

# 2010 Tuition and Attendance Form

Use this form for one child, please. This form must be filled out by the legal guardian of the child listed.



I / we hereby agree to pay tuition and fees for the following named child: \_\_\_\_\_

## Camp Tuition and Fees:

**\$30 Registration Fee** (one per family, due at time of registration)

**Includes Free T-shirt !**

**\$110 weekly tuition** (per child in rising K5-rising 5th grade)

**\$130 weekly tuition** (per child in rising 6th-rising 9th grade)

\*Family discount: \$10 discount per child if two or more attending  
(does not include CITs)

\*Late payment fees, late minute fees, no-show, and returned check fees may be applied.

## Tuition Policies

Please indicate your understanding of and agreement with each of the policies below by initialing beside them.

- \_\_\_\_\_ Tuition is due each Monday morning your child attends.
- \_\_\_\_\_ A late fee of \$10 will be assessed if tuition is not paid on Monday.
- \_\_\_\_\_ Attendance privileges will be suspended if tuition is not paid within one week.
- \_\_\_\_\_ A \$25 returned check fee will be assessed for any returned check. Cash or money orders will be required after two returned checks.
- \_\_\_\_\_ If your child is picked up after 6:00 pm, you must pay \$1 per minute to the counselor who stayed with your child. Money is due that same day. (Please bring exact amount.) We reserve the right to suspend your child's attendance if you arrive after 6:15 pm on three occasions.
- \_\_\_\_\_ You must mark (above) all weeks your child will be attending and make changes promptly. A \$25 fee will be assessed for no-shows with no notice the week prior.
- \_\_\_\_\_ There is no credit for days missed or holidays.

### Please mark all weeks your child will be attending Camp KGB 2010.

Your child will not be registered for any weeks not noted below. Changes must be made by noon the Friday prior to the week in question and added weeks are subject to space availability. A \$25 no-show fee will be assessed for any weeks selected below that your child does not attend and no notice is given.

- June 7-11
- June 14-18
- June 21-25
- June 28 - July 2
- July 5-9
- July 12-16
- July 19-23
- July 26-30
- Aug. 2-6
- Aug. 9-13

Please give us a description of your child that will help us understand them better. Are they currently struggling with anything? Have there been any recent major changes in their life—a death, separation, or move? Our ability to help your child will be enhanced by your candor in sharing this information.

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## Financial Agreement

By signing this tuition and attendance form, I, the undersigned, assume the responsibility for the payment of all tuition and fees as outlined above. I understand that lack of payment will result in suspension of my child's attendance privileges.

Signature of Parent/Guardian **X** \_\_\_\_\_ Date \_\_\_\_\_

### Notice of Nondiscriminatory Policy as to Children

Discover Church Ministries, Inc. admits children of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to children in the program. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its admissions policies, tuition policies, or programs.

FOR OFFICE USE ONLY	Received:	Deposit Amount:	Approved Date:
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# 2010 Registration Form

Use this form for one child only. This form must be filled out by the legal guardian of the listed child.



## GENERAL INFORMATION

child's name \_\_\_\_\_  
 address \_\_\_\_\_  
 city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_  
 home number \_\_\_\_\_  
 birth date \_\_\_\_\_ next grade in school \_\_\_\_\_  boy  girl  
 school attended \_\_\_\_\_  
 father/guardian's name \_\_\_\_\_  
 place of employment \_\_\_\_\_ work number \_\_\_\_\_  
 cell number \_\_\_\_\_ email \_\_\_\_\_  
 mother/guardian's name \_\_\_\_\_  
 place of employment \_\_\_\_\_ work number \_\_\_\_\_  
 cell number \_\_\_\_\_ email \_\_\_\_\_  
 this camper lives with:  both parents  father  mother  other

## PERSONS AUTHORIZED TO PICK UP CHILD (other than parents):

1. \_\_\_\_\_ phone number \_\_\_\_\_  
 2. \_\_\_\_\_ phone number \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

In the case of an emergency, Discover Church will contact the parent or legal guardian immediately. In case we are unable to reach you, please list a secondary contact person who we can call. This contact person must be someone not living in the same household.

name \_\_\_\_\_  
 day phone \_\_\_\_\_ evening phone \_\_\_\_\_  
 relationship \_\_\_\_\_

## MEDICAL INFORMATION

health history (give approximate dates of occurrences, and indicate severity)

<b>MEDICAL CONDITIONS</b> heart defect/disease _____ convulsions _____ diabetes _____ bleeding/clotting disorders _____ other _____	<b>MEDICATIONS</b> prescription medication (see medication policy) _____ _____ reason for taking above medication _____ _____
<b>ALLERGIES</b> asthma _____ allergic to red dye _____ lactose intolerant _____ other allergies (food, animals, insects, etc.) _____ _____	<b>LIST ANY MEDICATION ALLERGIES:</b> _____ _____ <b>ARE IMMUNIZATIONS CURRENT?</b> <input type="checkbox"/> yes <input type="checkbox"/> no
<b>LIMITATIONS</b> physical limitations (describe) _____ _____ psychiatric treatment _____ mental limitations (describe) _____ _____	<b>OTHER DETAILS:</b> _____ Are there any activities from which this camper should be restricted? _____ _____
<b>MEDICAL INSURANCE</b> family physician _____ phone _____ Do you carry family medical/hospital insurance? <input type="checkbox"/> yes <input type="checkbox"/> no carrier name _____ phone _____ group policy number _____ Name of insured _____	

## This form must be signed to register.

Forms that are not complete will not be processed. Admittance is not confirmed until this registration form is completed and approved and the registration fee, if applicable, is received.

I, the undersigned, a parent or guardian having legal custody of the above-named minor, certifies that the health history above is correct as far as I know, and the person listed above has permission to attend Camp KGB and to engage in all camp activities except as noted.

I, the undersigned, hereby agree to release and for ever waive any claim which may arise against Discover Church Ministries, Inc., its employees or volunteers for the services rendered during any Camp KGB 2010 event or activity. Furthermore, this release specifically includes all claims and demands of whatever nature, actions, cause of actions, repairs, damages, costs, loss of services, expenses, and compensation on account of or in any way growing out of personal injuries, illnesses, and/or property damage having already resulted or to result at any time in the future, whether or not contemplated at the present time or whether or not they arise following the execution of this release. This release agreement expresses a full and complete release of any liability, past or future, which may be claimed against Discover Church Ministries, Inc., its trustees, officers, employees, and any volunteers.

I, the undersigned, give permission for the above-named child to be transported in the vehicles provided by Discover Church Ministries, Inc. and its agents and employees and agree to release Discover Church Ministries, Inc. and its agents and employees from liability for injury or damage to the above-named minor and his/her property while being transported to and from the program center. I will hold Discover Church Ministries, Inc. harmless from liability for any amounts which are not covered by the after care policy covering my child.

I, the undersigned, hereby authorize Discover Church Ministries, Inc., into whose care the above-named minor has been entrusted, to administer emergency medical assistance if I cannot be present or are unavailable for contact, consenting to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or consenting to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act, and accepting responsibility for payment of expenses incurred as a result of medical treatment. The undersigned further authorizes Discover Church Ministries, Inc. and its agents to have the above-named minor released into the custody of its representative, should hospital care no longer be required.

I, the undersigned, hereby irrevocably consent to and authorize the unrestricted use and reproduction by you or anyone authorized by you, of any and all photographs and/or video images taken of the child listed above, for use within the scope of Discover Church Ministries, Inc. I reserve the right to view all photographs and/or videos at any time.

SIGNATURE OF PARENT OR LEGAL GUARDIAN **X** \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY	Received:	Reg. Fee Received:	Approved Date:
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