohio, beginning the day of June 11, 2012 and ending on the day of August 17, 2012.

As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by this camp.

Signature of Parent or Guardian: _____
Date: _____

I have read the details and give permission for my child to travel and participate in Bethel Christian Academy's Summer Day Camp Program, June 13, 2011 through August 12, 2011 and acknowledge that my child is capable of participating. I release Bethel Temple and their agents, staff, and volunteers from any liability whatsoever arising out of injury, damage, or loss, which may be sustained by said participant(s) during the course of involvement with the Summer Day Camp.

Signature of Parent or Guardian: _____
Date: _____

Additional Information:

My child is to be excluded from the following activities:



PARENT/GUARDIAN FINANCIAL AND REGISTRATION AGREEMENT

- All Payments for your child’s care must be made in advance. You may pay for multiple weeks at one time. In order to be fair to those that do pay on time, a 10% late fee will be charged for all payments that are not turned in on time.
- Payments for each week are due by Monday morning at 9:00 am.
- The FULL AMOUNT must be paid for each week your child is registered.
- If a check is returned by the bank for insufficient funds, there will be a \$35.00 fee assessed to your account.
- If you decide not to send your child on a registered camp day, you must notify the camp administrator at least (3) days in advance. If you fail to do this, you will be responsible to pay the daily camp fee in full. You would be refunded the remaining amount.
- If you account is delinquent for payment, your child will be removed from camp until the account becomes current.
- If you child does not have their camp t-shirt on a field trip day, they will need to rent on. You will be charge \$2 to your account and the shirt must be turned in before leaving that day.
- If you are not signed-up for meals on a specific day and your child doesn’t bring their meals a \$5.00 charge will be added to your account.

This agreement assures that there will be a sufficient number of qualified staff to care for your child each day.

I understand that payment for my child is due in advance. The first week’s payment will be due with registration. For each additional week of camp, payments are due by Monday morning at 9:00am starting on June 18, 2012. I agree to pay the amount of \$ _____ per week/day.

In addition, I agree to pay a one-time registration fee of \$25 to enroll my child. Payment of this fee will reserve your child’s placement in Bethel Christian Academy’s Summer Day Camp.

I have thoroughly read this financial agreement form. I fully understand that as long as my child or children are enrolled in Bethel Christian Academy’s Summer Day Camp, I will fulfill my obligations and abide by this financial agreement.

Parent/Guardian Signature

Date



Sunscreen Permission Form

Bethel Christian Academy's Summer Day Camp strongly suggests that children wear sunscreen during outdoor activities while participating in our summer day camp.

In order for BCA's Summer Day Camp staff to apply sunscreen to your child/ren, you will need to provide the sunscreen you prefer, as well as this completed form, to the day camp directors. Please mark your child/ren's name in permanent marker on the bottle/tube.

We will keep the sunscreen on site, and will assist your child in applying it. Please replenish sunscreen as needed.

Name of Child/ren: _____

I hereby give permission to Bethel Christian Academy's Summer Day Camp to assist my child/ren in applying sunscreen as needed.

Signature of Parent/Guardian

Date