

Summer Day Camp Registration 2025

June 16 – August 15, 2025

(Camp closed June 19th and June 30 – July 4)

9:00 am – 4:00 pm

Entering grades 1 – 6



For provider

Date of Admission

Date of Discharge

Use only:

CHILD INFORMATION

Child: _____

Age: _____ DOB: _____ Gender: _____

School: _____ Grade in Fall: _____

Home Address: _____ City: _____ Zip: _____

Physician/Health Clinic: _____ Phone: _____

Medication: _____

Times taken: _____

Allergies/Special Needs/Special Instructions: _____

PARENT/GUARDIAN INFORMATION

(also used as Emergency Contact and Release of child)

Mother/Guardian:

Father/Guardian

Phone:

Phone:

(C/H) _____

(C/H) _____

(W) _____

(W) _____

Home Address:

Home Address:

City: _____ Zip _____

City: _____ Zip _____

Employer: _____

Employer: _____

Email: _____

Email: _____

RELEASE INFORMATION

_____ **Activity Release:** The above-named child has my permission to attend the Summer Programs at The Sal, which is sponsored by The Salvation Army Fulton Heights Citadel in Grand Rapids, MI. They are free to participate in all the outlined activities, as well as all of the offsite activities which are provided through day camp each week. It is agreed that I do not hold The Salvation Army responsible for negligence on the part of my child during any aspect of the summer program. I understand that my child is protected by The Salvation Army's insurance coverage, provided the injury occurs during the regular hours of the program and that The Salvation Army or an outside organization is liable for the negligence.

_____ **Photo Release:** In the event that The Sal would wish to use a photo of my child in publications and websites, my permission is granted.

_____ **Emergency Medical Care:** In the event that a parent or the emergency contact cannot be reached, The Sal Community Center has my permission to secure emergency medical treatment for the above named child. **NON-EMERGENCY** treatment is not included in this release.

_____ **Prescription Medication:** In the event that prescription medication is to be administered, The Sal Community Center may administer medication as specified in written instructions.

Initial the above to which you agree and sign here:

Parent Signature: _____ Date: _____

CAMPER AGREEMENT

I promise to do my best to make good choices while I am a camper at The Sal. I will obey the rules and respect all other campers and leaders. I understand that if I break the rules or show disrespect to others, my participation in the day camp could be terminated. I sign this agreement on my honor.

Camper Signature: _____ Date: _____

In case of an Emergency, if parent cannot be reached, please contact: (Also used as Release of child)

1) Name/Relationship _____

Phone: _(C/H)_____ (W) _____

2) Name/Relationship _____

Phone: _(C/H)_____ (W) _____



DOING
THE MOST
GOOD®

1235 E. Fulton Street
Grand Rapids, MI 49503
616-454-1459

ENROLLMENT AGREEMENT

Enrolling

Child(ren): _____

1. I agree to pay the \$10.00 registration fee at the time of enrollment. This fee is **NON-REFUNDABLE**.
2. I agree to pay the full tuition for the first week my child(ren) attends camp, at the time of enrollment. **If fee is not paid, my child's spot is not guaranteed.**
3. I agree to pay the **FULL TUITION** even if my child is absent for one or more days of the week.
4. I agree that if I am late to pick up my child, I will be given a grace-filled reminder the first time. Subsequent delayed pickups of 5 minutes or more will result in a fee of \$5.00 per child. A pattern of lateness to collect my child and/or prolonged delay may mean that The Salvation Army is not able to accommodate your family needs and may result in exit from the program.
5. In case of withdrawal of my child from Summer Day Camp, I agree to give the Center a week's notice prior to the withdrawal.
6. I have received and read the **PARENT HANDBOOK**. ____ Yes ____ No

I certify that I received, read, and understand the information contained in the Parent Handbook and in this enrollment Agreement. I agree to the Financial Terms and Conditions.

Signature of
Parent/Guardian _____ Date _____

- DHHS Child Care subsidy recipients are responsible for regular fee payments in full until funding is approved.
- After DHHS funding has been approved, any payments you have made will be applied to your co-payment.

Lyndon Buckingham, General

Evie Diaz, Territorial Commander

Steven J. Merritt, Divisional Commander

Cassandra & Thom Moffitt, Corps Officers

"...THERE IS NO REWARD EQUAL TO THAT OF DOING THE MOST GOOD TO THE MOST PEOPLE IN THE MOST NEED." — EVANGELINE BOOTH

Check off the Dates for 2023 Summer Day Camp Registration
8:30am-1:00pm Registration Fee \$10 Price: \$125 per week

DATE	Check off the date	THEME FOR THE WEEK	EXTRA NOTES FOR THE WEEK
JUNE 16 – 20 (closed June 19 – holiday)		SPORTS EXTRAVAGANZA	THERE IS NO PROGRAM THURSDAY - JUNETEENTH
JUNE 23 - 27		CREATION WEEK	
JUNE 30 – JULY 4		NO PROGRAM THIS WEEK	
JULY 7 - 11		CRAFTERS WEEK	
JULY 14 - 18		CHRISTMAS IN JULY	
JULY 21 - 25		WATER, WATER EVERYWHERE	BRING CLOTHES TO GET WET IN EVERYDAY
JULY 28 – AUG. 1		IMAGINATION STATION	
AUG. 4 - 8		ARCHERY WEEK	
AUG. 11 - 15		NATURE & ROCKS WEEK Vacation Bible School 1:00-4:00 pm (free)	Please sign an additional permission slip to release your child from DAY CAMP to VBS

FOR OFFICE USE ONLY

Registration Paid Date: _____
Amount Paid _____ Receipt # _____
Check # _____ Balance Due _____
Final Payment Date _____



DOING
THE MOST
GOOD®

HEALTH STATEMENT

- By signing this statement, I acknowledge that my child is in good health.
- I have attached my child's immunization record. **(we will need this at registration)**
- Listed below are restrictions for my child:

Child's Name: _____

Parent's Name (printed): _____

Parent's Signature: _____

Date: _____

Lyndon Buckingham, *General*

Evie Diaz, *Territorial Commander*

Steven J. Merritt, *Divisional Commander*

Cassandra & Thom Moffitt, *Corps Officers*

"...THERE IS NO REWARD EQUAL TO THAT OF DOING THE MOST GOOD TO THE MOST PEOPLE IN THE MOST NEED." — EVANGELINE BOOTH

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Licensing and Regulatory Affairs

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at:
www.michigan.gov/michildcare.

I have read the above statement issued by _____
Name of Child Care Center

Child(ren)'s Name(s) _____

Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.