

COVENANT CHRISTIAN MINISTRIES SUMMER CAMP APPLICATION
(June 2 through July 25, 2008)

****\$50 non-refundable registration fee must accompany this form.**
(Please fill out a separate form for each child)

CHILD INFORMATION

Name: _____ (M/F) Age: _____ D.O.B _____

Address: _____ Home Phone: () _____

City: _____ ST: _____ Zip: _____

Please list any physical problems or allergies of which we must be aware:

PARENT /GUARDIAN INFORMATION

Father's Name: _____ Work # _____ Cell # _____

Mother's Name: _____ Work # _____ Cell # _____

Responsible Party: _____ Work # _____ Cell # _____

Emergency Contact: _____ Work # _____ Cell # _____

T-SHIRTS

In order to assist C.C.M. Summer Camp please provide your child/children's correct t-shirt sizes, please circle one of the following sizes:

YOUTH SIZES

XSMALL
SMALL
MEDIUM
LARGE

ADULT SIZES

SMALL
MEDIUM
LARGE
X-LARGE
XX-LARGE

Summer Camp Attendance - (Please specify weeks will be attending)

Week 1 (June 2 –6) []

Week 2 (June 9 – 14) []

Week 3 (June 16 – 20) []

Week 4 (June 23 – 27) []

Week 5 (June 30 –July3) []

Week 6 (July 7 – 11) []

Week 7 (July 14 – 18) []

Week 8 (July 21 – July 25) []

PLEASE READ REVERSE SIDE, INITIAL, AND SIGN ACCORDINGLY THE POLICIES AND PROCEDURES OF The Multi-Sports Camp IN ORDER TO VALIDATE THIS APPLICATION..

(OVER)

OPERATING HOURS/ELIGIBILITY

CCM Summer Camp will run from 7:30 a.m. to 6:30 p.m. Monday through Friday. **Children may not be dropped off before 7:30a.m. Children must be picked up by 6:30 p.m.** Late fees will be assessed as follows for any late pickups: \$20 per every fifteen (15) minutes beginning at 6:31p.m., \$40 @ 6:46p.m. and \$60 @ 7:01p.m.,etc..

INITIALS _____

PAYMENTS/FEES

FEES ARE TO BE PAID IN FULL ON MONDAY MORNING OF EACH WEEK. Make checks payable to CCMSC. There will be a \$15 fee for each returned check, repayment must be in cash, cashiers' check or money order. All camp and returned check fees must be rectified immediately to avoid immediate dismissal of the child/ren. **Camp fee will be \$85.00 per week per child. (There is no prorated daily amount) There is an additional cost for trips.**

INITIALS _____

LUNCH AND SNACKS

Lunch is available from CCMSC for 3.00 per day. This can be paid on a daily or weekly basis. Children not purchasing lunch from CCMSC must bring a **fully prepared** nutritious bag lunch. Please clearly label all containers. All students are to bring one snack per day or they may purchase a snack from the CCMSC camp or vending machines at CCM. (Children are not allowed to bring glass bottled drinks to Camp.) **No refunds will be allowed.**

INITIALS: _____

FIELD TRIPS / ACTIVITIES

My child has permission to participate in any and all field trips and activities. I understand that I assume full responsibility for my child/ren. In event of any injury, I give permission for CCMSC to seek proper medical attention at the nearest medical facility. I release any liability to CCMSC. I understand I will be notified accordingly.

SIGNATURE _____ **Name of Physician / Provider** _____
ID#: _____ **Phone#:** _____

DRESS CODE / UNIFORM

Children must dress by wearing modest apparel as per CCM SummerCamp dress code. Children are not to wear short-shorts, miniskirt, muscle shirts or spaghetti straps (chest and back should be covered). Girls may need to wear tee-shirt over their swimsuit when swimming on field trips. **No braids or ear rings for boys.**

INITIALS _____

CORPORAL CORRECTION (SPANKING) STATEMENT

CCMSC considers it a duty to provide an atmosphere that is fun-filled, yet orderly. To this end, a code of discipline has been established. As part of our disciplinary measures, corporal correction (spanking) is administered as deemed necessary. We will not be repetitive with this action. Unruly children will be subject to suspension and / or expulsion from the Camp. I understand that I will only be called in the event I am needed to come and pick-up my child who is misbehaving. CCMSC has permission to administer corporal correction to my child _____ as deemed necessary.

SIGNATURE _____

ADVANCE NOTICE TO CANCEL

One (1) week advance written notice will be required in order to reserve your child's space.

INITIALS _____

I HAVE READ, INITIALED, AND FULLY UNDERSTAND THE GUIDELINES SPECIFIED ON THIS FORM.

SIGNATURE: _____ **(Parent/Guardian)** **Date:** _____

