



2605 Jefferson Davis Hwy. Sanford, NC 27332
Mailing: P.O. Box #1408 Sanford, NC 27331

Phone: 919-776-2576 FAX: 919-774-1330

Web: www.gracedcsanford.com

Dear Parent:

Thank you for your interest in the **Summer Camp Program**, offered by Grace Christian Child Development Center, a ministry of Grace Chapel Church. Our hours of operation are Monday thru Friday 6:30 a.m. until 6:30 p.m.

We understand that choosing care for your child is a very important decision! While we would love to serve your family, we want what is best for your child. My staff and I are always available to answer any questions you may have, prior to, during and beyond the time your child spends here at Grace. It is our desire and mission to Love Like Jesus!

If you are interested in applying for enrollment in this program, please schedule an interview with the Center Director's Office.

We look forward to having your child with us and serving your family. If you have any questions and would like to set up an interview, please call (919) 776-2576.

In Christ,

Jeannie Garrell
Director
jeanniegarrell@gracedcsanford.com

Candice Godbey
Program Coordinator
Mobile: 919-776-1003
candicegodbey@gracedcsanford.com



grace christian child
development center

2605 Jefferson Davis Hwy. Sanford, NC 27332
Mailing: P.O. Box #1408 Sanford, NC 27331
Phone: 919-776-2576 FAX: 919-774-1330
Web: www.gracecdcsanford.com

SUMMER CAMP CONTRACT

Days/Times:	Monday – Friday / 6:30 a.m. – 6:30 p.m.
Registration Fee:	\$75.00 <u>Registration Fee is non-refundable & due upon application</u>
Weekly Tuition:	\$130.00* Payment is due each Monday in advance
Daily Tuition:	\$37.00* Payment is due each morning before camp

***Rate includes one afternoon snack & a full onsite prepared hot breakfast & lunch.**
(A bagged lunch with drink will be provided for field trips.)

Rate includes the cost of all field trips. Payments are due for all weeks that the child is contracted.

Late Pickup Policy & Fees:

Pick up after 6:30 p.m. will incur late charges as follows:
6:30 – 6:45 p.m.* \$25.00 (*\$1 for every minute after 6:45 p.m., in addition to the \$25.00)

Withdrawal

A two (2) week notice is required if you choose to withdraw your child from the program. If no notice is given, you will be responsible for paying tuition for two (2) weeks of tuition.

Please initial below for the following weeks your child will be attending.

- _____ Week of May 28th – June 1st (Closed May 28th-Memorial Day)
- _____ Week of June 4th – 8th
- _____ Week of June 11th – 15th
- _____ Week of June 18th – June 22nd
- _____ Week of June 25th – June 29th
- _____ Week of July 2nd – July 6th (Closed July 4th)
- _____ Week of July 9th – July 13th
- _____ Week of July 16th – July 20th
- _____ Week of July 23rd – July 27th
- _____ Week of July 30th – Aug. 3rd
- _____ Week of Aug. 6th – Aug 10th
- _____ Week of Aug. 13th – Aug. 17th
- _____ Week of Aug. 20th – Aug. 24th

I consent to the contracted dates, tuition rates, terms, conditions & policies stated above.

Signature

Date



grace christian child development center

2605 Jefferson Davis Hwy. Sanford, NC 27332
Mailing: P.O. Box #1408 Sanford, NC 27331
Phone: 919-776-2576 FAX: 919-774-1330
Web: www.gracecdcsanford.com

SUMMER CAMP APPLICATION

(to be completed & placed on file prior to enrollment)

Office Use Only	
Date Received: _____	Interview/Tour Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Enrollment Status: Offered <input type="checkbox"/> Declined <input type="checkbox"/>	Application Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Application: _____ Date Available for Enrollment: _____

How did you hear about Grace Christian Child Development Center? _____

If Referred, by: (Name) _____ (Relationship) _____

PERSONAL INFORMATION

Name of Child: _____
(Last) (First) (Middle) (Nickname)

Child's Date of Birth (mm/dd/yyyy): ____ / ____ / ____ Child's Current Age: _____

Current Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different) _____

School Currently Attending: _____ Grade: _____ Teacher: _____

FAMILY & MEDICAL INSURANCE INFORMATION

Father/Guardian

Name: _____
(Last) (First) (Middle)

Current Physical Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: () _____ - _____ Mobile Phone: () _____ - _____

Mailing Address (if different) _____ Email Address: _____

Name of Employer: _____ Employer Phone: () _____ - _____ Ext. _____ Department: _____

Mother/Guardian

Name: _____
(Last) (First) (Middle)

Current Physical Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: () _____ - _____ Mobile Phone: () _____ - _____

Mailing Address (if different) _____ Email Address: _____

Name of Employer: _____ Employer Phone: () _____ - _____ Ext. _____ Department: _____

EMERGENCY CARE INFORMATION

Name of Child's Doctor: _____ Name of Practice: _____ Phone: () _____ - _____

Office Address: _____ City: _____ State: _____ Zip Code: _____

Name of Child's Dentist: _____ Name of Practice: _____ Phone: () _____ - _____

Office Address: _____ City: _____ State: _____ Zip Code: _____

Hospital Preference: _____ City: _____ Phone: () _____ - _____

Child's Medical Insurance Carrier: _____ Group # _____ Policy # _____

If neither father nor mother (guardian) can be immediately contacted, whom should we contact?

First Contact Name: _____
(Last) (First) (Title: i.e.: Mr., Mrs., Miss., Ms., Dr.)

Relationship to Child: _____ Home Phone: () _____ - _____ Business Phone: () _____ - _____

Second Contact Name: _____
(Last) (First) (Title: i.e.: Mr., Mrs., Miss., Ms., Dr.)

Relationship to Child: _____ Home Phone: () _____ - _____ Business Phone: () _____ - _____

Please provide information of persons to whom you authorize the release of the child to:
(Proper ID/verification will be required before release is granted.)

Name: _____ Relationship: _____ Home Phone: () _____ - _____

Work Phone: () _____ - _____ Mobile Phone: () _____ - _____

Name: _____ Relationship: _____ Home Phone: () _____ - _____

Work Phone: () _____ - _____ Mobile Phone: () _____ - _____

Name: _____ Relationship: _____ Home Phone: () _____ - _____

Work Phone: () _____ - _____ Mobile Phone: () _____ - _____

INFORMATION

Does the school your child currently attends have current immunization records on file? No _____ Yes _____

Does your child have any physical limitations? No _____ Yes _____ If yes, please explain: _____

Does your child have any chronic medical diagnosis? No _____ Yes _____

If yes, please explain: _____

Does the child have any known allergies? No _____ Yes _____ If yes, please explain: _____

Is your child currently taking any recurring doses of medication? No _____ Yes _____

If yes, please explain: _____

I agree, by signing below, that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Father/Guardian Signature)

(Date)

(Mother/Guardian Signature)

(Date)

I verify that all of the above information is true and correct. I understand that any falsification, intentional or otherwise, of any portion of this document may be grounds for my child's dismissal. I certify that I understand Grace Christian Child Development Center is a ministry of Grace Chapel Church. Furthermore, I have read and understand the statement of faith for Grace Chapel Church and by affixing my signature below, I certify that I am in agreement with and support the teaching of my child according to all content thereof and also understand that these are conditions of my child's enrollment in Grace Christian Child Development Center.

(Father/Guardian Signature)

(Date)

(Mother/Guardian Signature)

(Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

(Operator Signature)

(Date)



grace christian child
development center

2605 Jefferson Davis Hwy. Sanford, NC 27332
Mailing: P.O. Box #1408 Sanford, NC 27331
Phone: 919-776-2576 FAX: 919-774-1330
Web: www.gracecdsanford.com

SUMMER CAMP

Please carefully read the following, initial where indicated and sign below

I understand that as the parent/guardian of my minor child (name of child): _____, I am responsible for the granting of permission and consent to the following procedures as well as the actions and physical condition of my child while he/she is in the Summer Camp program. As such, I consent to the following:

I give my permission for my child to participate in all program activities.

Please list any possible exclusions: _____

Initials _____

Emergency Procedures

In case of emergency, I authorize the program staff to directly contact the persons named on the application for enrollment. I authorize the doctor/hospital listed to provide necessary medical treatment in case of emergency. If the parent, guardian, or authorized person cannot be contacted, the program's directors (or designated staff) are authorized to take necessary action for the health and welfare of my child. I agree that I am solely responsible for payment of all costs resulting from emergency medical treatment and/or ambulance services.

Initials _____

Transportation

I give permission for my child to participate in all field trips. I understand and consent that he/she, from time to time, will be walking or riding in an approved vehicle away from campus.

Initials _____

Sign In/Out Procedures and Responsibilities

I agree to abide by the sign in/out procedures as stated in the Parent Handbook.

Initials _____

Student Record Updates

I understand that I must keep my child's records up to date with current phone numbers to those authorized to pick up my child.

Initials _____

Movie Release

I authorize my child to watch "G" rated and "PG" rated movies in the Summer Camp program. All movies will be previously screened prior to viewing.

Initials _____

Sunscreen Release

I agree to authorize the staff to provide, apply and re-apply sunscreen to my child if it is deemed necessary for the safety and well-being of the child.

Initials _____

Parent or Guardian Signature

Date



grace christian child development center

A Ministry of Grace Chapel Church
2605 Jefferson Davis Hwy.
Sanford, NC 27332

PARTICIPATION & RELEASE AGREEMENT

I _____, parent of _____, do hereby consent that my child may participate in ministry activities. I give permission to allow my child to ride in ministry vehicles. I do hereby release and forever discharge all sponsors, employees, volunteers, officers and board members of Grace Chapel Ministries (DBA Grace Christian Child Development Center) from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in related activities. If medical care is needed, I understand that reasonable effort will be used to reach emergency contacts, but I give permission for emergency medical treatment to be given by certified personnel. I do understand that any financial obligations that are incurred for medical services will be my responsibility.

Allergies _____

Date of Last Tetanus Shot _____

Present Medications _____

Insurance: Policy Name _____

Plan # _____ ID# _____

Emergency Contact Name & Number

1. _____

2. _____

I, the undersigned, do hereby verify that the above information is correct.

*Parent's Signature or
Participant's Signature (if older than 19 years of age)*

Date



Welcome to summer camp!

This year, summer camp is \$130.00 per week or \$37.00 a day. Registration is \$75.00 and must be paid when you complete and turn in the application package. This year the price includes all field trips, hot breakfast & lunch and one afternoon snack. (Hot breakfast will be available until 8:00 AM each morning.)

Summer camp hours are 6:30 a.m. – 6:30 p.m. as needed

Remember tuition is due every Monday of the week the child attends. If payment is not received by Wednesday of the week the child attends, the child will not be allowed back on Thursday. Please place your credit or debit card on file in the finance office (complete and return the form following). Your card will be processed every Friday after compiling the number of days the child attended that week.

We look forward to having a wonderful summer and thank you for allowing us the opportunity of being a part of your child's life.

In Christ,

Jeannie Garrell

Director

jeanniegarrell@gracecdcsanford.com

Candice Godbey

Program Coordinator

candicegodbey@gracecdcsanford.com