



Jamaica Fun @ Calvary Baptist Church-Jamaica, NY

111-10 Guy R. Brewer Boulevard * Jamaica, NY 11433

Phone: (718) 297-2301 Fax: (718) 523-8986

E-Mail: CampCalvary111@gmail.com

Reverend Victor T. Hall, Sr., Pastor

Minister Teddy R. Reeves, Exec. Minister

20 _____ Registration Form

(Check one)

Summer Camp (July-August)

After School (October-May)

Break Away Camp (Holiday/Vacation)

Child's Information (Please print all information clearly. Use a separate form for each child.)

Child's Name: _____ Sex: M F

Address: _____
Street Apt. # City State Zip Code

School: _____ Grade: _____ Birth Date: _____

Parent/Guardian Name: _____ Email: _____

Phone: (H) _____ (W/C) _____

How did you hear about us? _____ Church Bulletin/Announcement _____ Friend/Member _____ Other

EMERGENCY CONTACT INFORMATION

1) Name _____ Relationship to Child _____
Phone #: _____ Mobile #: _____

2) Name _____ Relationship to Child _____
Phone #: _____ Mobile #: _____

3) Name _____ Relationship to Child _____
Phone #: _____ Mobile #: _____

PARENT/GUARDIAN RESPONSIBILITIES

*Your child will **NOT** be released from Calvary Baptist Church without the proper notification. You are asked to provide the Emergency Contact Form with the name(s) of a person(s) who are authorized to pick up your child. We understand that new people will pick up your child occasionally. Without proper notice, we cannot release your child. In the event that you cannot provide us with a signed letter in advance, stating that your child will be picked up by someone other than those names provided on the Emergency Contact Form, you must send us an email using the following wording:

By copy of this email, I _____ (parent/guardian), hereby authorize _____ (person picking up child) to pick up my child, _____ (enrolled child) from Calvary Baptist Church Jamaica Fun program. I have instructed _____ (person picking up child) to bring photo ID, which will be required to be shown prior to Calvary Baptist Church Jamaica Fun releasing my child.

*I understand that I must immediately notify Calvary Baptist Church of any changes to this form.

*I understand that I am responsible for notifying Calvary Baptist Church when I or an approved pick-up person is running late to pick-up my child; or special circumstances for late drop-off and/or pick-up arrangements.

*I understand that my child must be picked up by 6:15 pm.

*I have read, understand and agree to the above.

Parent/Guardian Signature: _____ Date: _____



HEALTH & MEDICAL INFORMATION

Child's Name: _____ Birth Date: _____

Physician's Name: _____ Physician's Number: _____

Does your child have medical insurance? Yes No Insurer:

Member ID/Policy # _____ Group # _____

List all allergies and any action to be taken if child has an allergic reaction (Please provide Calvary Baptist Church program director with necessary allergy medication for your child. Clearly mark all medications with your child's name and the dosage to be administered. Sign medical release below for authorization.):

Indicate any information pertinent to an existing medical condition or medical history that may require special attention, including a list of current medicates and dosage that your child takes on a regular basis.

Any specific activities to be encouraged or restricted?

FINANCIAL HARDSHIP

A limited number of partial and full scholarships will be available for campers. If you wish to apply for financial assistance, please attach to this registration form a copy of your most recent pay stubs and/or a letter from a NYC assistance agency (Detailing your financial hardship) and a brief statement outlining your need. All attempts will be made to assistance families, but there are no guarantees.

MEDICAL RELEASE

In compliance with New York City Department of Mental Health & Hygiene, no child can be enrolled without permission for emergency medical treatment. In case of emergency, I hereby authorize the doctor or the hospital to which my child is brought to perform any emergency procedure or operation, to give treatment and the administration of an anesthetic to my child. I understand that I will be called if an emergency occurs.

Parent/Guardian Signature: _____ Date: _____

PARENT/GUARDIAN PERMISSIONS

I hereby give permission for the Jamaica Fun Summer, After School and Break Away camps of the Calvary Baptist Church to use pictures and video of my child for future promotional purposes. Yes No

I hereby give my child permission to participate in trips that leave the premises of the Calvary Baptist Church in accordance with the trip itinerary. Yes No

Parent/Guardian Signature: _____ Date: _____