

# Camp Voices

## 2010



### ENROLLMENT APPLICATION Ages 5-16

Summer Camp Director  
Program Director  
Teen Coordinator

Sugunda Jackson  
Shaunta Woodard  
Terence Manogin

Camp Registration	\$30
Activity Fee	\$200
Camp Weekly Fee	\$95

Camp Voices 2009  
2500 Rockbridge Rd. \* Stone Mountain, GA 30087  
[Sugajack77@yahoo.com](mailto:Sugajack77@yahoo.com)  
770-498-5850 ext. 146

Administrative Use Only

Registration \_\_\_\_\_

# SUMMER CAMP ENROLLMENT APPLICATION

Today's Date \_\_\_\_\_

Child's T-Shirt Size S M L XL  
Adult Sizes S M L XL

Camper(s) Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ ( ) Boy ( ) Girl

Present  
Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone(s): \_\_\_\_\_

Home

Cellular

Father: \_\_\_\_\_

Last Name

First Name

Business Name/Phone

Mother: \_\_\_\_\_

Last Name

First Name

Business Name/Phone

Child's Living arrangements: ( ) both parents ( ) mother ( ) father ( ) other

Specify: \_\_\_\_\_

Parents Address (if living separately): ( ) mother ( ) father

Street \_\_\_\_\_

City

State

Zip Code

Phones(s) \_\_\_\_\_

Home

Cellular

Business

Emergency Contact \_\_\_\_\_

Last Name

First Name

Relationship

Phone(s) \_\_\_\_\_

Home

Cellular

Business

State any mental, emotional or physical handicaps, which may affect his/her activities or progress during summer camp (all information is confidential):  
\_\_\_\_\_

Has he/she had any psychological testing? (I.e. Attention Deficit Disorder (ADD); Hyper Activity Disorder, Anger Disorder): ( ) Yes ( ) No If yes what were the results?  
\_\_\_\_\_

Person(s) authorized to pick-up child: \_\_\_\_\_

# Parental Payment Contract



I (We) reserve enrollment for

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in Voices of Faith "Camp Voices." I agree to pay a non-refundable registration fee of \$30 per child to guarantee enrollment of my (our) child(ren) at the time of registration.

I further agree to pay weekly fees of \$95 per child on Monday of each week by 6:30 p.m. I understand that a late fee of \$10.00 will be assessed after this time. I further, understand that nonpayment of weekly fees for (1) week will relinquish my child's place at Camp Voices and that he/she will not be able to return to camp until **all fees and outstanding balances are paid in full.**

I understand that I am expected to pay half the weekly amount for temporary absences (vacation) or illness to hold my child's place in Camp Voices. A written notice must be given to Camp Voices before withdrawing my child. I understand that if no written notice is given to Camp Voices as requested, my child will be removed from the program and will become ineligible to return.

Camp Voices will **NOT** refund any monies for partial weeks of the child's attendance. Attendance for two or more days constitutes a full week and no monies will be refunded.

## Payment Breakdown

<b>Registration</b>	<b>\$30.00 per child</b>
<b>Activity Fee</b>	<b>\$200.00 per child</b>

*This fee covers camper's starter gear, Six Flags Season Passes, Braves Game Admission and Atlanta Zoo Admission (5 & 6 year olds only). This fee also covers the weekly field trips. The registration fee is non-negotiable and must be paid before camp begins. The activity fee must be paid before any camper is allowed to participate on off campus activities. If the activity fee has not been paid, campers will not be allowed to attend field trips. Campers who do not attend trips must find alternate care for the day of the schedule trip.*

<b>Camp Voices Weekly Fee</b>	<b>\$95.00 per child</b>
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*The weekly fee covers the administrative portion of summer camp. This includes but is not limited to transportation, fuel, food, camper activities, supplies and staff salaries. This fee*

*is non-negotiable and must be paid weekly. Please refer to the payment guidelines for more information.*

I understand that a returned check fee of **\$30.00** will be charged to the child's financial records and the returned check will not be re-deposited. A second returned check will necessitate cash only. Checks must be made payable to: Voices of Faith Ministries. I may also make payments via MasterCard, Visa, American Express or Discover.

I understand the pick-up time for my child is 6:30 p.m. or prior, therefore beginning at 6:31 p.m., I am considered late and will be assessed a **\$2.00 per minute charge which is payable at the time of pick-up.**

By signing below, I acknowledge that I fully understand my obligation for my child and agree to the terms in this contract.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# VOICES OF FAITH SUMMER CAMP PARENTAL AGREEMENT



VOF summer camp agrees to provide child care for \_\_\_\_\_  
Monday through Friday, from 6:30 a.m. - 6:30 p.m. from May 24<sup>th</sup> through  
July 30, 2009.

**Medication will not be administered during summer camp. No Exceptions.**

My child will not be allowed to enter or leave the facility without being escorted by the parent/guardian, persons authorized by the parent/guardian or Summer Camp personnel.

I acknowledge that it is my responsibility to keep my child's records current and to give notice of significant changes as they occur i.e.: telephone numbers, work location, emergency contacts, etc.

VOF summer camp agrees to keep me informed of any incidents, including illnesses, injuries, death and/or exposure to communicable diseases, which may include or affect my child.

VOF summer camp agrees to obtain written authorization from me before my child participates in routine transportation, field trips, or special activities away from the facility.

My child ( ) will ( ) will not participate in all meal plans. If not, nutritious meals that meet USDA standards will be provided by: \_\_\_\_\_.

I have received, read and agree to abide by the policies of Voices of Faith Summer Camp 2010.

(Parent/Guardian)Signature \_\_\_\_\_ Date: \_\_\_\_\_

# CAMP VOICES EMERGENCY MEDICAL AUTHORIZATION



\_\_\_\_\_

Child's Name

\_\_\_\_\_

Date of Birth

Should my child suffer an injury or illness while in the care of Camp Voices and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child that are deemed necessary such as calling 911. I agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

A copy of my insurance card is on file and may be used in the event of an emergency.

Child's primary source of Health care is:

\_\_\_\_\_

Physician/Clinic Name

\_\_\_\_\_

Telephone Number

Known medical conditions (i.e. diabetes, asthma, drug allergies): If no known conditions please write the word "NONE."

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Cellular \_\_\_\_\_

# CAMP VOICES PERMISSION SLIP

CHILD'S NAME \_\_\_\_\_ Age \_\_\_\_\_



I give my child permission to travel with Camp Voices on all field trips scheduled during the summer of 2010. I understand that Camp Voices (Voices of Faith Ministries) is not liable for any incidents that happen on the premises of each field trip and I, the parent, will take full responsibility of any incidents with the vendor directly.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_