

**Faith Missionary Baptist Church
501 Hampton Park Blvd
Capitol Heights, Maryland, 20743
301-350-2200**

Summer Camp

General Information:

- 1. The Summer Camp will begin on Monday June 25, 2018 and end on Friday, August 24, 2018.**
- 2. The Summer Camp daily hours are 7:00 a.m. to 6:00 pm., Monday-Friday.**
- 3. The Summer Camp is for boys and girls between the ages of 4-12.**
- 4. The Summer Camp will consist of worship time, bible time, swimming, arts and crafts, educational tours, play time, music time, movie time, career awareness time, etc.**
- 5. The Summer Camp application must be completed on each child. If the child did not attend a Maryland School a copy of his/her medical records will be required.**
- 6. The Faith summer Camp is in compliance with the State of Maryland Department of Health and Mental Hygiene Office of Food Protection and Consumer Health Services for Youth camps. As a result of these guidelines, parent must provide bag lunches and snacks.**
- 7. A non-refundable application fee of \$65.00 per child is required at the time of enrollment. Applications for the Summer Camp will be available beginning Monday, May 9, 2017.**
- 8. The Cost of the Summer Camp is \$85.00 weekly. Please note the registration fee non-refundable.**
- 9. The Church office hours are 9:00 a.m. - 5:00 p.m., Monday through Friday.**

Faith Summer Camp

Guideline and Contract

To ensure a fun and safe summer for everyone, the following guidelines have been established. Parents/guardians, please take the time to read and discuss the guidelines with your child (ren). We ask that you and your child sign the form and return it to Faith Missionary Baptist Church between the hours of 9:00 a.m. and 4:00 p.m. Monday thru Friday.

1. Your child is expected be a child (not a small adult) appropriate to their ages. To help

a child understands where that line is, we suggest the following:

- No fighting
- No cursing
- No running inside the Church
- Cooperate with the staff at all times
- No talking back to the Camp Staff
- Treat others the way you would like to be treated
- No candy or gum
- Set a good example for others
- Do your best at all times. Try new things.

2. As a church sponsored program, we ask that children dress in a manner that reflects respect for themselves and others. Therefore, no short-shorts (or Daisy Dukes as the kids call them!) no clothing with profanity, provocative pictures of illegal substances are permitted. No clothing typical of gang dress (e.g., pants several sizes too large, bandannas, etc.). Girls are required to **WEAR ONE PIECE BATHING SUITS** and boys are required to **WEAR BOXER STYLE TRUNKS** (no "Speedo" style suits) for swimming.

3. Let us have fun! SUMMER CAMP is designed to be spiritual, educational and fun. By following the few guidelines the participants and staff will have a wonderful summer.

We have read and discussed the SUMMER CAMP guidelines, and agree to abide by them.

Date

Child's Name/Signature

Parent/Guardian Signature

Youth Camp Health History Form for Camper and Staff
All Requested Information is Required by COMAR 10.16.06

Camper **Staff** **Male** **Female**

Name: _____ **Birthdate:** ____ / ____ / ____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

_____ **Phone:** _____

Parent(s), Guardian(s) & Emergency Contacts

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Parent(s), Guardian(s) & Emergency Contacts

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Health History

Name of Primary Provider of Care: _____

	Yes	No
Pertinent Information on any Significant Medical Problem:	<input type="checkbox"/>	<input type="checkbox"/>
Chronic or Recurring Illness	<input type="checkbox"/>	<input type="checkbox"/>
Physical Limitations	<input type="checkbox"/>	<input type="checkbox"/>
Allergies or Dietary Restrictions	<input type="checkbox"/>	<input type="checkbox"/>
Major surgeries or serious injuries	<input type="checkbox"/>	<input type="checkbox"/>
Loss of consciousness, convulsions or concussion	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Currently under the care of a physician for the following condition(s):

Current treatment necessary at camp: _____

Attach instructions with specific dosage information, side effects and toxic effects, all prescription medications must be in original container with pharmacy label showing prescription number, date filled, prescribing physician's name, name of medication, directions for taking the medication and the patients' name.

IMMUNICATIONS

Date of last tetanus immunization (Campers & Staff): ____/____/____

2. Is child, under 18, enrolled in a Maryland school (Camper & School-age Staff)?

- Yes, School Name: _____
- No, Provide dates of age appropriate immunizations against diphtheria, tetanus, pertussis, poliomyelitis, measles (rubeola), rubella (German Measles) and mumps

3. Is your child missing any required immunization because of medical contraindication? or religious objection (Campers & school-age Staff)?

- Yes, provide documentation on Maryland Immunization Certificate
- No.

4. Camp staff over 18 and adult volunteers at camp must provided a doctor's written certification that the adult is free of tuberculosis in a communicable stage.

Application Form

Child's Name: _____

Child' School: _____

Date of Birth: ___/___/_____ Grade Completed Last School Year: _____

Name of Parent(s)/Guardian(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home: () _____ Work: () _____

Cellular () _____

In case of an Emergency and the parent/guardian cannot be reached, please contact:

Name: _____ Phone: _____

Please identify any physical, emotional or health concerns that may affect your child.

(Please include any allergies, dietary restrictions, learning disabilities, or required medications.) _____

Physician's Name: _____ Phone: _____

Authorized Pick-up Persons

Children will only be released to parent(s)/guardian(s) indicated above, or to those individuals listed below:

Name	Work/Home	Cellular
_____	() _____	() _____
_____	() _____	() _____
_____	() _____	() _____
_____	() _____	() _____

Faith Summer Camp Travel Permission Form

Please print your name and your child's name in the appropriate blank space provided below. Complete a separate form for each child. Return completed forms to the Church Office.

I, _____, am the parent/guardian
of, _____. I hereby give
permission for my child named above to participate in the field trips and activities
planned away for the church.

Signature

Date

Faith Summer Camp - Weekly Payment Schedule

Weekly payment of \$85.00 is due the Friday before each week your child will attend the summer program. You may also choose to pay in advance for the weeks you have selected.

Please use the checklist below to indicate the weeks your child(ren) will be attending the Faith Summer Camp program.

Child's Name: _____

Parents Name: _____

Telephone Number: Home: () _____

Work: () _____

2018 Payment Schedule

Please check the week(s) your child(ren) **will** be attending:

- | | | |
|--------------------------|-----------------------|-----------------------|
| <input type="checkbox"/> | June 25 – June 29 | Payment due June 25 |
| <input type="checkbox"/> | July 2 – July 6 | Payment due June 29 |
| <input type="checkbox"/> | July 9 – July 13 | Payment due July 6 |
| <input type="checkbox"/> | July 16 – July 20 | Payment due July 13 |
| <input type="checkbox"/> | July 23 – July 27 | Payment due July 20 |
| <input type="checkbox"/> | July 30 – August 3 | Payment due July 27 |
| <input type="checkbox"/> | August 6 – August 10 | Payment due August 3 |
| <input type="checkbox"/> | August 13– August 17 | Payment due August 10 |
| <input type="checkbox"/> | August 20 – August 24 | Payment due August 17 |

*****THE CAMP WILL BE CLOSED ON WEDNESDAY, JULY 4, 2017*****