



MOUNT PLEASANT
BAPTIST CHURCH

God's World, Our Mission Field

2019 CHRISTIAN SUMMER CAMP ENROLLMENT PACKET

Mount Pleasant Baptist Church
2516 Squirrel Hill Road, Herndon, VA 20171
Rev. Dr. Kevin E. Donalson Sr., Senior Pastor
Rev. Shemetris Vital, Children & Youth Pastor



Mount Pleasant Baptist Church
**Christian Summer Camp
Enrollment Form**
(Please print)

Date _____ / _____ / _____

Participant's Information:

***Please complete one registration packet per child**

LAST Name									
FIRST Name									
Gender: <input type="checkbox"/> male <input type="checkbox"/> female									
Birth Date / /									
Current Age (ages 3 to 15 only)									
Grade entering in the fall									
T-shirt size <i>(circle one)</i>	Adult				Kids				
	S	M	L	XL	XS	S	M	L	XL

Payment/Session Information

Early Registration fee: \$50.00 per-child (non-refundable) until June 17, 2019

Late Registration fee: \$75.00 per child (non-refundable) after June 17, 2019

- ❖ Please make checks payable to "Mt. Pleasant Baptist Church" (A fee of \$25.00 will be assessed on all returned checks). All payments must be made by personal check, money order, certified or cashier's check only. Camp payments should be deposited in the Finance "drop box" located outside the Finance office of MPBC.

Check here if you would like a receipt mailed to you.

Attendance Dates:

Please select the session(s) below that your child will be attending. For a breakdown of tuition costs, please see the attached Tuition Information sheet (page 6 of 7).

Camp Session	Payment Due Date
<input type="checkbox"/> June 24 th – June 28 th	Thursday, June 20 th
<input type="checkbox"/> July 1 st - July 5 th	Thursday, June 27 th
<input type="checkbox"/> July 8 th - July 12 th	Friday, July 5 th ,
<input type="checkbox"/> July 15 th - July 19 th	Thursday, July 11 th
<input type="checkbox"/> July 22 nd - July 26 th	Thursday, July 18 th
<input type="checkbox"/> July 29 th - August 2 nd	Thursday, July 25 th
<input type="checkbox"/> August 5 th - August 9 th	Thursday, August 1 st

Parent/Guardian Information - (The parental/guardian information given below is confidential and will not be shared with anyone outside of the summer camp administrative staff.)

Mother's/Guardian's Information (Check one: Mother or Guardian)

Full Name:		
<input type="checkbox"/> Check here if address is same as child being registered, then go to next section (Home Number).		
Address:		
City:	State:	Zip Code:
Home Number (____) ____-____	Cell Number (____) ____-____	
Email Address (print clearly):		
Employer's Name:	PH: (____) ____-____	

Father's/Guardian's Information (Check one Father or Guardian)

Full Name:		
<input type="checkbox"/> Check here if address is same as child being registered, then go to next section (Home Number).		
Address:		
City:	State:	Zip Code:
Home Number (____) ____-____	Cell Number (____) ____-____	
Email Address (print clearly):		
Employer's Name:	PH: (____) ____-____	

Emergency Contact Information

In case of an accident, illness or in the event of an emergency, Mount Pleasant Baptist Church Christian Summer Camp will attempt to contact the child's parent/guardian. If we are unable to reach a parent/guardian, please list three (3) persons that can be contacted.

Full Name	Relationship	Home Number	Work Number	Cell Number
		() ____-____	() ____-____	() ____-____
		() ____-____	() ____-____	() ____-____
		() ____-____	() ____-____	() ____-____

Medical/Emergency Consent

- ❖ In the event of an emergency requiring immediate medical attention, I authorize Mount Pleasant Baptist Church Christian Summer Camp to take my child to the nearest hospital emergency room. **(Initial _____)**

Medical Emergency Release: The undersigned further consents to the administration of First Aid, CPR and/or calling 911 in the event the above named child suffers sudden illness, accident or injury while attending summer camp activities. In the event that such medical care or treatment is necessary, the undersigned agrees to hold harmless and indemnify said church, its directors, employees, agents and/or its successors from any acts of malfeasance and/or failure to act on the part of those chosen to administer medical care on behalf of the activity participant.

(Initial _____)

I authorize and consent to any life saving treatment and/or hospital care that in the best judgment of a licensed physician and/or dentist is deemed necessary. I agree to assume the financial responsibility for all expenses incurred as a result of those services being provided to my child as well as any emergency transportation. **(Initial _____)**

Liability Release: The undersigned hereby releases, forever discharges and agrees to hold harmless and indemnify "Mount Pleasant Baptist Church (MPBC)", its directors, employees, agents and/or its successors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred while my child is participating in the summer camp. **(Initial _____)**

Physician/Insurance Information

Physician's Name	Physician's Number	Insurance Provider
Policy Holder's Name	Insurance ID Number	Insurance Phone Number

- ❖ Does your child have a history of:
- Fainting with exercise Yes No
 - Losing consciousness after an injury Yes No
 - Seizures Yes No
 - Diabetes Yes No
 - Heart problems (chest pain, murmur, etc.) Yes No
 - Allergies (food, medicine, pollen, etc.) Yes No
 - Previous surgery Yes No
- ❖ Does your child carry an inhaler? Yes No
- ❖ Does your child have any ear or hearing problems? Yes No
- ❖ Does your child wear glasses? Yes No
- ❖ Does your child take any prescribed medications? Yes No
- ❖ Does your child have any special needs? Yes No: If yes, please explain *(if needed, use a separate page for explanation of support, and supply any further supporting documentation)* _____
- _____
- _____

Parent/Guardian Authorization

I have read, understand and agree to cooperate with all standards, policies and procedures. By signing below I (the parent/guardian) furthermore understand that my child is being enrolled with the understanding that the Summer Camp Director may ensue dismissal of my child(ren) from the summer camp if at anytime if it is the Director's belief that there is not a willingness, on my behalf, to comply with the overall Mount Pleasant Baptist Church Christian Summer Camp philosophy.

Signature _____ Date _____

Print _____ Check one: Mother Father Guardian



Mount Pleasant Baptist Church Christian Summer Camp Tuition Information

Tuition Itemized

Camp Tuition: \$1,050.00 (*total 7-week session*)

- ➔ \$50.00: one time registration fee (**Deadline: June 17, 2019**)
- ➔ **+activity fee (actual fee will be provided on weekly calendar)**
- ➔ \$175.00 per week: transportation, arts & crafts materials, field trip expenses, academic materials, camp T-shirts.

Miscellaneous Fees

- ➔ \$25.00: returned check fee, per returned check
- ➔ \$75.00: late registration fee (**After: June 17, 2019**)
- ➔ Late pick-up (**camp closes promptly at 6:00 p.m.**)
 - 6:01 p.m. to 6:15 p.m. - \$5.00 per child, per 1-minute increment
 - After 6:15 p.m. - \$60.00 per child, in addition to \$5.00 per 1 minute increments
 - All late pick-up fees are due at the time of pick-up but no later than the next day your child attends camp.

Enrollment Discounts

Parents/Guardians who enroll two or three children will receive \$25.00 off the second child and \$50.00 off the third child. At this time, we do not offer discounts for four or more children. The discount(s) will be applied at the time of payment.

Example:

- First child cost: \$175.00 per week
- Second child cost: \$150.00 per week
- Third child cost: \$125.00 per week

Payment Schedule- See Enrollment Form Page #2

Please make your check payable to: Mt. Pleasant Baptist Church

All payments must be made by personal check, money order, certified or cashier's check only. Camp payments should be deposited in the Finance "drop box" located outside the Finance office.

Please note on the memo line of your check:

- 1) Summer camp
- 2) Child's or children's name(s)
- 3) Session number(s)



**MOUNT PLEASANT
BAPTIST CHURCH**
God's World, Our Mission Field

**Mount Pleasant Baptist Church
Christian Summer Camp
Authorization for Medication Administration**

Student's Name: _____ DOB: _____

PART I: PARENT/GUARDIAN CONSENT FORM

Parent/Guardian: Please complete and sign this action.

I hereby request and authorize the Mount Pleasant Baptist Church trained personnel to administer prescribed medication as directed by the prescribing physician to _____.
(Student's Name)

I have read the procedures as stated in the *Handbook* and agree to assume the responsibilities as required. This medication is not a new or renewal prescription.

Rx: _____

Signature of Parent/Guardian

Please Print Name

Date

***** THIS SECTION TO BE COMPLETED BY STUDENT'S PHYSICIAN *****

PART II: PHYSICIAN'S MEDICATION AUTHORIZATION ORDER

Physician: Please complete and sign this action. Original Renewal Change

Name of Patient: _____ DOB: _____

Living Address: _____ Telephone: _____

Diagnosis: _____

Name of medication(s), dosage, time to administer: _____

Can reaction be expected? Yes No If yes, please describe: _____
(If any change, please advise in writing on a separate sheet immediately).

Physician's Signature

Address

Please Print Name

Telephone No.

Date