

# BETHEL CHRISTIAN ACADEMY'S SUMMER DAY CAMP | 2024

## REGISTRATION FORM JUNE 10- AUGUST 9

### **Child's Information:**

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Grade Exiting: \_\_\_\_\_

### **Parent's Information:**

Mother's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ e-mail \_\_\_\_\_  
 Mother's Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ e-mail \_\_\_\_\_  
 Father's Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Parents are (Check One):  
 Married     Divorced     Widow     Single     Separated

Legal Status of Child's Custody: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ (The children are **required** to wear their Camp T-shirts on field trip days!!! You will receive one shirt with your paid registration. We will have additional shirts available to purchase for \$12. If you plan on buying any additional T-Shirts please make a note on this form so we can have enough available.)

**IMPORTANT: Campers need to bring their own lunch. They will be given a snack in the afternoon.**

**Please check the days that your child will attend the program:**

**Registration Fee (non-refundable): \$40**      (Date Received \_\_\_\_\_ CASH or CHECK # \_\_\_\_\_)

	Monday	Tuesday	Wednesday	Thursday	Friday	Payment Amt.
June 10-14						
June 17-21						
June 24-28						
July 1-5				NO CAMP	NO CAMP	
July 8-12						
July 15-19						
July 22-26						
July 29-Aug 2						
Aug 5-9						

**In Case of Emergency (and parents cannot be reached), please contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*\*\* Please submit completed paperwork, registration fee of \$40 and first week's payment to the office at time of registration. \*\*\*

**Bethel Christian Academy's Summer Day Camp**  
 12901 W. Pleasant Valley Rd.  
 Parma, Ohio 44130  
 440-842-8575

**HEALTH QUESTIONNAIRE**

Child's Name: \_\_\_\_\_

First

Middle

Last

Birthdate: \_\_\_\_\_

Gender: \_\_\_\_\_

Father's Health \_\_\_\_\_

Mother's Health \_\_\_\_\_

If deceased, cause \_\_\_\_\_

If deceased, cause \_\_\_\_\_

**Diseases:** (If your child has had any of the following, please state at which age)

- |                   |                     |                        |
|-------------------|---------------------|------------------------|
| _____ Mumps       | _____ Diphtheria    | _____ Polio            |
| _____ Convulsions | _____ Measles       | _____ Whooping Cough   |
| _____ Asthma      | _____ Chicken Pox   | _____ Rheumatic Fever  |
| _____ Hay Fever   | _____ Pneumonia     | _____ Heart Disease    |
| _____ Diabetes    | _____ Scarlet Fever | _____ Discharging Ears |

**Recent Disabilities:**

- |                           |                        |                                   |
|---------------------------|------------------------|-----------------------------------|
| _____ Frequent Colds      | _____ Fainting Spells  | _____ Sore Throats                |
| _____ Frequent Urination  | _____ Leg Pains        | _____ Allergy (please list below) |
| _____ Dizziness           | _____ Hernia           | _____ Persistent Cough            |
| _____ Ringworm            | _____ Tires easily     | _____ Difficulty Breathing        |
| _____ Speech Difficulties | _____ Growing Pains    | _____ Nose Bleeding               |
| _____ Strep Throat        | _____ Tonsillitis      | _____ HIV Virus                   |
| _____ Ear Infections      | _____ Vision Problems  | _____ Bee Sting Allergy           |
| _____ Bowel Problems      | _____ Bladder Problems | _____ Hearing Difficulty          |

Please list any other health conditions which would interfere with your child's participation in Bethel Christian Academy's Summer Day Camp:

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**CHILD PICK-UP & RELEASE PROCEDURES**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

The following persons (and only these persons) are authorized to pick up my child(ren) from Bethel Christian Academy's Summer Day Camp.

Please be advised that the staff of Bethel Christian Academy's Summer Day Camp may request identification from authorized persons at any time in order to ensure the safety of your child.

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**The parent/guardian is responsible for notifying the camp administrator in writing with any changes of authorization.**

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

The following persons are **NOT** authorized to pick up my child(ren):

\_\_\_\_\_

# BETHEL CHRISTIAN ACADEMY'S SUMMER DAY CAMP | 2024

## EMERGENCY MEDICAL AUTHORIZATION

### **Child's Information:**

Child's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_

I hereby authorize the staff of Bethel Christian Academy's Summer Day Camp to call an emergency ambulance in case of accident or acute illness and to arrange for necessary emergency medical and surgical care if I am not immediately available. Any qualified physician contacted by the staff of Bethel Christian Academy's Summer Day Camp may treat and do whatever is necessary for the health and well-being of my child. I agree to accept responsibility for the cost of any medical services provided for my child.

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relative's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent(s) or Legal Guardian(s) Signature(s):

\_\_\_\_\_  
Name Signature Date

\_\_\_\_\_  
Name Signature Date

# BETHEL CHRISTIAN ACADEMY'S SUMMER DAY CAMP | 2024

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## PARENT/GUARDIAN CONSENT FORM

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_ (hereinafter "my child"), and I am informed of the activities offered by Bethel Christian Academy's Summer Day Camp (hereinafter "this camp") located at: 12901 W Pleasant Valley Road in the City of Parma, County of Cuyahoga, and State of Ohio, beginning the day of June 10, 2024 and ending on the day of August 9, 2024.

As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by this camp.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

I have read the details and give permission for my child to travel and participate in Bethel Christian Academy's Summer Day Camp Program, June 10, 2024 through August 9, 2024 and acknowledge that my child is capable of participating. I release Bethel Christian Academy and their agents, staff, and volunteers from any liability whatsoever arising out of injury, damage, or loss, which may be sustained by said participant(s) during the course of involvement with the Summer Day Camp.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Additional Information:

My child is to be excluded from the following activities:

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## PARENT/GUARDIAN FINANCIAL AND REGISTRATION AGREEMENT

- All Payments for your child's care must be made in advance. You may pay for multiple weeks at one time. A \$15 late fee will be charged for all payments that are not turned in on time.
- Payments for each week are due by Monday morning at 9:00am.
- The FULL AMOUNT must be paid for each week your child is registered.
- If a check is returned by the bank for insufficient funds, there will be a \$35.00 fee assessed to your account.
- If you decide not to send your child on a registered camp day, you must notify the camp administrator at least (3) days in advance. If you fail to do this, you will be responsible to pay the daily camp fee in full.
- If your account is delinquent for payment, your child will be removed from camp until the account becomes current.
- If your child does not have their camp t-shirt on a field trip day, they will need to rent one. You will be charged \$2 to your account and the shirt must be turned in before leaving that day.

This agreement assures that there will be a sufficient number of qualified staff to care for your child each day.

I understand that payment for my child is due in advance. The first week's payment will be due with registration. For each additional week of camp, payments are due by Monday morning at 9:00am starting on June 10, 2024. I agree to pay the amount of \$ \_\_\_\_\_ per week/day.

In addition, I agree to pay a one-time non-refundable registration fee of \$40 to enroll my child. Payment of this fee will reserve your child's place in Bethel Christian Academy's Summer Day Camp.

I have thoroughly read this financial agreement form. I fully understand that as long as my child or children are enrolled in Bethel Christian Academy's Summer Day Camp, I will fulfill my obligations and abide by this financial agreement.

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Parent/Guardian Signature

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Date

**SUNSCREEN PERMISSION FORM**

Bethel Christian Academy's Summer Day Camp strongly suggests that children wear sunscreen during outdoor activities while participating in our Summer Day Camp.

In order for BCA's Summer Day Camp staff to apply sunscreen to your child(ren), you will need to provide the sunscreen you prefer, as well as this completed form, to the day camp directors. Please mark your child(ren)'s name in permanent marker on the bottle/tube.

Your child should have sunscreen with them in their bookbag. You will need to replenish sunscreen as needed. We will assist younger children with their sunscreen.

Name of Child(ren): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission to Bethel Christian Academy's Summer Day Camp to assist my child(ren) in applying sunscreen as needed.

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

\_\_\_\_\_  
Date