

Fellowship Baptist Church- Summer Camp Program

110 Mount Hope Road
Fairfield, PA 17320
717-642-6767
www.fellowshipbaptistpa.org

FBC Summer Camp will start on Monday, June 13, 2011 and will run through Friday, August 19, 2011. We will be open from 7:30 a.m. – 5:30 p.m. We will be closed on Friday, July 1 and Monday, July 4, 2011, in celebration of the Fourth of July. The rate for those weeks will remain the same.

Cost: We are happy to announce that the tuition rate will stay the same at \$125.00 a week per child with a reduced rate of \$100.00 for each additional child.

Registration: The registration fee will be a one-time only flat rate of \$25.00 per child. The registration fee will **not** be applied to tuition. The registration fee is non-refundable and will be due when you register your child for camp. Your spot will be held upon receipt of the completed forms, registration fee and deposit. Checks should be made payable to Fellowship Baptist Church or FBC.

Deposit: We ask that you circle the weeks that your child(ren) will be attending camp. A \$25.00 weekly deposit per family, **not per child**, will be required to reserve your weeks at camp. This deposit will be deducted from your weekly tuition cost, but not credited or refunded in the event you miss that week.

Daily: The daily rate will be \$25.00 per day per child. The above mentioned registration fee and deposit applies to daily campers also. We will require the same registration fee and deposit, as mentioned above.

Ages: Our camp is for children ages 6-13 or going into 1st grade through 8th grade.

Sunscreen: Please apply sunscreen to your child daily. We ask that you also send sunscreen with your child each day. Counselors will remind children that they should apply sunscreen periodically throughout the day to avoid sunburn. If needed, we will assist the children in applying the sunscreen.

What to Bring Daily: Campers need to bring their own lunch and beverage to camp every day. A water cooler will be provided, but children must have a water bottle every day.

- Lunches are not refrigerated, so please pack lunches in a small cooler with an ice pack.
- Children should bring socks, sneakers, a swimsuit and a towel everyday. With changes to the calendar due to weather or cancellations, it is important that the children have sneakers and socks, just in case.
- Please write their name on everything. In the event that something is missing from your child's bookbag (games, money, clothing, etc.), please inform a counselor immediately, so that we can begin looking or questioning children for these items.

Provided Lunches: Occasionally we will provide lunch for the children by hosting a cookout. Advance notice will be given.

Additional Expenses: From time to time, we will stop at a fast food restaurant and give the children an opportunity to purchase lunch out. Children will have an opportunity to purchase their own lunch, or pack a bagged lunch on those days. Advance notice will be given.

Movie Policy: Movies that will be shown are G or PG. We ask that you follow this policy when allowing your child to bring movies to camp.

Field Trips: There are several big field trips scheduled this year. These field trip spots are held on a first come, first served basis. Payment is required in advance to hold your spot. Space is also limited for our overnight trip (spot is held when deposit is received); amusement park trips and some long distance trips. Many of these trips will require payment towards the cost of the field trip. These will be listed on the calendar.

T-Shirts: There will be a \$10.00 charge for camp t-shirts this year. Your child should wear the camp t-shirt on all **non-swimming** field trips.

Contacting Camp: On church days, you can reach the camp at (717) 642-1553. Tricia Mutchler's cell phone number is (717) 339-9571 and Teresa Palmer's cell phone number is (717) 387-0672. Please feel free to call those numbers when the camp is away on a field trip and you need to speak with a counselor.

VBS: The week of August 8-12, 2011 is Vacation Bible School at the church. VBS is scheduled in the evening, so please check the website for more information and keep an eye out for flyers coming home from summer camp. There is no charge for attending VBS and we often offer dinner for those campers that are staying.

Periodic Campers: If you are absent from camp for an extended period of time, or only attend on a day-to-day basis, check out our website for any calendar changes so your child will be prepared for their day at camp.

Things to Check Out: Our website at www.fellowshipbaptistpa.org

- Our calendar is posted as soon as it is available and is subject to change at any time. Please provide your e-mail address on the registration form and we will e-mail you calendar changes if we are able.
- Policies on medication and photographs are listed on the emergency form.

Thank you again for your continued support of our program. We love spending the summer with your children at camp.

Blessings,

Tricia Mutchler Teresa Palmer

Tricia Mutchler
Camp Director

Teresa Palmer
Assistant Camp Director

Emergency & Field Trip Form

List All Allergies, Illnesses, Disabilities or Special Needs Your Child Has:

Date of Last Known Tetanus Shot: _____

Physician's Name: _____ **Telephone:** _____

Dentist's Name: _____ **Telephone:** _____

Please note any special medication needs below and make sure medication is given to your child's Camp Director with complete instructions for its administration. Instructions need to be written on the medication bottle and sent along with a list of possible side effects. This information can be obtained from your doctor or pharmacist. If your child is taking cold medicine or pain relievers that are not necessarily considered a prescription drug, please make sure this is given to your child's Camp Director along with an explanatory note. We will not administer any over the counter medication without your prior written permission. Please be sure to talk with the Camp staff if you have any special concerns/accommodations for your child. FBC needs advance knowledge of these issues either on the health form or via phone or email before the first day of camp. Failure to fully disclose all issues may result in your child not being able to participate in camp.

I hereby give my consent for _____ to participate in all FBC Summer Camp weekly activities, including Field Trips, as well as daily trips to area swimming pools, lakes, and water activities. I waive any and all claims against Fellowship Baptist Church, its members, and Summer Camp Supervisors for any personal injury which might occur. In case of an accident, injury or illness, I hereby authorize a Fellowship Baptist Church Summer Camp Supervisor to take the above named child to the nearest physician or closest emergency room.

Signature of Parent/Guardian

Date

I understand that as a participant, my child may be photographed or videotaped during normal activities. These photos/videos may be used in promotional materials and publications including the FBC website, news releases, church newsletter or camp literature.

Signature of Parent/Guardian

Date

**FELLOWSHIP BAPTIST CHURCH
PARENTAL CONSENT FORM**

Child's Name _____ Age _____ Date of Birth _____
Address _____ Phone _____
City _____ State _____ Zip Code _____
School _____ Grade _____

To whom it may concern: The undersigned does/do hereby give permission for _____, a minor child, to attend and participate in activities sponsored by Fellowship Baptist Church beginning on the 1st day of January, 2011, and concluding on the 1st day of February, 2012. I authorize an adult in whose care the minor child has been entrusted to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor child under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor child pursuant to this authorization. Should it be necessary for the minor child to return home because of medical or other reasons, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for the minor child to ride in any vehicle designated by the adult in whose care the minor child has been entrusted while attending and participating in activities sponsored by Fellowship Baptist Church.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL THE RISKS WHICH MAY BE ENCOUNTERED ON THE SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I, do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge Fellowship Baptist Church of Fairfield, PA and its agents, employees, and volunteers from any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in the described activity or in any other associated activities including, but not limited to, any injury to my child or property, even injury resulting in death. I expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the law of the state of Pennsylvania and that is any legal portion hereof is held valid, it is agreed that the balance shall, notwithstanding, continue in full legal force and affect. This release contains the entire agreement between the parties hereto.

I further state that I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE ON MY OWN FREE ACT. I understand that this is a legally binding agreement. **This form MUST be signed by all individuals who have legal guardianship.**

Name _____ Name _____ Name _____

Signature: _____ Signature: _____ Signature: _____

Relationship: _____ Relationship: _____ Relationship: _____

Date: _____ Date: _____ Date: _____

Insurance Company _____ Group Number _____

Policyholder Name _____ Policy Number _____

Emergency Contact: _____ Home Phone: _____ Work: _____ Cell: _____

Emergency Contact: _____ Home Phone: _____ Work: _____ Cell: _____

Emergency Contact: _____ Home Phone: _____ Work: _____ Cell: _____

Emergency Contact: _____ Home Phone: _____ Work: _____ Cell: _____

Please list on the back of this Consent Form any allergies and/or medical conditions the minor child may have.
Also, list any prescription medication he/she may be taking at this time.