

MEMORIAL BAPTIST ELC SUMMER CAMP APPLICATION



Memorial Baptist Early Learning Center provides a 9-week summer camp program to children who turn 12 months old by May 31st – children entering PK4 in the Fall.

The ELC Summer Camp starts Monday, June 3rd and ends Friday, August 2nd with the 9 weeks split into 3 sessions. Your child does not have to attend all 3 sessions, but you must choose which sessions you would like to attend at the time of registration due to limited spots.

Sessions must be paid in full by each due date to hold your child's spot.

Memorial Baptist ELC Summer Camp is a 5 day program ONLY.

This application must be turned in with the registration payment, a copy of your child's birth certificate, & immunization records. Your child's spot will not be held until all documents and payments have been turned in.

Payment Information:

Register by April 1st - \$25.00 Registration Fee or \$40.00 Family Registration Fee

Register after April 1st – \$35.00 Registration Fee or \$50.00 Family Registration Fee



8:00am – 4:00pm Cost:

5 Days (Only) \$525.00 ***per 3 week session***

Before and After Care:

7:00am – 8:00am (\$3.00 per half hour)

4:00pm – 6:00pm (\$3.00 per half hour)

Session Payment Due Dates:

Session 1 Paid in Full by May 20th

Session 2 Paid in Full by June 10th

Session 3 Paid in Full by July 1st





Supplies Needed:

- Lunch from home. Lunchbox must be labeled with child's first and last name.
- Nap mat with pillow and blanket attached labeled with child's first and last name.
- 2 full sets of extra clothes in a large Ziploc bag to be left in your child's cubby.
- All children must wear closed toe Velcro shoes.
- Sippy cup(s) brought to Summer Camp everyday filled with drink for your child. Top/lid and bottom must be labeled with your child's first and last name.

If your child is NOT potty trained:

- 2 packs of wipes labeled with your child's first and last name.
- Diapers or pull ups with easy open sides labeled with your child's first and last name. They **MUST** be the easy open/ Velcro sides.

Additional Information:

Memorial Baptist ELC provides camp for children 12 months – children entering PK4. Children are grouped together by age and **at our discretion**.

Admissions are open to all students regardless of race, color, sex, ethnic background, or national origin.

For infant tuition please call (504) 455 7635.

- Your spot will not be held until ALL the following items are turned in: Registration Fee, Registration Form, Birth Certificate, and Immunizations.

- Spots are limited and given on a first come first serve basis.

Camp Activities:

Water Day

Friday Pizza Days!

Other Activities TBD



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Camper Information:

Child's Name: _____ Potty Trained? Y/N

DOB _____ Age _____ Circle: M/F Comments: _____

Grade Entering for Fall 2024 _____

Parent Information:

Father's Name: _____

Home Address: _____

Street Address City State Zip Code

Cell Phone _____ Work Phone _____ Email _____

Mother's Name: _____

Home Address: _____

Street Address City State Zip Code

Cell Phone _____ Work Phone _____ Email _____

Please check sessions attending:

FULL TIME 12 Months – PK4 5 Days a Week
<input type="checkbox"/> Session 1 (June 3 rd – June 21 st) *Paid in full by May 20 th
<input type="checkbox"/> Session 2 (June 24 th – July 12 th) *Paid in full by June 10 th
<input type="checkbox"/> Session 3 (July 15 th – Aug. 2 nd) *Paid in full by July 1 st

Office Use:
BC _____ Reg _____
Imm. _____ 1 st Pay. _____

Permission Authorization:

I give permission for employees of Memorial Baptist ELC to take photographs and videos of my child while enrolled in the summer camp program for Memorial Baptist ELC social media, website, and/or advertisement use.

Yes ___ No___ Initial _____

My child has permission to participate in the following outdoor water activities (sprinklers, wading pools, waterslide) throughout the 2024 Summer Camp session.

Yes ___ No___ Initial _____

My child has permission to participate in all "in house" field trips during the 2024 Summer Camp session.

Yes ___ No___ Initial _____

Medical Information:

Pediatrician _____

Phone Number _____

Allergies or intolerance to food, medication, etc.? _____

Actions to take in the event of an allergic reaction/emergency?

Chronic physical problems? _____

The ELC Summer Camp will open at 7:00am with camp activities starting at 9:00am. Summer Camp activities end at 4:00pm, camp closes at 6:00pm. **Any child left after 6:00pm will be charged \$5 a minute for the first 5 minutes and \$10 a minute for each minute thereafter.**

I understand that if my child is here after 6:00pm I will be charged accordingly. I understand that if this continually becomes an issue, I will be asked not to return to the aftercare program.

Signature _____

Person(s) financially responsible for student:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

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Admit Date: _____

Child's Information Form

Child's Name: _____ Sex _____ Birthdate _____

	Mother	Father
Name		
Address		
Employer		
Home Phone#		
Work Phone#		
Cellular Phone#		

Person with whom the child lives: _____

Child's Doctor: _____ Doctor's Phone #: _____

Child's Dentist: _____ Dentist's Phone #: _____

Individuals to contact in case of an emergency:

_____ Phone#: _____
 _____ Phone#: _____
 _____ Phone#: _____
 _____ Phone#: _____

- | | | |
|--|-----|----|
| Does your child have any food allergies? | Yes | No |
| Does your child have any other allergies? | Yes | No |
| Does your child have any dietary restrictions? | Yes | No |
| Does your child have any special needs or health concerns? | Yes | No |

Please explain any "yes" answer here:

My child has permission to be released to the following individuals, child care facilities or transportation services in addition to emergency contact persons listed above.
(Please notify these individuals that they may be asked to show proof of identity)

Name(First and Last)	Relationship

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: _____ Date: _____