



# BOOKER T. WASHINGTON SUMMER CAMP

## APPLICANT AND FAMILY INFORMATION

**CAMPER'S NAME:**

<b>Date of birth:</b>	<b>T-Shirt Size:</b> ___ Sm. ___ Med. ___ Lrg. ___ Adult Sm. ___ Adult Med. ___ Adult Lrg.	<b>Male or Female</b>
<b>Address:</b>	<b>City, State:</b>	<b>ZIP Code:</b>
<b>School:</b>	<b>Grade Entering in September:</b>	<b>Teacher:</b>
<b>IEP: Yes No (circle one)</b>	<b>Special needs:</b>	<b>Medication: Yes or No</b>
<b>Guardian # 1 Name:</b>	<b>Primary number:</b> <b>Secondary number:</b>	<b>Relationship:</b>
<b>Guardian #2 Name:</b>	<b>Primary number:</b> <b>Secondary number:</b>	<b>Relationship:</b>

## EMPLOYMENT INFORMATION

<b>Parent/ Guardian Name 1:</b>		<b>Current employer:</b>	
<b>Employer address:</b>		<b>How long?</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Phone:</b>	<b>Email:</b>	<b>Fax #:</b>	
<b>Position:</b>	<b>Hourly or Salary \$</b>	<b>Weekly income:</b> <b>Annual income:</b>	

<b>Parent / Guardian Name 2:</b>		<b>Current employer:</b>	
<b>Employer address:</b>		<b>How long?</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	

<b>Phone:</b>	<b>Email:</b>	<b>Fax #:</b>
<b>Position:</b>	<b>Hourly or Salary \$</b>	<b>Weekly income:</b> <b>Annual income:</b>

**PICK UP LIST**

<b>Name:</b>	<b>Address:</b>	<b>Phone:</b>
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		
<b>4.</b>		

\_\_\_\_\_ **I understand that my child will not be released to any person not authorized on this form.**  
 \_\_\_\_\_ **I am the only one who is able to pick up my child.**  
 \_\_\_\_\_ **My child has permission to leave without an escort each day at 5:00 pm.**

## PARENTAL AGREEMENT

I understand there is a non-refundable **\$50.00** registration fee for a single child and a **\$75.00** for those families who have more than one child. This fee secures your child's space for afterschool.

I understand there is a **\$750.00** fee for my child to attend the seven weeks summer camp program, that is to be paid by the 5th of July. **After the 5th of July there is a \$10.00 late fee that will be added.**

I understand that summer camp fees must be paid on time or I risk having my child suspended from summer camp or not able to return.

I understand that my child must comply with the rules and standards of conduct and that the organization may terminate my child's participation in the camp if he/ she does not maintain these standards.

Summer camp students will be required to wear a face mask indoors, unless they are eating. Children will also wear face masks when traveling or in public spaces. Children will be able to be unmasked while they are with their group, outdoors.

***I know that I will have to produce a negative COVID-19 PCR test result that was taken within 48 hours of their 1<sup>st</sup> day of summer camp.*** I also understand that I am responsible for informing the BTW, of any exposure to COVID-19 that anyone in my family may have had. I may also be asked to have my child tested for COVID-19 at any point during the school year if there is reason for suspicion of COVID-19 infection.

I understand that my child must comply with the BTW, rules and standards of conduct and that the organization may terminate my child's participation in the summer camp if he/she does not maintain these standards.

The Church of the Resurrection and The Booker T. Washington summer camps are not responsible for lost, stolen or damaged personal articles.

COR and BTWSC do not assume the risk for youth that travel to or from the church without supervision or authorization. COR or BTWSC assume no responsibility for youth once they leave the premises. I understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by walking, bus, amusement park rides, and water rides.

I hereby grant COR and BTWSC and its agents full authority to take whatever actions they deem necessary regarding my child's health and safety, and I fully release them from any liability. I understand that prudent attempts will be made to contact the undersigned immediately, in the event of an emergency. I understand that I will be responsible for payment of all medical and medication bills.

**PARENT NAME:**

**PARENT SIGNATURE:**

**DATE:** / /