

KENDALL CHRISTIAN CAMPUS

Summer Camp 2010 Registration Form

WELCOME TO SUMMER CAMP 2010

This packet will provide you with all of the information you will need to register. It's very important that you read it thoroughly. If you have any additional questions or feel there is any information we should know about your child before camp starts, please feel free to call or email us.

We look forward to seeing you and your child soon!

*Mr. Alex Gispert,
Camp Director*

Below, you will find the list of forms contained in this packet, a registration checklist, and information on how to register.

FORMS ATTACHED: *(please complete one of each form for each camper)*

1. Camper Registration Form
2. Payment, Refund and Photo Consent Form
3. General, Transportation, and Insurance Waiver

REGISTRATION CHECK LIST:

- Camper Registration Form completed for each child.
- Method of payment — Camp registration fees and must be paid in order to register.
(Our camp accepts cash, checks or Visa, MasterCard, and American Express charge cards.)
- Signed "Payment, Refund and Photo Consent Form" for each camp participant.
- Signed "General, Transportation, and Insurance Waiver" for each camp participant.

Note: Registration packet requires signatures in multiple places.

IMPORTANT REGISTRATION INFORMATION:

EARLY REGISTRATION RATES ARE AVAILABLE UNTIL APRIL 16, 2010.
PREPAY YOUR WEEKS AND SAVE \$20 PER CHILD PER WEEK.

REGISTER BY MAIL, FAX, EMAIL, OR IN PERSON AT EITHER LOCATION

Campus 1 (South West Miami)

Gladeview Christian School
12201 SW 26th Street
Miami, FL 33175
www.gladeview.org
PH: (305) 551-6143 / FAX: (305) 225-1632
Email: agispert@gladeview.org

Campus 2 (Killian/Pinecrest)

Kendall Christian School
8485 SW 112th Street
Miami, FL 33156
www.kendallchristian.com
PH: (305) 271-3723
Email: agispert@gladeview.org

KCS CAMPUS - SUMMER FUN KIDS CAMP 2010

Camper Registration Form

Office use only

Use ONE Registration Form per camper. Please print carefully so our staff can register your child correctly.

| CAMPER# | GROUP# | SWIM |
|---------|--------|------|
| | | |

KENDALL CHRISTIAN CAMPUS REGISTRATION FORM
(KILLIAN / PINECREST AREA)

8485 SW 112 Street
Miami, FL 33156

www.kendallchristian.com

Phone: (305) 271-3723

Camp Fax: (305) 225-1632

Director's Email: agispert@gladeview.org

Please circle a T-shirt Size

Youth: XS, S, M, L

Adult: S, M, L, XL, XXL

I. Camper Information

Camper Name (Last) _____ (First) _____ (Middle In.) _____

School Name _____ Current Grade Level _____

Camper Address _____

City _____ State _____ Zip _____ Age _____ DOB _____

Male/Female _____ Parent's E-mail _____

How did you hear about our camp? _____

II. Family Information

Parent/Guardian 1 (First/Last/MI) _____ Home Phone _____

Home Address _____ Employer _____

Cell Phone _____ Work Phone _____ Other Phone _____

Parent/Guardian 2 (First/Last/MI) _____ Home Phone _____

Home Address _____ Employer _____

Cell Phone _____ Work Phone _____ Other Phone _____

III. CAMPER PICK UP AUTHORIZATION

Parent/Guardian Authorization Signature _____

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

3. Name _____ Relationship _____ Phone _____

4. Name _____ Relationship _____ Phone _____

5. Name _____ Relationship _____ Phone _____

IV. Health Information

Child's Physician _____ Phone _____

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IV. Health Information Cont.

Please advise us of any learning disabilities, emotional or physical conditions to assist us in providing the best camp experience for your child.

List any or all medications which your child will bring with him/her to camp:

| <i>Medication</i> | <i>Medical Condition</i> | <i>To Be Given When/How</i> |
|-------------------|--------------------------|-----------------------------|
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |

V. Allergies: List all known allergies

| <i>Medication allergies</i> | <i>Describe reaction and management of the reaction</i> |
|-----------------------------|---|
| <hr/> | <hr/> |
| <hr/> | <hr/> |

| <i>Food allergies or Dietary Restrictions</i> |
|---|
| <hr/> |
| <hr/> |
| <hr/> |

| <i>Other allergies (Include insect stings, hay fever, asthma, animal dander, etc)</i> |
|---|
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EMERGENCY TREATMENT INFORMATION! PLEASE READ AND SIGN BELOW

Informed Consent for Emergency Treatment: In the case of an emergency and if I can not be reached, I authorize the staff of Gladeview Christian School's & Kendall Christian School's Fun Camp to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees.

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

KCS CAMPUS - SUMMER FUN KIDS CAMP 2010

Payment, Refund, and Photo Consent Form

EARLY REGISTRATION RATES AVAILABLE UNTIL APRIL 16, 2010. PREPAY YOUR WEEKS AND SAVE \$20 PER CHILD PER WEEK. IN ORDER TO REGISTER, THE REGISTRATION FEE MUST BE PAID PER CAMPER. REGISTRATION FORMS MAY BE FAXED, EMAILED, OR MAILED.

| 2010 KCS Camp Fees (Per Camper) | |
|--|------------|
| EARLY REG. RATE FOR PRE-PAID WEEKS | |
| Weekly Tuition (1 st child) | \$115.00 |
| Weekly Tuition (2 nd child) | \$100.00 |
| Weekly Tuition (3 rd child) | \$85.00 |
| One-time Registration Fee | \$75.00 |
| Before & After Care (Includes both) | \$15.00 wk |

I. Registration Fee (\$75.00 for each camp participant- non refundable) & Prepaid Weeks

- CHECK # _____ is enclosed payable to "Gladeview"
- CHARGE: _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER

CARD # _____ - _____ - _____ - _____ V-Code _____

EXP _____ / _____ Zip-Code _____ Total Amount to be charged \$ _____

I agree to pay the above total amount with the credit card listed above.

CAEDHOLDERS NAME _____

CARDHOLDER SIGNATURE _____ DATE _____

| 2010 KCS Camp Fees (Per Camper) | |
|--|------------|
| REGULAR TUITION RATE | |
| Weekly Tuition (1 st child) | \$135.00 |
| Weekly Tuition (2 nd child) | \$115.00 |
| Weekly Tuition (3 rd child) | \$100.00 |
| One-time Registration Fee | \$75.00 |
| Before & After Care (Includes both) | \$15.00 wk |

II. Please select the weeks that your child will be attending:

- _____ **Week 1** - (June 14-18) _____ **Week 3** - (June 28-July 2) _____ **Week 5** - (July 12-16)
- _____ **Week 2** - (June 21-25) _____ **Week 4** - (July 5-9) _____ **Week 6** - (July 19-23) _____ **Week 7** - (July 26-30)

IMPORTANT INFORMATION! PLEASE READ AND SIGN BELOW

REFUNDS: Refunds are only available on a camp credit basis that can be redeemed at a later time and are only offered to campers that undergo a severe illness or if a natural disaster occurs (Hurricane, Tropical Storms, etc.). Refunds will be made only to the original payee and may not be used by someone else.

ABSENCES: Refunds are not available for vacations, special events, short-term illnesses of four days or fewer, or other personal commitments that prevent attendance. Extended illness; A refund may be available for an extended illness if the student is absent the entire week. A note from the hospital/doctor and written note from the parent or guardian explaining the situation must be received in order to approve a camp credit refund.

DISMISSAL FROM CAMP: There are times when the camp must dismiss a child due to a psychological, emotional or physical disability that precludes the child from participating safely or effectively in a group. Dismissal will take effect only after consultation among the parents, camper (if appropriate) and the camp director. Dismissal for the aforementioned reasons will result in a complete refund for the unused days. On occasion, dismissal may be necessary for disciplinary reasons. This action will take effect only after consultation among the parents, camper (if appropriate) and the camp director. If a camper is dismissed for disciplinary reasons, there will be **NO REFUND** for the unused days.

MANDATED REPORTING: Summer Fun Camp employees are mandated, by Florida State Law, to report any suspected cases of child abuse or neglect directly to the appropriate authorities for investigation. While we have established internal procedures to facilitate reporting and apprise supervisors, we cannot by law require our employees to disclose his or her identity to anyone.

PAYMENTS: All weekly payments (weekly tuition, lunch fees, & any field trips fees) are due by Monday morning of each week. **NO EXCEPTIONS**

CAMP T-SHIRTS: For your child's safety, **all campers are required to wear their camp T-shirt every day.** Any camper that does not bring a camp T-shirt will be provided with one and will be charged for the shirt. (T-shirts are priced at \$12.00)

PHOTO CONSENT: Any photographs taken of the campers by Camp Staff or their representatives are used for editorial and/or promotional uses only. If you feel you don't want your child's photo to be taken, please submit your concern in writing to the summer camp office.

I acknowledge that I have read Gladeview Christian School & Kendall Christian Schools Summer Camp Policies and that I accept its conditions, hereby relieving Gladeview Christian School & Kendall Christian School and its employees of all legal claims.

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

KCS CAMPUS - SUMMER FUN KIDS CAMP 2010

General, Transportation, Swimming, & Insurance Waiver

GENERAL WAIVER

I, the undersigned, the parent/guardian of the child named below; do hereby consent to this child's participation in the 2010 Summer Camp program. I acknowledge that participation in this program involves light to vigorous activity and includes the possibility of injury. I am aware that there are inherent risks associated with participation in Gladeview's Summer Camp programs, parties, and/or use of the play area, and inflatable equipment, and I, on behalf of myself and the participants(s) named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants. I grant program officials the authority to obtain emergency medical treatment as necessary to insure that the child named below is safe from further injury. I am aware of no physical or other reasons why this child should not participate in camp programs and related camp functions. I will impress upon the child the importance of following camp rules, regulations, and instructor's directions. In consideration of the camp allowing this child to participate in camp programs, I agree to hereby release and hold harmless, Gladeview Christian School and Kendall Presbyterian Church and Kendall Christian School, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against all claims, injuries, liabilities, or damages arising out of or related to our participation in any and all summer camp activities, parties, the use of the play area, and /or inflatable equipment.

TRANSPORTATION WAIVER

I acknowledge that my child will be participating in activities, field trips, and events organized by Gladeview & Kendall Christian School's Summer Camp program. I am aware that the participation of my child is outside the scope of their daily routine. I give permission for my child to travel by a MDCPS approved school bus to the desired destinations.

SWIMMING WAIVER

_____ I **DON'T ALLOW** my child to use the swimming facilities that are scheduled by the summer camp program. **My child is not a good swimmer.**

_____ I **ALLOW** my child to use the swimming facilities that are scheduled by the summer camp program. **My child is a good independent swimmer.**

Parent/Guardian Signature: _____ Date: _____

INSURANCE INFORMATION

My/our child is covered under our family health insurance plan which has limits of not less than \$25,000.

Company _____ Policy Number _____

I ACKNOWLEDGE AND CONFIRM THAT I HAVE READ THIS WAIVER PRIOR TO SIGNING BELOW.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Child's Name: _____