



# 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: 919-869-1462

Web: [www.gracecdcsanford.com](http://www.gracecdcsanford.com)

## SUMMER CAMP APPLICATION

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

### Office Use Only

Date Received: \_\_\_\_\_

Interview/Tour Completed: ☐ Yes ☐ No

Enrollment Status: Offered ☐ Declined ☐

Application Complete: ☐ Yes ☐ 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.

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(Father/Guardian Signature)

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(Date)

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(Mother/Guardian Signature)

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(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.

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(Father/Guardian Signature)

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(Date)

---

(Mother/Guardian Signature)

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(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.

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(Operator Signature)

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(Date)



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## **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**



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*



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## **SUMMER CAMP CONTRACT**

Days/Times:		Monday – Friday / 6:30 a.m. – 6:30 p.m.
Registration	\$75.00	<b><u>Registration Fee is non-refundable &amp; due upon application</u></b>
Fee:Weekly	\$130.00*	Payment is due each Monday in advance
Tuition:Daily		Payment is due each morning before camp
Tuition:	\$37.00*	<b>*Tuition includes one P.M. snack &amp; an onsite prepared hot breakfast &amp; lunch.</b>
		<b>(A bagged lunch with drink will be provided for field trips.)</b>

**Tuition 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 27th - May 31st (Closed May 27<sup>th</sup>-Memorial Day)  
\_\_\_\_\_ Week of June 3rd - June 7th  
\_\_\_\_\_ Week of June 10th - June 14th  
\_\_\_\_\_ Week of June 17 - June 21st  
\_\_\_\_\_ Week of June 24th - June 28th (Vacation Bible School 23rd-26th)  
\_\_\_\_\_ Week of July 1st - July 5th (Closed July 4th Independence Day)  
\_\_\_\_\_ Week of July 8th - July 12th  
\_\_\_\_\_ Week of July 15th - July 19th  
\_\_\_\_\_ Week of July 22nd - July 26th  
\_\_\_\_\_ Week of July 29th - Aug. 2nd  
\_\_\_\_\_ Week of Aug. 5th - Aug 9th  
\_\_\_\_\_ Week of Aug. 12th - Aug. 16th  
\_\_\_\_\_ Week of Aug. 19th - Aug. 23rd

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date