



# Kids 4 Christ

## Summer Camp 2024

### Registration

*Rising Kindergarten through 8<sup>th</sup> grade*

*7am-6pm Monday-Friday*

**\*Registration fee \$50**

*(Early Registration \$40 through April 26th)*

*\*Waived for current students*

**Summer Camp Program runs from June 10<sup>th</sup>-August 23<sup>rd</sup>**

### School-Age Summer Camp

**\$120 per week (5 days)**

**\$95 per week (3 days \*you can choose)**

**-Includes breakfast & afternoon snack**

**\*Field Trip charges are paid per trip**

**Bring a lunch Monday-Thursday**

Friday lunch is provided by our Cooking Club

***\*Tuition is due the first day of attendance for the current week***

*Get more info at [hillsidepark.org](http://hillsidepark.org)*



# Summer Camp Liability Waiver & Consent Form

## Kids 4 Christ

### 1st Child's Information

Name:	Date of Birth: / /      Completed Grade:
Allergies? (Explain Allergy and *Emergency plan)	Current Meds: Days per week attending:    3    5    (please circle)

### 2nd Child's Information

Name:	Date of Birth: / /      Completed Grade:
Allergies? (Explain Allergy and *Emergency plan)	Current Meds: Days per week attending:    3    5    (please circle)

### 3rd Child's Information

Name:	Date of Birth: / /      Completed Grade:
Allergies? (Explain Allergy and *Emergency plan)	Current Meds: Days per week attending:    3    5    (please circle)

### Parent/Guardian Information

Name:	Email:
Address:	City:                                  Zip:
Cell Phone:	Work Phone:
Name:	Email:
Address:	City:                                  Zip:
Cell Phone:	Work Phone:

### Liability Waiver:

The undersigned being the lawful parent and/or guardian of the above child(ren) hereby consent to participation by the child(ren) in all activities conducted by Kids 4 Christ Summer Camp. The children that participate in activities and adventures with Kids 4 Christ Summer Camp are consistently well supervised, however, accidents do happen. The undersigned assumes all risk of activities and adventures and agrees to release the Kids 4 Christ Summer Camp and its subsidiaries and staff from all liability, claims, damages and expenses in respect of injury, loss or damage to personal property arising by reason of or during the child(ren)'s participation in the Kids 4 Christ Summer Camp. In case of emergency, 911 will be called for the child to be transported to the nearest hospital.

**Insurance Company:** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Group #** \_\_\_\_\_

### Tuition Responsibility:

I understand Kids 4 Christ is a non-profit organization and requires tuition to be kept current to keep the program affordable. I will be responsible for keeping the account current by paying tuition each Monday for the current week and field trip charges by the due date. Any account falling 2 weeks or more delinquent will result in expulsion if prior payment arrangements are not made. Non-payment of balance will result in collection activity, possibly resulting in legal action.

### Photo/Video Release

Kids 4 Christ maintains the right to take photos or videos of anyone during our daily activities. Please notify the Director if you have a concern about this, otherwise photos and videos may appear on our website and/or social media.

By signing below, I am agreeing to all said statements above.

*Signature of Parent:* \_\_\_\_\_ *Date:* \_\_\_\_\_



## Kids 4 Christ Summer Camp/Afterschool Ministry

### Transportation Permission Form

For the Summer/School Year of: Summer 2024 Method of Travel: Kids 4 Christ Bus

Exact dates and times may vary; but will be scheduled within business hours.

I understand that by signing this form, I am authorizing my child, \_\_\_\_\_, to participate in the field trips scheduled for the summer listed above or being picked up at the designated school for the school year above. I understand that all trips will be under the direct supervision of a faculty member(s) of Hillside Park Baptist Church Kids 4 Christ Ministry and that my child is transported in a church owned vehicle (children will be properly restrained with seatbelts or in appropriate booster seat if necessary). I request that my son/daughter be allowed to attend such trips.

I also authorize any medical treatment in case of an emergency and agree that I am responsible for the cost of such treatment.

The undersigned agrees to release, hold harmless and indemnify Hillside Park Baptist Church Kids 4 Christ Ministry and Hillside Park Baptist Church, its agents, representatives, employees from all claims, damages, or other liabilities for injuries to my son/daughter which are not the result of gross negligence, intentional neglect, or willful conduct by the school, or its agents, representatives, or employees.

Parent/Guardian Name: \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_

Work phone: ( ) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_

Work phone: ( ) \_\_\_\_\_

\*Emergency Contact (In case neither parent can be contacted.)

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

Cell Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_