



Camp Voices 2026

ENROLLMENT APPLICATION

Ages 4-12

June 1st – July 24th, 2026

7:00 AM - 6:00 PM

Camp Registration - \$100

**** (Early Bird Registration Special \$50 - ends May 17th)**

Weekly Camp Fee - \$165.00

Activity Fee - \$150.00

50% Due by May 31, 2026

50% Due by June 14, 2026

**** (Field Trips Included) ****

Camp Locations

Stone Mountain Daycare

2500 Rockbridge Rd., SW
Stone Mountain, GA 30087
770-465-4172

Conyers Daycare

1600 Irwin Bridge Rd.
Conyers, GA 30014
678-374-5200



Camper's Full Name:

_____ Age: _____ DOB: _____ Grade: _____
 Last First () Boy () Girl

Current Address

_____ Street City State Zip Code

Mother:

_____ Last Name First Name Cell

Father:

_____ Last Name First Name Cell

Email

Address _____
 Mother's E-Mail Father's Email

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

_____ Street City State Zip Code

Emergency Contact (Other Than Parents):

_____ Last Name First Name Relationship Cell

State any mental, emotional or physical disability, 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:

Name _____ Relationship _____
 Name _____ Relationship _____
 Name _____ Relationship _____

OFFICE USE ONLY:		
Date Received: _____	App Entered: _____	Notes _____
Received By: _____	PIN Issued: Y__N__	_____
Prior Balance: _____	TS Issued: Y__N__	_____



I (We) reserve enrollment for _____
in Voices of Faith "Camp Voices." I agree to pay a non-refundable registration fee.

I further agree to pay weekly fees of \$165 per child, due on Monday of each week. I understand that a late fee of \$25.00 will be assessed on the next business day. 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.**

Parents will not be charged for temporary absences (vacation) or illness to hold a child's place in Camp Voices. When campers are going to be absent or will be withdrawn from Camp Voices, we ask that a one-week written notice be given.

Camp Voices will NOT refund any monies for partial weeks of the child's attendance. Attendance for one day constitutes a full week and no monies will be refunded.

METHOD OF PAYMENT: All accounts must have a debit/credit card on file and payments will be automatically withdrawn from your designated account on the due date. We accept Visa, MC, Discover, and Amex. We do not accept cash or checks.

Payment Breakdown

Registration Fee - \$100.00. Early Bird Special \$50 due May 17th.

The registration fee is non-negotiable and must be paid before camp begins.

Camp Voices Weekly Fee - \$165.00 per child.

The weekly fee covers the administrative portion of summer camp. This includes but is not limited to food, supplies and staff salaries. This fee is non-negotiable and must be paid weekly.

Activity Fee - \$150.00 per child – 50% Due May 31st

50% Due June 14th

*The field trip/activity fees are not included in the weekly fee. Field Trip & Activity fees must be paid before any camper is allowed to participate in any camp activities. **Campers who do not attend field trips must find alternate care for the day of the scheduled trip.***

I understand the pick-up time for my child is 6:00 p.m., therefore beginning at 6:01 p.m., I am considered late and will be assessed a **\$2.00 per minute charge per child, 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 childcare for _____
Monday through Friday, from 7:00 a.m. – 6:00 p.m. from **June 1st through July 24th, 2026.**

My child will not be allowed to 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 could possibly 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.

Students are not allowed to have fast food delivered to camp at any time; however, you may send a nutritious lunch of your choosing.

I have received, read and agree to abide by the policies of Voices of Faith Summer Camp 2024.

(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.

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."

Known food allergies:

Parent/Guardian Signature _____ Date _____

Daytime Telephone _____ Mobile: _____



Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person to notify in case of an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Address _____

Child's Allergies _____

Current prescribed medication: _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if Voices of Faith Ministries cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred for the treatment of my child.

Child's Name _____



Signature (Parent/Guardian) _____

Witness By _____ Date _____

PHOTO RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, I, _____, hereby grant VOICES OF FAITH MINISTRIES, INC. permission to use my child's likeness in a photograph in any and all of its publications, including but not limited to all of VOICES OF FAITH MINISTRIES, INC.'s printed and digital publications. I understand and agree that any video/photograph using likeness will become property of VOICES OF FAITH MINISTRIES, INC. and will not be returned.

I acknowledge that since participation with VOICES OF FAITH MINISTRIES, INC. is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize VOICES OF FAITH MINISTRIES, INC. to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing VOICES OF FAITH MINISTRIES, INC.'s programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge VOICES OF FAITH MINISTRIES, INC. from all claims, demands, and causes of action which, heirs, representatives, executors, administrators, or any other persons acting on behalf or on behalf of estate have or may have by reason of this authorization.

Child's Name: _____

Child's Printed Name: _____

Date: _____

Parent Signature: _____

Parent's Printed Name: _____



PARENT COMMUNICATION

Please complete the form below to receive announcements and updates. Group communication will be sent using Remind. Personal communication will be sent via email only.

Note: For Remind, when prompted on your cell phone, please follow the instructions to join the group.

MOTHER

Last Name

First Name

Cell

Email Address

FATHER

Last Name

First Name

Cell

Email Address





Summer Camp Vacation Leave of Absence Notification Form

Today's Date: _____

Name of Child(ren) _____

Please select the dates your child(ren) will be on vacation.

	Monday	Tuesday	Wednesday	Thursday	Friday	Official Use
Week 1	6/3 <input type="checkbox"/>	6/4 <input type="checkbox"/>	6/5 <input type="checkbox"/>	6/6 <input type="checkbox"/>	6/7 <input type="checkbox"/>	
Week 2	6/10 <input type="checkbox"/>	6/11 <input type="checkbox"/>	6/12 <input type="checkbox"/>	6/13 <input type="checkbox"/>	6/14 <input type="checkbox"/>	
Week 3	6/17 <input type="checkbox"/>	6/18 <input type="checkbox"/>	6/19 <input type="checkbox"/>	6/20 <input type="checkbox"/>	6/21 <input type="checkbox"/>	
Week 4	6/24 <input type="checkbox"/>	6/25 <input type="checkbox"/>	6/26 <input type="checkbox"/>	6/27 <input type="checkbox"/>	6/28 <input type="checkbox"/>	
Week 5	7/1 <input type="checkbox"/>	7/2 <input type="checkbox"/>	7/3 <input type="checkbox"/>	7/4 <input type="checkbox"/>	7/5 <input type="checkbox"/>	
Week 6	7/8 <input type="checkbox"/>	7/9 <input type="checkbox"/>	7/10 <input type="checkbox"/>	7/11 <input type="checkbox"/>	7/12 <input type="checkbox"/>	
Week 7	7/15 <input type="checkbox"/>	7/16 <input type="checkbox"/>	7/17 <input type="checkbox"/>	7/18 <input type="checkbox"/>	7/19 <input type="checkbox"/>	
Week 8	7/22 <input type="checkbox"/>	7/23 <input type="checkbox"/>	7/24 <input type="checkbox"/>	7/25 <input type="checkbox"/>	7/26 <input type="checkbox"/>	

*A one-week written notice **must** be given to Camp Voices before going on vacation, leave of absence, or withdrawing your child. **I understand that if no written notice is given to Camp Voices as requested, a fee of up to \$25 can be added to your account.**

Signature (Parent/Guardian)

OFFICE USE ONLY:

Date vacation request was received _____ Initials _____



Camp Voices Student Pick-Up Authorization

Name of Student: _____

Dear Parent,

Please list all **AUTHORIZED** people who will be picking up your child in the afternoon.

NAME	RELATIONSHIP TO CHILD	ADDRESS <small>(COMPLETE ADDRESS REQUIRED)</small>	TELEPHONE NUMBER
1.			
2.			
3.			
4.			

Also note:

1. No child will be allowed to enter or exit the center without being escorted by a parent or guardian. Siblings are **NOT** allowed to be on the authorized pick-up list unless they are at least **18 years of age**.
2. Please keep the center advised of any significant changes regarding phone numbers, work locations, emergency contacts, etc.

Please call the daycare office, fax, email or send a note to school/camp with your child if any person(s) other than the authorized names above will be picking up your child. Authorized person must know your child's code before child will be released. Your written consent **MUST** be received before your child will be released. Written consent may be in the form of an email or text message and **must** include your first and last name in the verbiage provided.

Parent's Signature: _____

Date: _____