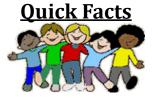
FBC - HI-DEF SUMMER CAMP 2022



*Camp Dates & Time:

June 6, 2022 - July 29, 2022 - 7:30a.m. - 5:30p.m.

*Registration & Activities Fee:

\$150 (non-refundable; secures your spot with completed application)

*Weekly Tuition:

\$80

*Ages

Pre- K to 6th Grade (5yrs-12yrs)

*Mandatory Parent Orientation:-

May 28, 2021 at 11:00 a.m.

*ALL PARENTS ARE REQUIRED TO SIGN UP ON THE SUMMER CAMP REMIND APP

"OUR GOAL IS TO BRIDGE THE LEARNING GAP"

SIGN UP TODAY & PAY SPACE IS LIMITED!!!

HI-DEF CHILDREN & YOUTH MINISTRY FIRST BAPTIST CHURCH BROAD 2835 BROAD AVE. MEMPHIS, TN 38112 (901) 323-2429



DATES: JUNE 6 - JULY 29, 2022

GRADES: PRE-K – 6th

REGISTRATION FEE: \$150

WEEKLY TUITION: \$80

"OUR GOAL IS TO BRIDGE THE LEARNING GAP"

PAY & SIGN UP TODAY, SPACE IS LIMITED!!!



FIRST BAPTIST CHURCH-BROAD

CAMP INFORMATION:

❖ DATES: JUNE 6th −JULY 29th

TIMES: 7:30 AM- 5:30 PM

 \clubsuit **GRADES**: PRE-K – 6TH (5yrs-12yrs)

❖ **DESCRIPTION**: A SAFE, FUN, STRUCTURED, AND CHRISTIAN EVIRONMENT THAT OFFERS OPPORTUNITIES FOR CHILDREN TO LEARN, EXPLORE AND DISCOVER, THROUGH READING, CREATIVE WRITING, MATHMATICS, FREE PLAY, DANCE AND MUCH MORE...

COST & REGISTRATION FEES:

*REGISTRATION & ACTIVITIES FEE: \$150 (one time; Non-Refundable)

*WEEKLY TUITION: \$80 PER CHILD

CAMPACTIVITIES:

- *Bible Study
- *Sports
- *Play Fitness
- *Dance
- *Gardening
- *Learning Labs- Math, Science, and Basic Computer Skills
- *Arts & Crafts
- *Drama
- *Literacy/BookNook
- *Junior Achievement

- *Conflict Resolution
- *AND MORE...



CHILD'S PROFILE SHEET

| Child's Name: | | |
|----------------------------------|--|--|
| Nickname: | | |
| Address: | | |
| City: | ZIP Code: | |
| Date of Birth: | Age: | |
| School Currently Attending: | | |
| Please list any Extra-curricular | Activities the Child is involved in: | |
| | ion below (Allergies & Medication): | |
| EMERGENCY CONTACT INFORI | MATION: | |
| Name: | Phone #: | |
| • • | ddress & cell phone #'s below. We send emails and text at upcoming events, cancellations, and ministry related | |
| Parent Name (s): | | |
| Parent Email Address: | | |
| Parent Cell phone: | | |

| Parent Work phone: | | | | |
|--------------------|--|--|--|--|
| | | | | |



Hi-DEF Children & Youth Camp Emergency Information Form

Please complete this form for your child. This is for use in an emergency, for on site or off site events. Please contact Children's & Youth Ministry Administrative Assistant when you need to update this form. All forms are updated yearly.

Date completed:

| Name | | | | Birth Date | e/SexAge |
|---|-----------------------------------|-------------|-----------------------|------------|---|
| First | M.I. | Last | | | Mon. Day Year |
| Parent/Guardian | | | | | Cell () |
| Home Address | | | | | Phone () |
| | Street number or Box | City | State | Zip | |
| Business Address | Street number or Box | City | State | Zip | Phone() |
| Second Parent/Guardian or E | mergency Contact_ | - ·y | | r | Cell () |
| Home Address | | | | | Phone() |
| | Street number or Box | City | State | Zip | |
| Business Address | | - | | | Phone() |
| fthay are not available in ar | Street number or Box | City | State | Zip | |
| f they are not available in an | emergency piease i | aoury: R | elations | hin | Phone() |
| 1 variic | | 1 | Ciationsi | .11p | 1 none(|
| Please list last date for following | g snots. Fono | retanus | | _ Measles_ | DPT Series |
| | | Tetanus | | _ Measles_ | DP1 Series |
| Allergies | | Tetanus | | _ Measles_ | DPT Series |
| Allergies | essary) | | | | |
| Allergies Medications (Instructions if nec Physical or dietary restrictions *Does Your child have or has ex | essary) ver had an I.E. P/504? | Yes | _ or No _ | | (if yes please explain) |
| Allergies | essary)ver had an I.E. P/504? | Yes | or No _ | | (if yes please explain) |
| Allergies Medications (Instructions if nec Physical or dietary restrictions *Does Your child have or has ex | essary)ver had an I.E. P/504? | Yes | or No _ | | (if yes please explain) |
| Allergies Medications (Instructions if nec Physical or dietary restrictions Does Your child have or has ev Name of family physician Hospital Preference Insurance Information: | ver had an I.E. P/504? | Yes | _ or No _ _Phone (|) | (if yes please explain)After Hours () |
| Allergies Medications (Instructions if nec Physical or dietary restrictions *Does Your child have or has ev Name of family physician Hospital Preference | ver had an I.E. P/504? | Yes | _ or No _ _Phone (|) | (if yes please explain)After Hours () |
| Medications (Instructions if necessary Physical or dietary restrictions_ *Does Your child have or has even Name of family physician_ Hospital Preference | ver had an I.E. P/504? | Yes | _ or No _ _Phone (|) | (if yes please explain)After Hours () |
| Allergies Medications (Instructions if nec Physical or dietary restrictions Does Your child have or has ev Name of family physician Hospital Preference Insurance Information: Name of Medical/Hospital In Address Street | ver had an I.E. P/504? | Yes | or NoPhone (| | (if yes please explain)After Hours () |
| Medications (Instructions if necessary Physical or dietary restrictions Does Your child have or has even Name of family physician Hospital Preference Insurance Information: Name of Medical/Hospital Information: Address | ver had an I.E. P/504? | Yes | _ or No _ _Phone (| | (if yes please explain) After Hours ()Phone() |

| injection and or anesthesia and /or surgery for the child named above. I give my permission | for this form to be |
|---|---------------------|
| photocopied and kept on file for on and off site events. | |
| Signature of Parent or Guardian | Date |
| Witness to Signature | Date |



AUTHORIZATION PICK UP FORM

| CHILDRENS INFORMATION: | |
|---------------------------------|---------------------|
| Name | Relationship |
| Name | Relationship |
| Name | Relationship |
| PARENT/GUARDIAN INFORMATION: | |
| Name: | Home Address: |
| Home Phone: | Cell Phone: |
| Relationship to Child: | |
| EMERGENCY CONTACTS: | |
| Name: | Relationship: |
| Address: | Phone: |
| Name: | Relationship: |
| Address: | Phone: |
| WHO IS AUTHORIZED TO PICK UP YO | UR CHILD/ CHILDREN? |
| Name: | Relationship: |
| Name: | Relationship: |
| Name: | Relationship: |

| Name: | Relationship: | |
|---------------------------------|--|--|
| | LL children. Anyone that is NOT listed on this authori f you plan to have someone not listed on this form pick Hi-DEF Staff and update your form.) | |
| Signature of Parent or Guardian | | |



FINANCIAL AGREEMENT

| CHILD'S NAME: _ | CHILD'S NAME: | |
|-----------------|---------------|--|
| | | |
| CHILD'S NAME: | | |

COST:

- *Registration & Activities Fee: \$150 (one time; non-refundable)
- *Weekly Tuition: \$80
- *Tuition must be prepaid weekly (Monday)
- *FEES MUST BE PAID PRIOR TO ENROLLMENT
- *PLEASE NOTE:
- *All weekly payments are required for four weeks when your child begins the first week of camp.
- *Registration fees are only prorated if your child begins after the first week.
- *There are NO tuition adjustments for sick days or vacation time.

Returned Checks:

- *A fee of \$38.00 will be charged for returned checks
- *Post-dated checks will **NOT** be accepted.

Voluntary Withdrawal:

*At any point a parent may withdraw a child from camp. Refunds will **NOT** be given.

Involuntary Withdrawal:

- *Non-Payment of tuition
- *Failure to follow policies and camp rules
- *Lack of Parent cooperation to address specific concerns

| I have read and agree to the terms and conditions as stated in t and agree to abide by the financial policies as outlined above. | his application/agreemen | it. I have read, understand |
|---|--------------------------|-----------------------------|
| | | |
| Signature of Parent or Guardian | Date | |



SIGN IN/OUT INFORMATION:

Signing in camper(s)

*A parent/authorized person MUST sign in children.

Signing out camper(s)

- *Photo Identification must be presented to pick up **ALL** children.
- *Anyone that is **NOT** listed on authorization sheet will not be able to pick up your child.
- *If you plan to have someone not listed on the authorization form to pick up your child, please make arrangements with Hi-DEF Staff prior to pick up.

ATTIRE:

- *Active Sports Wear & Closed Toe Shoes
- * Camp T-shirt MUST be worn for all fieldtrips

MEALS:

Breakfast and afternoon snack will be provided daily. Parents are to provide lunch and reusable water bottle. Drink and vending machines are available on site. Please send correct change. **Purchases are allowed at PM snack time only.**

MEDICAL INFORMATION:

Hi-DEF staff does **NOT** administer medication. Parents are advised to give children medication before or upon arrival to camp if scheduled. However, if administered upon arrival, parents are required to **wait at least 20 minutes before leaving**.

Make sure **ALL** Health information is **CURRENT**. If an emergency occurs, we will use the information provided on the application.

MEDICAL EMERGENCY PROCEDURE:

If your child is injured and requires more than basic first aid, the following steps will be taken:

- *Staff will notify parent/guardian and depending on severity of injury, 911 will be called.
- *If parent/guardian is not available, the emergency contact listed on the registration form will be contacted.
- *If no one on the registration form can be contacted and it is imperative that the child be immediately transported for care, Hi-DEF staff will accompany the child.
- *Paramedics will transport the child to the nearest hospital.

**FIELD TRIPS:

We will have in-house fieldtrips. However, parents will receive timely notification of any scheduled field trip(s) outside of the building and are encouraged to attend whenever possible. Parental consent forms MUST be completed for EACH field trip.



Adapted from the guidelines of the CDC with the American Campus Association (10/21).

High vaccination coverage is needed for all persons attending/ participating with camp. Prevention strategies are important guiding principles for school-age and young-based camp. Covid-19 protocol will be implemented to combat secondary spread between staff members, campers, and their families.

Protocols are as follows:

- Pre-arrival temp check
- Podding/ Cohorting
- Masking
- Physical distancing
- Hand hygiene

These strategies are critical for prevention of COVID-19 outbreaks in congregate settings and youth camps.

<u>ALL</u> staff members should/will be fully vaccinated before camp arrival.

Camp will merge pods in stages (with discretion). Campers/ staff will be permitted to remove masks during specified times during the day and during outdoor activities.

ILLNESS:

For the health and wellness of **ALL** children and staff members, we ask that parents **do not** bring sick children to camp! If your child becomes ill during camp he/she will be brought to the Youth Office, a parent or guardian will be notified, and asked to pick up the child ASAP.

DISCIPLINE:

Should a disciplinary problem arise, staff will respond immediately to the situation. Discipline may include:

- 1. A verbal warning/redirection
- 2. "Reflection Time" with support in the classroom
- 3. Removal from classroom for reflection with support and reset
- 4. Parent Call and write up/ behavior modification needs
- 5. Parent Conference with plan of action (POA)
- 6. Suspension
- 7. Expulsion

Suspension is definite when a child presents unacceptable behavior that causes continued disruption in a classroom setting or camp activities on or off site. For the safety of all children and staff members, the following behaviors **will NOT be tolerated** and disciplinary action will be taken **immediately**:

- *Foul and sexually suggestive language/behavior
- *Damage and/or theft to other's property
- *Bringing weapons and/or illegal items to camp
- *If a child deliberately harms another child and / or staff person

The Staff will complete disciplinary forms. A copy of the form will be available and the concerns will be discussed with the parent/guardian the same day. **No refunds** will be given if your child is removed from the camp for ongoing documented disciplinary reasons.

CAMP WITHDRAWAL INFORMATION:

Campers will be withdrawn from camp for the following reasons:

- *Non-Payment of tuition fee
- *Failure to follow policies and camp rules
- *Lack of parent cooperation to address specific documented concerns

PLEASE NOTE: ALL PARENTS ARE REQURIED TO ATTEND MANDATORY ORIENTATION PRIOR TO CHILDREN STARTING CAMP (NO EXCEPTIONS!)

| Signature of Parent or Guardian | Date | |
|---------------------------------|------|-------------|
| | | (Rev: 5-22) |