

Ebenezer Baptist Church Summer Enrichment Program  
2020 West Sugar Creek Rd.  
Charlotte, North Carolina 28262

“ A Dynamic Summer” Camp Enrollment Application

**Note: An application for each child in a family must be on file.**

Today's Date \_\_\_\_\_ Child's Grade \_\_\_\_\_ Age \_\_\_\_\_

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ School \_\_\_\_\_

Mother's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

T-shirt Size (child/adult) \_\_\_\_\_ Responsible for Fees \_\_\_\_\_

Please list those persons we should contact in the case of emergency if parents are unreachable. Also list persons, **including non-custodial parents**, who are allowed to pick up camper in the absence of the parent. These persons must show valid ID!! NO EXCEPTIONS!! We will NOT take call ins from parents for persons not listed on this form. Use another sheet if necessary to list all authorized persons.

1. \_\_\_\_\_ Phone \_\_\_\_\_
2. \_\_\_\_\_ Phone \_\_\_\_\_
3. \_\_\_\_\_ Phone \_\_\_\_\_
4. \_\_\_\_\_ Phone \_\_\_\_\_
5. \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Information**

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance. Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Medications (give dosage amt./assigned days) \_\_\_\_\_

Allergies/Health Issues \_\_\_\_\_

Release of Liability: I, the undersigned parent of the abovementioned camper give permission for the Director, staff, EBC Staff or designated representative of EBC Camp to administer said medication as indicated above. Furthermore, I hold harmless and release from liability the Director, staff or any designee of EBC- in the event of sickness, allergic reactions, or other side effects that may occur as a result of administering said medication. I understand that I must furnish my child's medication and will be completely responsible for the refilling of all medications.

All information contained on this application is true and complete to the best of my knowledge. If there are any changes, I will notify the Director within 3 days of the change.

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

-----For Office Use Only-----

Registration Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Money Order \_\_\_\_\_

Receipt Date \_\_\_\_\_ Received By \_\_\_\_\_

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General Liability Waiver and Field Trip Permission Form and Release

Physical Activity and Field Trips are an integral part of the “Dynamic Camp” experience. In providing the best service possible for our students both on-site and off-site, we will maintain the same level of safety and order so that all students can enjoy their experiences. In addition, the highest standards of our behavior and discipline policy remain in effect during all off-site trips or activities. Therefore, the following statement has been set forth by the Pastor, administration, EBC staff, and representatives of EBC DYNAMIC CAMP.

**This statement must be read, signed, and dated before any child may participate in physical activities and field trips.**

I/we, \_\_\_\_\_, the parents of  
(child/ren) \_\_\_\_\_ do hereby grant permission for my/our child/children to participate in all physical activities and field trips as set forth by EBC as a part of its normal program. I/we further grant permission for my/our child/children to be transported by Ebenezer Baptist Church authorized and approved means of transportation by certified, capable personnel. I/we further understand that my child/children will be supervised by EBC Summer Camp personnel, staff, and/or volunteers that have been approved for working with children while on field trips and while participating in physical activities. I/we hereby release and hold harmless Ebenezer Baptist Church: Pastor, staff, employees, volunteers, and its representatives from any and all liability for any injuries, incidents, or accidents that may occur as a result of physical activities and/or field trips.

Parent Signed \_\_\_\_\_ Date \_\_\_\_\_  
Staff \_\_\_\_\_  
Witness \_\_\_\_\_ Date \_\_\_\_\_

Behavior and Discipline Policy

Ebenezer Baptist Church maintains the highest level of expectation as it relates to behavior. We expect ALL students to adhere to the following policy: 1) Respect yourself, 2) Respect others, 3) Respect teachers/adults. In rare cases, we have students who will not or can't adhere to our behavior policy. Therefore, we ask that you read and discuss the following the consequences chart with your child as it relates to adverse behavior.

- |                              |                                |
|------------------------------|--------------------------------|
| 1. 1 <sup>st</sup> violation | Warning                        |
| 2. 2 <sup>nd</sup> violation | Timeout (class or other class) |
| 3. 3 <sup>rd</sup> violation | Conference with Teacher        |
| 4. 4 <sup>th</sup> violation | Parent Contact by note         |
| 5. 5 <sup>th</sup> violation | Conference with Director       |

After the 5<sup>th</sup> violation, if the child's behavior does not improve, the child will be on one week's suspension from the program. Fees are still due to hold the child's spot. In addition, the two week notification of withdrawal is also applicable to this part of the behavior policy. After the one week suspension, the child may return. If another infraction occurs that would warrant suspension, the child will then be removed from the program roster.

I/we, \_\_\_\_\_, the parents of  
\_\_\_\_\_ have read and understand the Behavior and Discipline Policy.  
I/we have discussed this policy with my child/children. We will follow the policy as outlined.  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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Program Name \_\_\_\_\_ "A Dynamic Summer" \_\_\_\_\_ Weekly Fee \_\_\_\_\_  
Registration Fee \$ \_\_\_\_\_ Note \_\_\_\_\_  
Child/ren Name(s) \_\_\_\_\_  
Person(s) Responsible for Payment \_\_\_\_\_

1. **Registration:** Registration is paid per child at the start of each program, i.e., summer camp, afterschool, etc. All new enrollments must pay a \$50 registration fee to secure a spot in our program. Continuing enrollees will pay a prorated registration fee based on when they started each program. Registration fees are **NON-REFUNDABLE**.
2. **Weekly Fees:** The weekly fees are due each Monday **PRIOR** to service rendered. Weekly fees can be paid monthly, bimonthly, biweekly in **ADVANCE** of service rendered. Payments received after Monday will incur a late charge of \$10 that should be added to the next weekly fee. Fees that are unpaid on Friday of the payment week may result in the removal of the child(ren) from enrollment. We accept cash, checks, money orders only for weekly fee payments. Please use an envelope to remit any cash payments into the cash box. (see the sign in/out table)
3. **Check/Money Order Payments:** Please make all checks/money orders payable to: **Ebenezer Baptist Church**.
4. **Returned Checks/NSF:** There will be a \$35 NSF fee incurred for any check that is returned by the bank. You will receive a letter detailing the check #, all fees assessed and how to remit payments. At the 2<sup>nd</sup> occurrence of a returned check, **ALL FURTHER PAYMENTS MUST BE MADE IN CASH, MONEY ORDER, OR CERTIFIED CHECK.**
5. **Absences:** The weekly fee is due even if you child is absent for any reason. See the Director for special fee policies during the school year for holidays, teacher workdays, etc.
6. **Field Trip Fees:** Although the weekly fee typically covers all regularly scheduled field trips, there will be instances when an additional field trip fee will be asked of parents. We will announce these fees well in advance to help parents prepare properly. These fees will be nominal and should be made in **CASH** for the exact amount only. The class teacher will collect any field trip fees per the directions of the Director.
7. **Withdrawals:** If you need to withdraw your child(ren) for any reason, please notify the Director, **IN WRITING**, at least **TWO WEEKS**, in advance. Financial obligation continues two weeks after notification is made. If this policy is not adhered to, a letter will be sent regarding the accrued fees. Emergency cases will be evaluated on a case by case basis. Please see the Director for emergency cases.
8. **Pick-up Policy:** EBC Summer Camp closes promptly at 6:00 pm daily. Any child picked up after 6:00 pm, according to OUR clock, will be charged \$1.00 per minute until pick-up occurs. **THE LATE CHARGE MUST BE PAID IN CASH ON THE DAY THAT THE LATE PICK-UP OCCURS.** Three late pick-ups for ANY REASON may result in the child's exclusion from the remainder of the program.
9. **Tax Notification:** All parents who participate in our programs will receive a tax report of all fees paid to EBC, excluding late fees, NSF fees, etc. If you account is in arrears or still holds a balance, your tax notification will be held until your account is cleared.

**Contractual Agreement:** I/we, \_\_\_\_\_, the responsible party for (child/ren) \_\_\_\_\_ agree to pay the amount indicated above for the care of my/our child/ren. I/we further acknowledge that I/we have had ALL questions answered pertaining to payment and the procedures set forth by Ebenezer Baptist Church Summer Camp. I understand that non-payment WILL result in the removal of my child/ren from the program roster as deemed appropriate by the Director.  
Responsible Party Signature(s) \_\_\_\_\_ Date \_\_\_\_\_