



Fellowship Summer Camp 2024 Registration Form

This completed form and the Parental Consent & Agreement with deposit must be submitted for complete registration.

STUDENT INFORMATION	
Full Name:	
Birthdate:	Gender: Male Female
2023-24 Age Group: 3-4 years 4-5years K-2 nd 3 rd -5 th	School Name:
Address:	
PARENT/GUARDIAN INFORMATION	
Father Name:	Mother Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:

CAMP PROGRAM SELECTION						EXTENDED CARE OPTIONS*			
Week	Date	PS (3-5 Yrs)	ES (K-5 th)	Lunch (W & F)		AM Care	PM Care		
				1 Slice	2 Slices	7am - 8:45am	3:30 pm - 4:30 pm	3:30 pm - 5:30pm	3:30 pm - 6:30pm
1	6/10-14	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$6	<input type="checkbox"/> \$8	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60	<input type="checkbox"/> \$80	<input type="checkbox"/> \$100
2	6/17-21	<input type="checkbox"/> \$210	<input type="checkbox"/> \$250	<input type="checkbox"/> \$6	<input type="checkbox"/> \$8	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60	<input type="checkbox"/> \$80
3	6/24-28	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$6	<input type="checkbox"/> \$8	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60	<input type="checkbox"/> \$80	<input type="checkbox"/> \$100
4	7/1-5	<input type="checkbox"/> \$210	<input type="checkbox"/> \$250	<input type="checkbox"/> \$6	<input type="checkbox"/> \$8	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60	<input type="checkbox"/> \$80
5	7/8-12	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$6	<input type="checkbox"/> \$8	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60	<input type="checkbox"/> \$80	<input type="checkbox"/> \$100
6	7/15-19	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$6	<input type="checkbox"/> \$8	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60	<input type="checkbox"/> \$80	<input type="checkbox"/> \$100
7	7/22-26	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$6	<input type="checkbox"/> \$8	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60	<input type="checkbox"/> \$80	<input type="checkbox"/> \$100
	7/29-8/2	NO CAMP, NCFC VBS - Sign up with NCFC							
8	8/5-9	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$6	<input type="checkbox"/> \$8	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60	<input type="checkbox"/> \$80	<input type="checkbox"/> \$100
TOTAL		\$	\$	\$	\$	\$	\$	\$	\$

\$25.00 per week non-refundable deposit must be paid to secure spot. Make checks payable to: FCS

FOR OFFICE USE ONLY <input type="checkbox"/> P3-4 <input type="checkbox"/> P4-5 <input type="checkbox"/> K-2nd <input type="checkbox"/> 3rd-5th <input type="checkbox"/> Con/Ag Form <input type="checkbox"/> Med Form
Date completed: _____
Check # _____ / CC 3.6% Fee Amt): _____ Total Camp Fees: _____ Lunch Fees: _____ Initials: _____

FCS SUMMER CAMP 2023

PARENTAL CONSENT AND AGREEMENT

This form must be signed at the time of registration in order to enroll.

We agree to abide by the following:

- A minimum non-refundable deposit of \$25 per week per camper must accompany the registration to hold the camper's spot.
- If the camper is withdrawn at any time, the \$25 per week deposit will be retained as a non-refundable cancellation fee.
- All fees will be refunded or returned if camper is placed on a waiting list and not accepted into the program. Waiting list camper siblings who are enrolled, but later withdrawn will be subject to withdrawal penalties. I understand that registration is non-transferable even between siblings.
- I understand that full or partial payments may be made at any time and all fees for camp weeks 1-4 must be paid by June 7th and camp weeks 5-8 by June 28th. Any camp fees not paid by the deadline will be charged a late fee of \$30.00.
- I understand that no refunds will be given after the start of each camp week.
- I understand that any changes made in each camper's registered camp dates after June 1st will require a \$15 change fee.
- I understand that there will be a 10% of the lesser camp fee for each additional sibling of the same immediate family. Only 1 discount is applicable for each student.
- I understand that there is NO REFUND for days missed due to sickness. However, camp credit will be given in the current summer, only when possible, to children who are absent for 3 or more days *when requested in writing and accompanied with a doctor's note*.
- I understand that there may be additional cost if children purchase food or gift shop items at field trip locations.
- I understand that a \$25.00 fee will be assessed for any returned checks.
- I understand that dismissal time is 3:20-3:30pm and I will be assessed a late pick-up fee of \$5.00 for the first 15 minutes 3:30 – 3:45pm) and a \$1/minute thereafter unless the child is enrolled in the Aftercare program. Late fees will be payable in cash or check at the time the child is picked up or by the next morning.
- I understand that my child will be placed in the class age group in which he/she has just completed (not their future grade) with the exception of FCS 2.5 year olds who turn 3 by April 1, 2024.
- I understand that by signing this Parental Consent form, I assume responsibility for payment of camp tuition and fees.

First Aid and Safety Policies

- While FCS is taking reasonable precautions and cleaning daily, FCS will not be held responsible for any COVID-19 related issues. If you or your child are experiencing symptoms, please seek appropriate medical attention. Follow all CDC guidelines.
- I authorize camp officials to administer first aid and/or take my child to a physician or hospital for emergency treatment in the event it appears necessary and if neither parent guardian) can be contacted.
- Since local health regulations prohibit the camp from administering non-prescription drugs without written parental approval, I authorize the camp to administer topical over-the-counter medicines and products such as Cortisone, sunscreen, and bug spray used for bee stings, poison ivy, bug bites, abrasions, skin irritations, and preventative measures. If any topical medicine is unacceptable, I will notify the Fellowship Christian School administrative office in writing. I further give permission for FCS to provide routine healthcare for minor scrapes, cuts, and other minor injuries or illnesses.
- I understand that if my child has a fever, vomiting, diarrhea, or any signs or symptoms of a communicable illness as determined by the Camp Director or Camp Leader, then I must immediately pick up my child and not return to camp until after 24 hours of the child's last symptoms.
- I agree FCS cannot administer prescription drugs to my child, even with written parental consent, unless the medication is sent in a properly labeled container provided by a pharmacy and accompanied by a specific written authorization from the prescribing physician.
- In the event that I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the camp to hospitalize, secure proper treatment for and order medical care including but not limited to injections, anesthesia, or surgery for my child as deemed necessary by a licensed medical professional). My child's physician or his/her office should be contacted, if possible. I understand that I am financially responsible for the medical care of my child.
- I certify that I have given FCS correct medical information for my children) and will notify the organization if there are any changes.
- My child has permission, without restriction, to participate in all snacks, regular and special programming, including off-campus trips, transportation, and outdoor activities, unless I notify the camp otherwise in writing in the "Health and Medical Information" form. I understand and realize FCS will follow safety procedures, but that all physical activities include a certain risk and that FCS assumes no liability for injury or damage arising from or as a result of participation. These risks include, but are not limited to, loss of or damage to personal property, injury, or fatality. In consideration of, and as part payment for, the right to participate in all FCS camp activities and the services and food arranged when applicable) for my child by FCS, and its agents, servants, and employees, I have assumed all of the above risks and intending to be legally bound hereby, will hold FCS, Inc. and its agents, servants, and employees harmless from any liability which may arise out of or in connection with any trips, food provided, and related participation in any other activities arranged for by FCS, its agents, servants, and employees. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for any minors.

Additional Policies

- If a child damages property, uses foul language, engages in harsh physical contact with another person, or other unacceptable behavior confirmed by the camp staff, FCS has the right to dismiss the student from the camp immediately without refund.
- I hereby waive and release Fellowship Christian School and its trustees, officers, teachers, employees, counselors, volunteers, and agents from and against any and all present and future claims, costs, liabilities, expenses, or judgments, including attorney's fees and court costs, resulting from any damage, loss, personal injury or illness to my child and/or damage to my child's property arising from or out of my child's attendance or enrollment in, or out of my child's participation in activities at or offered by Fellowship Christian School.
- I give permission for Fellowship Christian School to use my child's name, voice, testimonial, picture, and/or likeness in any type of promotional material about FCS. I understand I must notify the director in writing if this is unacceptable.

I understand and agree to the above terms of enrollment and school policies.

Child Name _____

Parent or Guardian Signature _____

Date _____