

CAMP REGISTRATION FORM

DATE REGISTRATION FORM RECEIVED IN OFFICE _____

SHEET 1 OF 6

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Email: _____

Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

1st Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

T-Shirt Size (Please Write If Size is Adult/Child): _____

Can your child swim _____ Any physical restrictions or limitations? _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Child plans to attend the following week/weeks

June 11-15 June 18-22 June 25-June 29 July 9-13 July 16-20 July 23-27 July 30-Aug 3 August 6-10 August 13-17

CAMP REGISTRATION FORM

DATE REGISTRATION FORM RECEIVED IN OFFICE _____

SHEET 2 OF 6

2nd Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: [] Male [] Female Date of Birth: _____

T-Shirt Size (Please Write If Size is Adult/Child): _____

Can your child swim _____ Any physical restrictions or limitations? _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? [] Yes [] No

Child plans to attend the following week/weeks

June 11-15 June 18-22 June 25-June 29 July 9-13 July 16-20 July 23-27 July 30-Aug 3 August 6-10 August 13-17

3rd Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: [] Male [] Female Date of Birth: _____

T-Shirt Size (Please Write If Size is Adult/Child): _____

Can your child swim _____ Any physical restrictions or limitations? _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? [] Yes [] No

Child plans to attend the following week/weeks

June 11-15 June 18-22 June 25-June 29 July 9-13 July 16-20 July 23-27 July 30-Aug 3 August 6-10 August 13-17

CAMP REGISTRATION FORM

DATE REGISTRATION FORM RECEIVED IN OFFICE _____

SHEET 3 OF 6

Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Tuition / Payment Information:

Camp Tuition: \$135 per week, or \$30 a day. This price includes all trip fees.

Camp T-shirts are \$5, please add this cost to your first weeks tuition.

- **Camp space is limited and will be filled on first come first serve basis.**

If a camp week is full the child will be placed on a waiting list and you will be contacted if space becomes available.

- If your child plans to attend more than one week of camp; payment for the first week of camp should be made as of May 15 with Registration form. Payments for each additional week should be made by the Friday before camp begins the following week.
- Payment for children planning to attend one week of camp is due with the registration form by May 15

I give permission for my child / children to ride the New Covenant Fellowship (NCF) Bus or Van. I release NCF and individuals from liability in case of accident as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

CAMP REGISTRATION FORM

DATE REGISTRATION FORM RECEIVED IN OFFICE _____

Emergency Contact and Medical Information for a Child

Child / Children's Name(s) _____

Parent's/Guardian's Name _____

() _____ () _____ () _____ () _____
Home Phone Work Phone Home Phone Work Phone

Address _____

City, ST, ZIP Code _____

Alternative Emergency Contacts other than Parents

Primary Emergency Contact _____

Secondary Emergency Contact _____

() _____ () _____ () _____ () _____
Home Phone Work Phone Home Phone Work Phone

Address _____

City, ST, ZIP Code _____

Medical Information

Hospital/Clinic Preference _____

Physician's Name _____

Phone Number _____

Insurance Company _____

Policy Number _____

Allergies/Special Health Considerations _____

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's/Guardian's Signature _____

Date _____

NEW COVENANT FELLOWSHIP

NCF is pleased to have you join our summer day camp program. We are glad that you are here instead of lounging in front of some computer or video game and we will try to make your experience here as exciting and interesting as possible. NCF is in no way trying to compete with or become like the world and the things you may see in it. We offer so much more; through Jesus you can experience eternal things now in your life. Jesus can change your circumstances now and forever. It is up to you! That in itself is the most exciting news I can think of.

NCF also is adamant about providing a safe environment for everyone who attends, and this agreement will further this effort. May God bless you as we partner together to introduce you and others to the love of God through His Son Jesus Christ.

By signing the following I agree to:

- Respect myself, my peers and those who are my elders.
- Respect the Church property (ie trash, furniture, the structure itself.)
- All food will be eaten in the Fellowship Hall unless otherwise approved.
- Dress Code: Same as the Schools you attend. Respect yourself and others.
- Cell phones and electronics are allowed, but the NCF staff has the right to take all electronics if the privilege is being abused.
- Understand that NCF offers you a privilege and not a right to be here. The leadership of NCF will have final authority on all matters that may arise.
- Trips are no different than being here on NCF grounds and I will obey the rules as stated by the leadership.
- You are generally expected to conduct yourself according to Biblical standards.
- No inappropriate contact with the opposite sex.

My parents or guardians and I have read the agreement and will do our best to see that the guidelines are kept in accordance with the agreement:

Student (print and sign) -----

Parent (print and sign) -----

CAMP REGISTRATION FORM

DATE REGISTRATION FORM RECEIVED IN OFFICE _____

SHEET 6 OF 6

New Covenant Fellowship Summer Camp Program

- **Camp space is limited and will be filled on first come first serve basis.**

If a camp week is full the child will be placed on a waiting list and you will be contacted if space becomes available. Camp is \$135 per week or \$30 per day, this price includes all trip fees.

- If your child plans to attend more than one week of camp, payment for the first week of camp should be made as of May 15 with Registration form. Payments for each additional week should be made by the Friday before camp begins the following week.
- Payment for children planning to attend one week of camp is due with the registration form by May 15.
- Camp begins at 7:30am. Children should be picked up by 6pm
- Campers will need to bring a bag lunch daily. Snacks will be provided.
- Campers will need to bring the following:
 - Bathing suit
 - Towel
 - Sunscreen
 - Water Bottle

Registration forms can be mailed to the church office at:

New Covenant Fellowship
1305 Hulseley Road
Carthage, NC 28327

Or by email: kylar@ncftoday.com

Church office: 910-947-1412