

# Sun City Christian Fellowship Baptist Church

## Camp 2016 *I'VE GOT TALENT*

Please complete the application below and submit to the Sun City Administration Office Monday through Friday 10:00 a.m. to 3:00 p.m.

A \$20.00 registration check (nonrefundable/nontransferable) must accompany the camp application. Make checks payable to Sun City Christian Fellowship Baptist Church, memo line: ***I've Got Talent*** Camp Registration. Remaining balance should be paid no later than the Monday morning of the first day of camp.

### Camper Information

Camper Last, First Name \_\_\_\_\_ DOB \_\_\_\_\_ Current Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current School: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Please check the week/s attending:  Week 1--June 6-10  Week 2--June 13-17  Week 3--June 19-24  Week 4--June 27-Jul 1

Are you Enrolling more than one child from your household? Y \_\_\_\_\_ N \_\_\_\_\_ If so, Names of siblings/other children you are enrolling \_\_\_\_\_

### Parent /Guardian Information

Mother's Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Home \_\_\_\_\_ Other \_\_\_\_\_ Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Home \_\_\_\_\_ Other \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address (if different from campers) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Persons authorized to pick up child \_\_\_\_\_

### Emergency Contacts:

Name 1 \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

The above person is authorized to pick up my child at the end of each day or in the event of an emergency.  Yes  No

Name 2 \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

The above person is authorized to pick up my child at the end of each day or in the event of an emergency.  Yes  No

Family Physician Phone \_\_\_\_\_ Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ ID# \_\_\_\_\_

Allergies/Cautions \_\_\_\_\_

Food, or Medical Restrictions \_\_\_\_\_

### For Office Use Only

Initial Registration Payment: \_\_\_\_\_ Camp Application Payment : \_\_\_\_\_

Balance Due: \_\_\_\_\_

**Parents'/Guardian's Statement:**

1. General: I give permission for Sun City I'VE GOT TALENT Camp to use my child's photographs taken during summer camp activities for publications.

2. Last Doctor's visit for my child was approximately \_\_\_\_\_; and my child's immunizations are up to date. \_\_\_\_\_ (Please initial).

3. Medical: I authorize Sun City *I've Got Talent Camp* to obtain immediate medical care for my child if any emergency occurs when I cannot be reached.

4. Financial: I understand that a \$20 non-refundable enrollment fee is required for each camper at registration. The balance of \$65.00 (for early bird) OR \$100.00 (for regular registration) is due prior to the start of the first week. I further understand that camp hours are from 8:00 a.m. to 5:00 p.m. Payment for the each week of Camp is due no later than, the Monday starting the camp week. Daily cost for camp is \$25.00 per day. Campers not picked up by 5:00 p.m. may be assessed a \$10.00 fee.

5. Field Trips: I give authorization for my child to participate in the camp's swimming program and all field trips. I understand that field trip fees are included in the per week camp fee.

6. **By signing below I have read, understand and acknowledge all of the terms and conditions of the Sun City Christian Fellowship Baptist Church and Sun City Community Development Corporation I'VE GOT TALENT Summer Camp.**

Parent or Guardian Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_


**I've Got Talent Camp T-shirt Order Form**

**Campers Name:** \_\_\_\_\_ **Size:** \_\_\_\_\_

Please circle shirt type: Youth or Adult

**Form must be returned with the Summer Enrichment Camp Application.**

**Shirt size availability indicated below:**

|   |  |
|---|--|
| <p>Camp T- Shirt<br/> <b>Youth Sizes:</b><br/> <input type="checkbox"/> X-Small<br/> <input type="checkbox"/> Small<br/> <input type="checkbox"/> Medium<br/> <input type="checkbox"/> Large<br/> <input type="checkbox"/> X-Large</p> <p><b>Adult Sizes:</b><br/> <input type="checkbox"/> X-Small<br/> <input type="checkbox"/> Small<br/> <input type="checkbox"/> Medium<br/> <input type="checkbox"/> Large<br/> <input type="checkbox"/> X-Large<br/> <input type="checkbox"/> XXL- Large</p> |  |
|---|--|

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### Transportation Request

Please fill out the form below.

*A cost of \$10.00/family/week for transportation service. Thank you!*

|                                      |                   |
|--------------------------------------|-------------------|
| <b>Drop Off and Pick Up ADDRESS:</b> |                   |
| <b>Name (camper/s):</b>              |                   |
| <b>Name of Parent/Guardian:</b>      |                   |
| <b>Home Address:</b>                 |                   |
| <b>Home Phone:</b>                   |                   |
| <b>Cell Phone:</b>                   |                   |
| <b>Work Phone:</b>                   | <b>extension:</b> |
| <b>Details/ Comments:</b>            |                   |

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|                  |                          |     |                          |    |          |        |
|------------------|--------------------------|-----|--------------------------|----|----------|--------|
| Payment Received | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | \$ _____ | Week 1 |
|                  |                          |     |                          |    | \$ _____ | Week 2 |
|                  |                          |     |                          |    | \$ _____ | Week 3 |
|                  |                          |     |                          |    | \$ _____ | Week 4 |