

# Summer Explorers Day Camp 2019



Please complete one form per child

## Student Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ /19

Gender:  M  F Grade entering in fall: \_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Attends church regularly at \_\_\_\_\_

Child(ren) lives with:  Both Parents  Mother  Father  Other \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Does your child have an IEP? If yes, please describe their needs: \_\_\_\_\_

Please describe your child's personality \_\_\_\_\_

## Parent/Guardian Information

Father's Name \_\_\_\_\_ Contact Number: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Contact Number: \_\_\_\_\_

If non-parent guardian, relationship to child \_\_\_\_\_

Persons authorized to pick up my child (other than parents & guardians)

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check and sign if appropriate

My student may walk home (students ages 10 and up only) \_\_\_\_\_  
(Parent or Guardian Signature)

How did you hear about Explorers?  Returning student  Flier  Friend  Other: \_\_\_\_\_

## Medical Information

Student Name: \_\_\_\_\_

### Emergency Number

If we are unable to reach a parent or legal guardian, we will call one of these numbers.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Health Record

Is your child's immunization up to date?  Yes  No

Does your child take medication on a regular basis? Yes/No

If yes, please list any medication (including over the counter or non-prescription drugs) taken routinely. Bring enough medications to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken each day: \_\_\_\_\_

Reason for Medicine: \_\_\_\_\_

Please list any food restrictions or mobility restrictions that your child has: \_\_\_\_\_

\_\_\_\_\_

Child's Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Is there any further information that might help us better care for your child?

\_\_\_\_\_

\_\_\_\_\_

## Fees Schedule

Below is the Summer Explorers Schedule. Please place check marks that your child is attending Explorers and in the appropriate Extended Care box.

- Session 1 | 9:00AM to 4:00PM | \$200 one-week July 29 - August 2, 2019
- Session 2 | 9:00AM to 4:00PM | \$200 one-week August 5 - August 9, 2019

Do you need extended care?  Yes  No

- Extended Care 1 | 8:00AM to 9:00AM and 4:00PM to 6PM | additional \$30 flat fee July 29 – August 2, 2019
- Extended Care 2 | 8:00AM to 9:00AM and 4:00PM to 6PM | additional \$30 flat fee August 5 – August 9, 2019

A \$50 per week non-refundable deposit is due with your child's registration.

A confirmation letter will be sent to you along with your final tuition balance information after your registration form has been received. Final balance of all fees is due by June 30, 2019.

Amount Enclosed: \$ \_\_\_\_\_ cash check \*CC/PayPal for Child: \_\_\_\_\_

I agree to the terms and conditions of payment as stated on this document. I understand that my \$50 per week deposit is non-refundable and should I cancel my child's registration, I will not be refunded the deposit fee.

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

### Payment:

- Please send your \$50 per week non-refundable deposit for each child you are registering to:  
[Full Life Christian Center | Attn: Summer Explorers | 3535 Balboa Street | San Francisco, CA 94121](#)
- Cash and check accepted — Please make checks payable to: Full Life Christian Center. A \$35 handling fee will be assessed for all bank returned checks.

### Cancellation:

- For cancellation before 7/15/19, 100% of Total Fees, less \$50 per week deposit, will be refunded.
- For cancellation made less than two weeks prior to your child's first day, no refund will be given.

The information you provide will not affect your child's enrollment, but it will help us to determine the best group assignment for your child.

### Camp Shirt:

Please select the size for camp t-shirt: YS  YM  YL  AS  AM  AL  AXL

## Agreement & Release of Liability Statement

I/We certify to the best of my/our knowledge that everything on the Summer Explorers 2019 Registration, and Health and Medical Information Forms is correct and the child herein is in good health and not carrying any communicable diseases. He/She has no physical ailments that will prevent normal participation unless specified on the aforementioned forms. He/She has my/our permission to participate in the Summer Explorers activities. I/We realize failure to disclose could result in termination of services. I/We also understand that it is my child's responsibility to bring and apply their own sunscreen. In the event of an emergency, I/We give permission to Summer Explorers to obtain medical treatment for my/our child if I/We cannot be reached.

I/We hold harmless and waive any and all claims against Full Life Christian Center, its staff and volunteers, including, but not limited to, claims arising out of any negligence for any bodily injury, accident, illness, or any loss or damage to personal property occurring during or by reason of the participation in Summer Explorers 2019 Camp. I/We assume all risks and hazards incidental to the conduct of Summer Explorers 2019 Camp.

I/We also give permission for the use of photographs of my child in Summer Explorers media material including, but not limited to brochures, internet web pages, and photo collections. My/Our child has permission to leave the property for scheduled field trips and activities.

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Parent/Guardian Signature

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Date

Please send or drop off your completed registration form and \$50 per week deposit to: Full Life Christian Center | 3535 Balboa Street | San Francisco, CA 94121

Checks should be made out to FLCC with "Summer Explorers" and your child's name in the memo.