ENROLLMENT APPLICATION





**Lillie’s Quest Camp**

**Remote Learning Program**

SPONSORED BY:



[www.5breads2fish.org](http://www.5breads2fish.org)

CHILD’S INFORMATION (Please print or type clearly)

last (family) name first (given) name middle name jr.,etc.

preferred name, if not first name birth date (month/day/year)

home address

City State ZIP/postal code

Parent/Guardian Child’s home phone Parent’s/Guardian cell phone

Parent’s/Guardian Work Phone Parent’s/Guardian student’s email address

1st Emergency Contact & Phone Relationship to Child

2nd Emergency Contact & Phone Relationship to Child

**CHILD PICK UP INFORMATION:** Please list below other parties that you give permission to pick up your child(ren) in your absences. Please note that a photo State issue I.D. and photo of those picking up your child(ren) is required on file for you and your child(ren)’s protection.

**PLEASE NOTE:**  LQC will not release child(ren) unless this information is on file:

Pick up Person’s Name & Phone Relationship to child

Pick up Person’s Name & Phone Relationship to child

How did you hear about Lillie’s Quest Camp? [ ]  website [ ]  church [ ]  event at LQC [ ]  radio

[ ]  advertisements [ ]  other      [ ]  online search [ ]  media/news outlet

[ ]  friends/family

**CHILD STANDARDS OF CONDUCT**

Children of Lillie’s Quest Camp (LQC) Camp/Remote Learning Programs are expected to have a reputation of excellence to those in the community. Therefore, as a condition of enrollment, children agree to abide by all the standards set forth in the Parent/CHILD Handbook. A child’s signature on this form binds them to these standards from the point of initial enrollment until the end of camp or official withdrawal. This includes all summer vacations, holidays, and school breaks.

**ZERO-TOLERANCE POLICY:** Use of alcohol will result in a suspension of 10 camp days (with no extra-curricular involvement) including mandatory completion of a restoration plan and issuance of a behavior contract upon return. Second offense will result in expulsion. Lillie’s Quest Camps will immediately expel a child for the following violations: 1. Any gang affiliations 2. Sale or distribution of alcohol on or off camp grounds; possession, use, sale or distribution of drugs or any other substance that causes impairment on or off camp grounds 3. Possession or use of explosives, firearms, or any other item used as a weapon at camp 4. Any acts or threats which directly or indirectly jeopardize the health, safety, and welfare of camp personnel or other children. Sexual misconduct towards children or staff.

**SEARCH AND SEIZURE:** The camp administration is authorized to conduct searches based upon reasonable suspicion that a child has violated the law or camp policy. Camp authorities may also inspect and search places such as lockers, desks, personal belongings, vehicles and other camp property and equipment without notice to or consent of the child or parent. Furthermore, within reason, the camp administration or designated camp authorities may search places such as vehicles, lodging/accommodations, and personal belongings of children participating in or attending sponsored events (i.e. off-site quest trips, etc.). Any evidence found during a search will be confiscated. Parental contact or consent is not warranted prior to interviewing or questioning of children by camp authorities.

I hereby certify that the facts in this application are true and complete to the best of my knowledge. I have read, understand, and will abide by the above policies (Zero-Tolerance and Tobacco Products policies) as set forth by the Board of Directors of Greater Works Outreach Ministry (G.W.O.M.). I understand that my signature on this form binds me to these standards from the point of initial enrollment until the end of the camp or official withdrawal. This includes summer vacations, holidays, and school breaks.

Print Child Name:       Child Signature:       Date:

If your child does not live with both parents, he/she lives with:

[ ] natural mother only [ ]  natural father only [ ]  natural mother and stepfather

[ ]  natural father and stepmother [ ]  guardian [ ]  adoptive parents

Who has legal custody of the child

 (Written documentation may be required prior to enrollment.)

**PARENT/GUARDIAN INFORMATION PARENT/GUARDIAN INFORMATION**

first & last name first & last name

home address home address

City State Zip Code City State Zip Code

e-mail e-mail

Cell Phone Home Phone Cell Phone Home Phone

Place of Employment Place of Employment

Title/position Work Phone Title/position Work Phone

[ ]  I am financially responsible. [ ]  I am financially responsible.

If you need additional space please write below:

Does your son/daughter take medication on a regular basis? If yes, please specify medicine and dosage.

Is your child under the supervision of the Department of Children & Family Services? [ ]  YES [ ]  NO

If yes, please explain:

What concerns, if any do you have regarding your child’s emotions, self-esteem, or physical health you would like LQC to help assist your children with?

**STATEMENT OF NONDISCRIMINATION:** Lillie’s Quest Camp (LQC) admits children of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to LQC children. We do not discriminate on the basis of sex, race, color, national or ethnic origin in the administration of our educational policies, admissions procedures, scholarship awards, athletic and other school administered programs. We do, however, reserve the right to deny admission to any individual who cannot benefit from enrollment in the camp based on past behavioral issues.

**PARENT STATEMENT OF COOPERATION:** The following statement is printed on each enrollment application. Parents will be asked to affirm the statement with their signature on the application form.

We understand that enrollment in Lillie’s Quest Camp is not a right, but a privilege, and do affirm that there are standards that must be maintained for the welfare of each child as well as for the entire camp. Therefore, if this application is accepted, we hereby give permission for our child's teachers and/or other agents of the Camp to make and enforce camp regulations in a manner consistent with Christian principles of discipline as set forth in Scripture. We will continue to uphold the authority of the teachers and staff of Lillie’s Camp Quest by recognizing their right to use the disciplinary measures they deem necessary. We will acquaint ourselves with the grounds for dismissal under disciplinary circumstances outlined in the parent handbook, and we will cooperate fully in this regard.

We also understand that all children, regardless of age, must live with a parent or legal guardian to maintain enrollment. **If we ever find that you cannot accept the disciplinary standards of LQC we may withdraw your child or you can face possible dismissal.** In the event of disciplinary reasons and the camp must expel our child, we will forfeit all fees paid. All fees paid is nonrefundable, including the Camp Deposit. We understand that the only exception to this policy is for a family who must move out of the school area. In that event alone, a prorated fee refund will be made. We understand that we have entered into a contractual relationship with LQC for the payment of all camp fees and related fees for the entire camp session, and that we agree to abide by the camp fee policies of LQC as stated above and in the Parent/Child Handbook.

I have read and understand this application, and I further certify that the information and attached documents are complete and accurate to the best of my knowledge. I agree to communicate in writing any changes contained herein even if said changes occur after enrollment. I understand that upon discovery of substantial inaccuracy or omission of information requested therein, the camp reserves the right to reconsider the admission of this applicant.

Signature of Parent/Guardian:       Date:

Choose which camp your child will participate in:

[ ] Lillie Quest Camp ranges from ages 8 yrs. to 13 yrs.

[ ]  Teen Ambassador Camp ranges from ages 13 yrs. to 18 yrs.

**Release of Liability Form – Lillie’s Quest Camp**

**My Child(ren)**        **has permission to attend all field trip activities with 5Breads & 2Fish/Lillie’s Quest Camp. I know and understand the purpose of the field trip and activities and I authorize my child to participate in the planned trip to the extent indicated by my signature below.**

**I agree, individually and on behalf of my child(ren), to release and not hold 5Breads & 2Fish/Lillie’s Quest Camp. Program liable for any harm or injury to minor or damages to or loss of minor’s personal property, resulting directly or indirectly from his/her participation in the camp. This release includes all risks and liabilities connected with this field trip, whether foreseen or unforeseen by 5Breads & 2Fish/Lillie’s Quest Camp, the minor, or me and whether or not resulting from negligence of 5Breads & 2Fish/Lillie’s Quest Camp.**

**In the event that my child(ren) is injured or get sick during any trip or activity, and I the parent am unable to provide consent to his or her medical treatment, I authorize 5Breads & 2Fish/Lillie’s Quest Camp. Program to delegate on my behalf to proceed with any medical treatment deemed necessary by The 5Breads & 2Fish/Lillie’s Quest Camp, until I am able to provide consent or until someone legally able to speak on my child(ren) behalf is made available. I agree, individually and on the behalf of my child(ren), to release, indemnify, and not hold The 5Breads & 2Fish/Lillie’s Quest Camp responsible for any liability which may be assessed against 5Breads & 2Fish/Lillie’s Quest Camp. Program as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment.**

**Parent’s Signature:**        **Date:**

**MEDICAL RELEASE FORM**

**STUDENT NAME DATE OF BIRTH**

**EMERGENCY CONTACT INFORMATION**

**It is the responsibility of the parent or legal guardian to keep all demographic data (phone numbers, address, email, emergency contacts) up-to-date with the Camp office.**

**MEDICATION GUIDELINES: Medicine should ordinarily be administered in the home. However, at certain times, medication may need to be administered during the camp quest day in order that a child can attend camp on a regular basis. Forms are available in the Camp office. There are no nurse or dottora on site but we do have first Aide assistance.**

**ACETAMINOPHEN RELEASE: (6-12 Grades only) The child listed above has my permission to receive acetaminophen tablets, chewable or adult, in the dosage corresponding to the child’s age for complaints or headache or general malaise as dispensed by Lillie’s Quest Camp (LQC), or G.W.O.M. Please check one.**

 **\_\_\_Yes \_\_\_No SPECIAL MEDICAL CONCERNS Is there any special medical information that the school needs to be aware of, i.e. allergies, medication, previous surgery? (please list in the space below)**

**INSURANCE INFORMATION: (A copy of your insurance card front & back must be attached.)**

**Name of Health Insurance Company:**

**Policy Number:**

**Phone Number:**

**PERMISSION TO SECURE MEDICAL ATTENTION: In case of sickness or injury, the camp has my approval to secure, at my expense, medical attention as needed, if I am unable to be reached at any emergency contact numbers on file.**

**Parent/Guardian Signature Date**

**Student Signature Date**

**Print Student Name Grade**

**Photography & Video Consent Form**

LILLIE’S QUEST CAMP

I,       , the parent of a child(ren) at agree to the following:

I understand that my child(ren) whose names(s) are listed below may be photographed and video-taped at the Summer camp during normal summer camp hours, field trips, or activities. I understand that these photographs and videos may be used in promoting summer camp services, either in printing or on the internet.

Place a checkmark in the box below if you agree to Lillie’s Quest Camp to distribute your address/phone information to other camp families. At times we send photos or videos showing parents their children’s activities of the day. When LQC sends videos, it could include another children’s interaction with their child.

[ ]  I/we understand that my/our child’s likeness may be photographed or videotaped by the camp in the course of school activities. I/we hereby give consent for the school to use my/our child’s likeness in promotional and/or advertising materials. Place a checkmark in the box below for permission to use your child’s image in promotional and/or advertising materials.

Please note: this statement does not include pictures taken by the news media.

[ ]  I give Lillie’s Quest Camp permission to use my child’s image in promotional and advertising materials.

The child(ren) are known as the following:

1.
2.
3.
4.

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for printing or electronic use in promoting LQC’s summer camp services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child’s enrollment. I understand that there will be no payment for me or my child’s participation in this release.

Parent/Guardian Signature       Date

**CAMP FEE CONTRACT**

We believe that this commitment is an investment in your child’s educational and spiritual formation. The fees for are approved annually by Lillie’s Quest Camp & Greater Works Outreach Ministry (G.W.O.M.). It is the responsibility of the two to ensure that adequate services are provided to the children and enrollment costs are as affordable as possible.

Parents agree to pay the camp fees of $       , per week per child, in a timely manner. There will be no exception made in your payment plan unless agreed upon by the Camp Director.

**LATE PAYMENTS:** All families are responsible for meeting their camp fee obligation to Lillie’s Quest Camp on a timely basis. Therefore, all payments are due on the selected due date Friday of each week. No grace period is in effect for late payments. If payments cannot be processed on the due date, child(ren) will not be allowed to attend the camp until those fees are paid current. Should you have difficulty meeting your tuition obligation, it is your responsibility to notify Camp Director so that agreeable terms can be reached.

**FEES:** All fees are included in the camp price except for the following activities. 1. Late pick-up fees are $1 for every minute you are late. 2. Field Trip fees. There is also a $30 application fee which is due when completing your application. The Application fee is non-refundable. 3. If your child(ren) become sick or on vacation fees are still owed in your child’s absence (unless other arrangements are allowed by camp director). 4. Fees for the camp are income based and parents will receive a fee schedule to understand what their cost is for their child(ren). 5. We do honor the subsidy program through IDHS. All parents who pay through the subsidy program must provide a copy of payment agreement through IDHS and submit a change of provider form. See camp pricing below:

**FEE DELINQUENCY:** Delinquent accounts are defined as: 1. Camp fees not paid in full by the Friday due date for the following week of student participation. 2. A weekly account that has missed 2 consecutive weekly payments. Any family whose has failed to make alternative arrangements with Camp Director may experience attendance interruption up to and including being asked to withdraw from camp until all payments are made and account is settled. 3. Unpaid Late pick-up charges. Late pick-up fees are $1 per minute.

**WITHDRAWAL/REFUND POLICY:** If a child is withdrawn camp fees are non-refundable. The only exceptions are if the family moved more than 45 miles from the camp or the death of the responsible bill payer or child occurs. No fee will be refunded to any child that has been expelled.

My signature below affirms that I have read, understand, and accept the terms and conditions of this contract. I acknowledge that if I withdraw my child, or if my child is expelled, I will forfeit all fees paid.

            PRINTED NAME OF RESPONSIBLE BILL PAYER DATE

      SIGNATURE OF RESPONSIBLE BILL PAYER

            AGREEMENT SIGNED BY CAMP DIRECTOR DATE

LILLIE’S QUEST CAMP

 PARENT/CHILD HANDBOOK & EMERGENCY EVACUATION PLAN SIGNATURE PAGE

By signing this page, I affirm that I have read and agree to abide by the policies and procedures outlined in the Emergency Evacuation Plan & Parent/Child Handbook.



Parent Signature Date

Student Signature Date

Print Student Name Grade

LILLIE’S QUEST CAMP

 is sponsored by the following organization:

[www.5breads2fish.org](http://www.5breads2fish.org)