



Camp Grace Point Registration Form



Date child entered care

Date child left care

Child's Name	Last	First	Middle	Name (nickname) used	Birthdate
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Street address	City	Zip Code
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Child's parent/guardian name	Home phone # () -	Cell phone # () -	Alternate phone # () -
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Street address	City	Zip Code
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Street where you can be reached while child is in care	City	Zip Code
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Child's parent/guardian name	Home phone # () -	Cell phone # () -	Alternate phone # () -
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Street address	City	Zip Code
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Street where you can be reached while child is in care	City	Zip Code
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Other than you, who else has permission to pick up your child?

Name	Address	Telephone number
Name:		Home: () - Cell: () - Alternative: () -
Relationship:		
Name:		Home: () - Cell: () - Alternative: () -
Relationship:		
Name:		Home: () - Cell: () - Alternative: () -
Relationship:		
Name:		Home: () - Cell: () - Alternative: () -
Relationship:		

In case of emergency. I give permission for any of the following individuals to be contacted and my child may be released to any of them.

Parent/Guardian signature: _____

Name:		Home: () - Cell: () - Alternative: () -
Relationship:		
Name:		Home: () - Cell: () - Alternative: () -
Relationship:		
Name:		Home: () - Cell: () - Alternative: () -
Relationship:		

Who does NOT have permission to pick up your child? If applicable (A copy of supporting court document must be on file)	
Name	Reason

Child's health information		
Date of child's last physical exam:	Child's health care provider	Telephone number () -
Street address Zip Code	City	
Special health problems? Yes or no? If yes, specify.	Allergies, including drug reactions Yes or no? If yes, specify.	
Regular medications? Yes or no? If yes, specify.	Other important information Yes or no? If yes, specify.	

Child's medical insurance coverage	
Insurance company name	Member/policy number
Policy holder name	Employer name
Insurance company name	Member/policy number
Policy holder name	Employer name

Consent to medical care and treatment of minor children			
I give permission that my child, _____, may be given first aid/emergency treatment by a licensee and/or qualified staff member from Camp Grace Point.			
Parent/Guardian signature	Date	Parent/Guardian signature	Date
When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Alabama that this information is true and correct.			
Parent/Guardian signature	Date	Parent/Guardian signature	Date

Emergency Contact and Medical Information for a Child

Child's Name _____	Date of Birth _____ M F Sex
Parent's/Guardian's Name _____	Parent's/Guardian's Name _____
(____) _____ (____) _____ Home Phone Cell Phone	(____) _____ (____) _____ Home Phone Cell Phone
Address _____	Address _____
City, State & Zip Code _____	City, State & Zip Code _____

Alternative Emergency Contacts

Primary Emergency Contact _____	Secondary Emergency Contact _____
(____) _____ (____) _____ Home Phone Cell Phone	(____) _____ (____) _____ Home Phone Cell Phone
Address _____	Address _____
City, State & Zip Code _____	City, State & Zip Code _____

Medical Information

Hospital/Clinic Preference

Physician's Name

(____) _____
Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release Camp Grace Point and individuals from liability in case of accident during activities related to Camp Grace Point, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date

MINOR (CHILD) PHOTO RELEASE FORM

I, _____, the parent or legal guardian of _____ [Child] grant Camp Grace Point my permission to use my or my child's photograph publically to promote Camp Grace Point. I understand that the images may be used in print publications, online publications, presentations, websites, and social media for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Signature: _____ **Date:** _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____

Camp Grace Point Summer 2019

Permission for Participation in Camp Activities

I give my permission for my child to participate in all camp activities, including field trips away from church premises. I absolve GPCC and staff from liability to injury or accidents while my child participates in these activities and trips.

Initial _____

Policy Agreement Regarding Refund

In submitting the Application for Enrollment, it is my desire for my child to participate in summer camp. It is also my understanding that the camp's policy is that refunds are not given for registrations fees.

Initial _____

Notification and Agreement to Camp Fees

The following are the fees required during your child's summer enrollment with us. Please read them and initial each one to show you have read and agree to them.

Registration Fee: Upon submitting an application form to Camp Grace Point a one-time fee of **\$35** (per child) will be due. This fee is nonrefundable and nontransferable. This fee holds your child's place in our program and will be due by **May 29, 2019** along with all registration forms.

Initial _____

Camp Tuition: Due weekly on Monday

Full Time: \$95.00 per week for first child. \$90 per week for additional children

1 Week only: \$95 plus registration fee

Single Day: \$20 (per child) plus registration fee

Initial _____

Tuition payments are due on Monday of each week. These payments are nonrefundable and nontransferable. A late fee of \$5 will be applied for each week that the payment is late. After two weeks the child will not be permitted to return until all monies due are paid in full. fee

Initial _____

Please sign below to say that you have read and understood the above concerning our summer program and all fees that apply. Please return this with your application forms and registration fee.

Parent/Guardian's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____

-----_For Office Use_-----

Registration Form completed and signed _____

Emergency and Medical Form completed and signed _____

Minor Photo Release Form completed and signed _____

Registration Fee Paid _____ Check number _____