

Faith Foundation Child Development Center

4903 N. Roxboro Road, Durham, NC 27704 ~ (919) 477-2008 ~ Fax (919)321-8531

- **BACK 2 BASICS-SUMMER CAMP 2021**
- **Remote Learning Resource Center**
- **Before & After Program 2020/2021**
- **Intercession**
- **Soar @ 4**

PAPERWORK CHECK LIST

- Registration Form**
- Emergency Contact and Medical Information Form**
- Health Information Form**
- Assessment Form**
- Permission Statement**
- Media Recording Release Form (Optional)**
- Fees and Terms**
- Orientation for Summer Camp is June 2, 2021 6:30pm**

Registration Fee: \$35.00 per child Amount Paid: \$ _____
First Payment Installment: Amount Paid: \$ _____

****Registration Fee is Non-Refundable****

Parent/Guardian Name: _____

Date: _____

Signature: _____

Date: _____

Administration Signature: _____

Date: _____

****WHEN YOU SIGN THIS FORM, YOU ARE AGREEING
TO THE TERMS AND CONDITIONS OF THIS DOCUMENT. ****

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REGISTRATION FORM

Child's Name: _____ Nickname: _____

Home Address: _____ City/State/Zip: _____

Home Phone Number: _____ Date of Birth: _____ Age: _____

PARENTS/GUARDIAN INFORMATION:

Sex: M _____ F _____ T-Shirt Size (CIRCLE ONE): CS CM CL AS AM AL AXL AXXL

PRIMARY CONTACT (CHECK ONE): MOTHER: _____ FATHER: _____ OTHER: _____

Mother's Name: _____

Mother's Address: _____

City/State/Zip: _____

Mother's Home Number: _____ Work Number _____

Alternate Phone Number: _____ Email: _____

Father's Name: _____

Father's Home Address: _____

City/State/Zip: _____

Father's Home Number: _____ Work Number: _____

Alternate Phone Number: _____ Email: _____

RELEASE AUTHORIZATION:

LIST THE NAME OF PERSONS AND THEIR RELATIONSHIP TO YOUR CHILD THAT ARE AUTHORIZED TO PICK YOUR CHILD UP FROM CAMP.

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

ENROLLMENT:

Which program are you enrolling your child into? _____ Summer Camp _____ Half Day _____ Drop-In _____ Before School _____ After School _____ Before/After School _____ Intercession _____ Remote Learning

SUMMER CAMP PROGRAM (DAY CAMPERS ARE ENROLLED ALL DAY) HALF DAY CAMP PROGRAM (WE HAVE "EARLY" AND "LATE" HALF DAY CAMP OPTIONS). DAILY DROP OFF CAMP PROGRAM CAN BE ENROLLED DAILY FOR YOUR CONVENIENCE. HALF-DAY HOURS ARE NON-NEGOTIABLE.

SUMMER CAMP ONLY; PLEASE CHOOSE THE WEEK(S) THAT YOU INTEND TO ENROLL YOUR CHILD IN OUR SUMMER CAMP PROGRAM. **2021 DATES TO BE ANNOUNCED

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EMERGENCY CONTACT AND MEDICAL INFORMATION:

CHILD'S NAME: _____ DATE OF BIRTH: _____ SEX: M ___ F ___

Mother/Guardian: _____ Father/Guardian: _____

Home Phone: _____ Work: _____

Address: _____ City/State/Zip: _____

ALTERNATIVE EMERGENCY CONTACTS:

Primary Emergency Contact: _____ Phone Number: _____ Work: _____

Address: _____ City/State/Zip: _____

Secondary Emergency Contact: _____ Phone Number: _____ Work: _____

Address: _____ City/State/Zip: _____

MEDICAL INFORMATION: (PROOF OF INSURANCE IS REQUIRED)

Hospital/Clinic Preference: _____

Physician's Name: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

Special Health Considerations: _____

Dentist Name: _____ Phone Number: _____

Dentist Office Address: _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature: _____ Date: _____

HEALTH INFORMATION

CHILD'S HEALTH RECORD: (PLEASE ATTACH a copy of your child's immunization record)

General state of health: _____

Are your child's immunizations current? Yes _____ No _____
(A copy of immunizations should include the signature of nurse or doctor who administered medications.)

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

Are you concerned that your child may be sensitive to anything other than allergies listed above?

Does your child have any medical conditions which we should be made aware of?

HAS YOUR CHILD HAD THE FOLLOWING COMMON CHILDHOOD ILLNESSES? (PLEASE CIRCLE)

Constipation	Convulsions
Diarrhea	Fainting Spells
Frequent Colds	Frequent Ear Infections
Frequent Sore Throats	Lice
Ring Worm	Skin Rash
Soiling	Stomach Upsets
Urinary/Bladder Problems	Worms

HAS YOUR CHILD HAS ANY OF THESE DISEASES? (PLEASE CIRCLE)

Asthma	Bronchitis
Chicken Pox	Diabetes
Heart Disease	Hepatitis
Impetigo	Measles
Mumps	German Measles
Polio	Scarlet Fever
Tuberculosis	Whooping Cough

Other: _____

Does your child have any speech, hearing or visual problems? _____

Does your child have any restrictions for outdoor or indoor activities? _____

Do you have any additional information to add regarding your child's overall health and well-being? _____

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ASSESSMENT

In order to better serve you, please take this opportunity to share information with us about your child.

Camper's Name: _____

School Attending: _____ School Year: _____ Grade: _____ Age: _____

Mother/Guardian: _____ Father/Guardian: _____

How would you describe your child's character and personality? _____

How would you describe your child's learning style? _____

Do you have any concerns about the education that your child receives at his/her current school? Yes _____ No _____

If yes, please describe. _____

List some areas for praise of your child's achievement _____

Please share with us areas where you would like us to focus most with your child _____

How would you describe your child's strengths? _____

How would you describe his/her weaknesses? _____

List your child's favorite subjects? _____

List your child's least favorite subject? _____

List your child academic areas of difficulties or areas of improvement for this upcoming school year?

Please refer to activities that are planned, are there any restrictions or concerns that you may have?

Please share with us any additional information that may be helpful for our staff in assisting your child during our academic sessions?

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PARENTAL PERMISSION AND STATEMENT OF CO-OPERATION

DATE: _____ CHILD'S NAME: _____

I give Faith Community Church, Faith Foundations Child Development center, its employees and its agent's permission to have my child take part in any field trips, activities and outings away from the camp's main facility. I understand that I have received written notice of all activities in advance of the scheduled event as shown on the field trip calendar provided.

I give the above child permission to participate in any outdoor activities on the premises of Faith Foundations Child Development Center in the provided fenced in area.

I acknowledge and understand that my given permission and co-operation is in effect from June 11, 2020 through August 24, 2021 I further understand that any changes in my status is my responsibility to inform and update all records affiliated with Faith Community Church and Faith Foundation Child Development Center.

By signing this document, I agree that I have read and been advised of the Discipline Policy in the Parent Handbook and I have reviewed the summary document of the Laws and Rules provided to me by the center. I fully agree with the statements above.

Child's Name: _____

Parent/Guardian Print Name: _____

Signature: _____ Date: _____

Administrator: _____ Date: _____

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RELEASE FOR MEDIA RECORDING

I, the undersigned, do hereby consent and agree that Faith Community Church, Faith Foundation Child Development Center, its employees, or agents have the right to take photographs, videotape or digital recordings and to use these in any and all media, now and hereafter known, I further consent that my child's name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release the Faith Community Church, Faith Foundation Child Development Center, its agents and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims or interest I may have to control the use or my child's identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Faith Community Church, Faith Foundation Child Development Center is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am the parent of legal guardian of the child listed and have read and understand the foregoing statement, and I am competent to execute this agreement.

Child's Name: _____

Parent/Guardian Print Name: _____ Date: _____

Signature: _____

Address: _____ City/State/Zip: _____

Phone number: _____

Witness for the undersigned: _____

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FEES AND PAYMENT TERMS

Registration Fee:	\$35.00 PER CHILD (NON-REFUNDABLE)
Camp T-shirt Fee:	\$15.00 per child (Must be worn for all field trips)
Remote Learning Fee:	Package A 150 (5 Days Per Week) Package B 110 (3 Days Per Week) Drop In \$40 (Daily)
Basic Daily Camp Fee:	\$140 Weekly
Half-Day Camp Fee:	\$65.00 Per week*
Daily Drop-In Camp Fee:	\$30.00 Daily*
Before School:	\$50 Month
After School:	\$190 Monthly*
**Before & Afterschool:	\$190 Monthly*
Intercession:	\$130 Per week*

ALL FEES ARE NON-REFUNDABLE, NON-NEGOTIABLE AND NON-TRANSFERABLE!!

- A \$30.00 FEE WILL BE CHARGED FOR RETURNED CHECKS. PARENTS WHO DISPENSE 1 BAD CHECK WILL BE REQUIRED TO PAY IN CASH, MONEY ORDER OR BY DEBIT/CREDIT IN THE FUTURE **** THERE IS A \$3.00 PROCESSING FEE FOR DEBIT/CREDIT CARD TRANSACTIONS.**
- CASH PAYMENTS MUST BE RECEIVED IN EXACT AMOUNTS. THE CAMP IS NOT EQUIPPED TO MAKE CHANGE. WE APOLOGIZE IN ADVANCE FOR ANY INCONVENIENCE THIS MAY CAUSE.
- PLEASE NOTE OUR PAYMENT INSTALLMENT SCHEDULES ON OUR BROCHURE. ALL PAYMENTS ARE DUE FOR SERVICES NOT YET RENDERED. PAYMENTS ARE DUE IN ADVANCE BEFORE SERVICES CAN BE OFFERED FOR THE NEXT WEEK. ****PLEASE NOTE THERE IS A \$10 LATE FEE FOR ALL LATE PAYMENTS, YOUR PAYMENT IS CONSIDERED LATE 5 DAYS AFTER DUE DATE.**

PLEASE NOTE OUR PROGRAM HOURS. WE EXPECT CAMPERS TO BE PICKED UP ON TIME. ANY CAMPER NOT PICKED UP AFTER 10 MINUTES OF THEIR SCHEDULED RELEASE TIME WILL BE CHARGED **\$1.00 PER MINUTE FOR EVERY MINUTE LATE.** THESE LATE FEES MUST BE PAID PRIOR TO YOUR CHILD RETURNING TO OUR PROGRAM AND ARE NON-REFUNDABLE. **THESE FEES APPLY TO HALF-DAY AND DROP-IN CAMPERS AS WELL.**

- **YOU ARE REQUIRED TO GIVE A WRITTEN TWO-WEEK NOTICE BEFORE REMOVING A CAMPER FROM THE PROGRAM. ALL FEES AND PAYMENT WILL CONTINUE TO INCURE UNTIL WRITTEN NOTICE IS RECEIVED, AND PAYMENT WILL BE DUE UP TO DATE OF TERMINATION REGARDLESS IF CAMPER ATTENDS PROGRAM OR NOT.**

****Please sign confirming that you understand and agree to our payment guidelines. ****

Parent/Guardian Name: _____ Date: _____

SIGNATURE: _____

Administrative Signature: _____ Date: _____

*** Late fees will be enforced FOR ALL CAMPERS. Should legal action be taken for any reason against you for non-payment, you will be responsible for all attorney fees, court fees, damages or other cost associated with collection of debt. ***

