

FIRST LIGHT WEEKDAY PRESCHOOL

2020 SUMMER CAMP ENROLLMENT

Children must be 3 years old by June 1, 2020 and toilet-trained to attend summer camp.

The maximum age is 5 years old (rising Kindergarten).

			Yes/No	
Child's First Name	Child's Last Name	Date of Birth	Toilet-Trained	
Street Address		City	State	Zip Code
Mother's Name	Day-time Phone Number		E-mail	
Father's Name	Day-time Phone Number		E-mail	

Allergies: List any allergies including food allergies or health problems.

Carpool-Please list anyone other than parents listed above who have permission to pick up the child.

1. _____

Name	Phone Number
------	--------------

2. _____

Name	Phone Number
------	--------------

Summer Camp Hours are Tuesday, Wednesday, Thursday 9:15-1:15.

Drop-off and Pick-up will be by carpool at the South Entrance from 9:15-9:25 and 1:15-1:25.

Parents must be on-time. A late fee of \$1.00 per minute will apply after 1:25 p.m.

THERE IS A ONE-TIME NON-REFUNDABLE YEARLY ENROLLMENT FEE OF \$25 PER CHILD DUE TO SECURE YOUR CHILD'S INITIAL PLACEMENT IN THE SESSION OR SESSIONS.

Sessions for June may be changed up until May 15th if space permits.

Sessions for July may be changed up until June 15th if space permits.

No refunds are given after these dates.

NOTE THE TUITION DUE DATES FOR EACH SESSION. IF TUITION IS NOT PAID BY THIS DATE, THE SPACE IN THE CLASS WILL BE FORFEITED.

The availability of all sessions is dependent upon sufficient enrollment.

In the event a session does not meet our minimum requirement, a full refund will be given.

Hygiene and Illness policy-Children must be fever free for 24 hours without medication to attend.

No refunds are given for absences.

Children will wash hands with soap and water each time they enter the classroom and before eating.

Session	Theme	Tues.-Thursday \$75/session	Tuition Due
June 2-4	Fun and Games		May 15 th
June 9-11	Cooking with Chef Hank		May 15 th
June 16-18	Make A Joyful Sound		May 15 th
June 23-25	Mad Scientist		May 15 th
July 7-9	Sports Mania		June 15 th
July 14-16	Let's Create		June 15 th
July 21-23	Animal Kingdom		June 15 th
July 28-30	Movies and Magic		June 15 th

By signing this 2020 Summer Camp Enrollment Form, I agree to the policies listed on this document.

I understand that First Light Weekday Preschool is a private, non-profit program and is not required to be licensed by The State of Georgia, Bright from the Start, 404-657-5562.

www.decal.ga.gov/childcareservices

Parent or Legal Guardian's Name printed _____

Parent or Legal Guardian's Signature _____ Date _____

FIRST BAPTIST SNELLVILLE 2020 Medical and Photo Release Form

EVENT FIRST LIGHT WEEKDAY PRESCHOOL 2020 SUMMER CAMP

Participant's Name _____ Date of Birth _____ Age _____
Mailing Address _____
City _____ Zip Code _____ E-mail _____
Cell # _____ Home # _____ **EMERGENCY #** _____

Please supply ALL of the following information. It is in your best interest not to omit any information. It is our desire for every participant to have a successful experience.

INSURANCE COMPANY/POLICY NUMBER _____
POLICY HOLDER _____
EFFECTIVE DATE _____
INS COMPANY PHONE NUMBER _____
CHILD'S DOCTOR _____ PHONE NUMBER _____
Physical Conditions (asthma, diabetes, etc.) _____

Does your child have any special needs, medical challenges, learning differences or dietary restrictions?

Allergies _____
Current Medications _____
Operations/serious injuries in the past 5 years _____
Emergency Contact _____
Relationship _____ **Phone** _____

MEDICAL RELEASE: I hereby consent to my participation or my child's participation in the above event and other events or scheduled activities either at or sponsored by First Baptist Snellville ("FBCS") and agree to assume all of the risks related to such participation. I understand that participation in athletic activities sponsored by FBCS involves the risk of injury. I authorize a representative of FBCS to contact medical personnel in case of a medical emergency involving me and/or my child. I hereby give permission to medical personnel to perform x-rays, tests, or perform or provide other medical treatment deemed necessary or desirable for my care or my child's care. I give permission for administration of medication, injections and/or anesthesia and/or surgery if deemed necessary or desirable by medical personnel for my care or my child's care. I also authorize the release of the above information to assist with their decisions for my care or my child's care. I release, hold harmless, and covenant not to sue, First Baptist Snellville, its agents, and employees from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury or associated medical care administered to me or my child during and/or relating to or arising out of participation in this event or other events and activities either at or sponsored by FBCS.

PHOTO RELEASE: I give permission for myself and/or my child to be photographed or videoed during the above event and other events and activities either at or sponsored by FBCS. I also grant FBCS permission to publish and/or share my/the child's name, picture, portrait and/or photograph in all forms and media and in all manners, for display, publication, advertising, promotions, websites and any other lawful purposes, taken of children & adults during this event, on FBCS web site and/or other FBCS publications/media. I waive any right that I may have to inspect and/or approve the finished product(s) and I release, hold harmless, and covenant not to sue, First Baptist Snellville, its agents and employees from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to me and/or my child related to the publication and/or sharing of the name, picture, portrait and /or photograph. I have carefully read and I understand the forgoing release. I have the full right and power to enter into this release and I sign this release on my own free act. I understand that this is a legally binding agreement upon both me and (if applicable) my child.

Participant Signature _____ Date _____ **(18 years or older)**
Parent/Guardian Signature _____ Date _____ **(required for participant under the age of 18 years)**