

WEST PARK BAPTIST SUMMER DAY CAMP

Weeks must be specified

Spaces fill up fast!

Indicate desired weeks:

**Summer 2024
Form for Ages 5-12**

4004 W. Lake Ida Road
Delray Beach, FL 33445
Phone (561) 495-2107
Fax (561) 638-5825

- | | |
|---|--|
| <input type="checkbox"/> Jun 3-7: Florida
<input type="checkbox"/> Jun 10-14: Bible
<input type="checkbox"/> Jun 17-21: Creation
<input type="checkbox"/> Jun 24-28: Western
<input type="checkbox"/> Jul 1-5: Patriotic*
*(NO CAMP Thursday, Jul 4) | <input type="checkbox"/> Jul 8-12: Theatre
<input type="checkbox"/> Jul 15-19: International
<input type="checkbox"/> Jul 22-26: Olympic
<input type="checkbox"/> Jul 29-Aug 2: Inventor/Explorer
<input type="checkbox"/> Aug 5-9: Carnival |
|---|--|

Our 41st Year!

\$50.00 Registration per Camper
 1st Camper- \$150.00 2nd Camper- \$95.00
 3rd Camper- \$40.00 4th Camper- \$30.00
 3.5% Convenience charge for credit cards.

Early care (before 8:00 AM) or late stay (after 5:30 PM) charge \$2.00 for every 15 minutes per child.

A person may attend for one day for **\$40.00**. This allows you to **try** the camp before committing to a full week.

Any camper attending more than one day in the same week must register and pay for the full week.

Office Use Only: Date Registered: _____ Reg. Fee paid: cash amount _____ Receipt# _____ Check# _____ Amount _____ INT _____

PLEASE PRINT: E-mail: (optional but helpful)

Camper's Name:		Boy/Girl (Circle One)	Age:	Grade in Fall:
Address:			Home Phone #:	
City, State, ZIP:			Birthday:	
School last attended:			Church Preference:	
Father's Name:		Mother's Name:		
Cell #:		Cell #:		
Employed By:		Employed By:		
Work Phone #:		Work Phone #:		
Living with child?	YES NO	Living with child?	YES NO	

PERSON(S) AUTHORIZED TO CARE FOR CHILD IN EMERGENCY IF PARENT(S) CANNOT BE REACHED (REQUIRED):

1st NAME (REQUIRED):	Phone:
2nd NAME (REQUIRED):	Phone:
Child's Doctor (REQUIRED):	Phone:

I give WPBC permission to give my child: _____ Acetaminophen for (reasons) _____
 _____ Benadryl for rashes or insect bites _____ Use Peroxide _____ Antibacterial ointment for cuts/scrapes

MEDICAL CONDITIONS WE NEED TO BE AWARE OF (allergy, history of medical problems, etc.):

--	--	--	--

PERSON(S) OTHER THAN PARENTS PERMITTED TO PICK UP CHILD FROM CAMP: Name & Phone # (REQUIRED)

Name & Phone #: _____

We seek to provide the best summer recreational program for each camper at the most reasonable rate. Our goal is to teach, entertain, and serve your children. By completing this registration form, you will help us get better acquainted with your child and hopefully provide one of the best summer experiences of their life.

Camper's Code of Conduct: As a camper, I agree to....

1. Respect and obey all camp staff. 2. Respect the property of others. 3. Only use words that are polite.
4. Stay with my group or in my designated area at all times.
5. Not bring to camp, nor have in my possession, any object that would be harmful or a distraction to others.
6. Not push, hit, or inappropriately touch another camper. 7. Play games in a fair manner by demonstrating good sportsmanship.

***I understand that if I do not obey the rules, my parents will be notified. I know that following these guidelines will benefit all and will be a positive reflection on my family and myself.** I understand and agree: Yes _____ No _____

TURN OVER PLEASE....

MEDICAL AUTHORIZATION:

In case of accident or serious illness we (I) request the camp to contact us (me). If the camp is unable to reach us (me), we (I) hereby authorize the camp/church to call the physician indicated or other emergency personnel. We (I) further authorize the attending health facility and professionals to provide medical treatment as deemed necessary, and we (I) will undertake full financial responsibility for the same.

(Both parents' initials required)

PHOTO RELEASE:

We (I) agree to give WPBC permission to use our (my) child(ren)'s photo likeness in publications and advertisement, and social media promotions for the camp.

(Both parents' initials required)

FIELD TRIP AUTHORIZATION:

Our (My) child(ren) has our (my) consent to participate in any official class/camp trip away from West Park Baptist Church campus, supervised by the camp staff and other parents. This includes consent for our (my) child(ren) to be transported by church/camp vehicle, charter bus, and/or private vehicle to and from campus.

(Both parents' initials required)

DISCIPLINE STATEMENT:

We (I) understand that disciplinary measures may include rewards, verbal corrections, sit down time or time out, and gain or loss of privileges. That parent will be notified in the case of serious or repeated offenses. We (I) understand that the camp reserves the right to dismiss any camper for flagrant and/or continuous rule violations. If necessary, we (I) may be asked to temporarily or permanently remove our (my) child(ren) from camp.

(Both parents' initials required)

NUTRITIONAL AGREEMENT:

We (I) agree to provide adequate, nutritional lunches for my child(ren) whenever he/she stays after 12:00 p.m. We (I) further agree that if for any reason our (my) child(ren) does not have a lunch, the camp may provide a lunch at our (my) expense.

(Both parents' initials required)

LEGAL STATEMENT OF COOPERATION:

Should any legal action, for any reason, be taken against West Park Baptist Day Camp, West Park Baptist Church of Delray Beach, Florida, Inc., any employee, any agent thereof, or any third party, on my child(ren)'s behalf, and the camp/church, or its agents, or any third party not be found at fault, we (I) agree to pay any attorney fees, court fees, damages or other costs that West Park Baptist Church/West Park Baptist Day Camp or its agent or any third parties should incur to defend itself against such action. We (I) hereby release West Park Baptist Church/Camp of any liability as a result of our (my) child(ren) attending camp.

(Both parents' initials required)

POLICY AGREEMENT:

We (I) have read the program information and rules. Therefore, we (I) agree to have our child(ren) cooperate with the camp staff in all areas and will encourage them to participate in all camp activities.

(Both parents' initials required)

In order to help keep our operating costs low, we need to know what forms of advertising are the most effective. Please indicate how you heard of West Park Baptist Summer Day Camp.

____ WORD OF MOUTH ____ DOOR-TO-DOOR FLYER ____ INTERNET ____ SCHOOL FLYER ____ YELLOW PAGES
NAME OF FRIEND WHO REFERRED YOU _____ OTHER _____

PARENT OR GUARDIAN SIGNATURES ARE REQUIRED.

FATHER: _____
MOTHER: _____
GUARDIAN: _____

DATE: _____
DATE: _____
DATE: _____

Please note that the individual(s), whose signature is above, are responsible for any and all financial obligations created by the above registered child(ren) attending West Park Baptist Summer Day Camp. **FIELD TRIP COST NOT INCLUDED IN WEEKLY FEES.**

Would you like to receive our monthly newsletter email? Yes _____ No _____