

Brooke of Life Watauga Summer Camp Registration Form

MON – THUR, 8:00am – 4:00pm, June 3rd - July 25th

Summer Camp Registration Fee (One time fee)

A \$25 registration fee should be paid upon turning in the registration form.

To ensure the success of Summer Camps at Watauga, we are requesting that registration forms be turned in by May 3.

Weekly care rate for Pre-K 3 and Pre-K 4 students:

\$160/week

Weekly care rate for Kindergarten - Sixth grade students:

\$140/week

- The operation of each summer camp is contingent on how many students register. Brooke of Life reserves the right to change lessons and activity plans even during the week of care. We also reserve the right to cancel a week of summer camp for any reason with a minimum of two weeks cancellation notice to parents/guardians.
- Upon drop off, children will participate in snacks, play time, games, bible study, camp specific activities and lessons! If your student is a Pre-K student they will also take an hour to an hour and a half nap everyday.
- Students will be dropped off at the doors labeled “front office” anytime between 8:00am - 10:00am each morning. If a student has not arrived by 10:00am and BOL Summer Camp has not been properly notified of the late arrival, that student will be considered absent and will not be allowed to attend camp until the following day.
- Students must be picked up by 4:00pm everyday. If for any reason a student is picked up after 4:00pm, there is a charge of \$1 per minute. Due to safety and security reasons, anyone who is attempting to pick up a student will need their driver's license upon pick up. Only adults by the age of 18 or older may pick up students. All adults attempting to pick up a student must be listed in the students application or must have been added to that students approved pick up list.
- If you need to add an adult to your students approved pick up list you must text their name, how it appears on their drivers license, and their phone number to (682) 999 - 5422. We reserve the right to deny pick up from any person who is not listed on a students approved pick up list.

Brooke of Life Watauga contact information

Phone: (682) 999 - 5422

Email: BOLOFNIAW@gmail.com

Please keep page #1 and page #2 and return the rest to the front office no later than May 3rd

Brooke of Life Summer Camp Handbook

Dear Parents,

Thank you for trusting Brooke of Life Summer Camp with your children! We appreciate your trust. Brooke of Life (BOL) is a Christian care program for Newman International Academy that is now extending into Summer Camps. BOL Summer Camp students have daily prayer, songs and Bible stories, nutritious snacks, games, arts & crafts, activities, and academic help when needed.

Please note that BOL Summer Camp reserves the right to unenroll students if fees are not paid in a timely manner, or for behavior problems.

We close at 4:00pm, please pick up your children on time. There is a \$1 per minute charge for children picked up after 4:00pm.

Illness:

If your children are sick, we cannot risk the health of the other children. Please make other arrangements for your child if one of the following applies: a temperature of 101 degrees or within 24 hours of having one, heavy nasal discharge, constant cough, diarrhea, symptoms of a possible communicable childhood disease (such as sniffles, reddened eyes, sore throat, abdominal pain or fever), or fine blisters, rash, pink eye, vomiting or lice. BOL Summer Camps reserves the right to send a child home if they are experiencing any of the symptoms listed above.

Dress Code:

BOL students must be properly attired at all times. Children may wear appropriate street clothing that follow the guidelines listed below.

No ripped jeans or clothing items with holes.

No flip flops. Children may wear sandals that include a strap across the back of their heel or tennis shoes. No questionable slogans or pictures on any articles of clothing.

Discipline:

Children are encouraged to respect themselves and others. Proper behavior is strongly encouraged. Disrespect or unruliness will not be tolerated. Parents may be called, then continued disobedience will result in the child being unenrolled from the program with no refunds of any kind.

Emergencies:

In the event of a medical emergency, an ambulance will be called for your child. A parent will be called as soon as is practical. Our primary goal is the child's safety. All staff have been trained in emergency procedures.

What to Bring:

All personal belongings brought to school are required to have the student's name on it. For Pre-K through Kindergarten, students should bring a complete change of clothes (including underwear and socks) inside a bag that may be zipped up. Pre-K students need to bring a small nap mat & a small blanket. All students in all grades will need to provide their own lunches daily and are required to bring a water bottle. Please also note that if your child has a food allergy or preference such as but not limited to dairy, gluten, peanuts, eggs, soy, pork, etc. you may be asked to provide their daily snacks as well.

Operating Hours:

BOL Summer Camp operates according to the NIA school calendar. We will be closed on Fridays and the weeks of June 24th - 27th and July 1st - 4th. Our Monday - Thursday operating hours will be 8:00am - 4:00pm. We do not offer any extended care.

Tuition:

Camp tuition is due on Thursday BEFORE the week of the camp and will go out of your account automatically every Thursday. If tuition is not paid by 3pm the Thursday before the week of camp and an effort to communicate has not been made, your student will not be able to attend BOL Summer Camp the following week. Tuition will not be prorated for missed days and no refunds will be made at any time.

Children are encouraged to respect themselves and others. We believe the best way to teach a child is by providing a Christ-centered, loving environment. We at BOL Summer Camp care about you and your child's feelings. Please feel free to contact your Campus Coordinator with any concerns or ideas you may have. We want everyone to feel blessed by the time spent at Brooke of Life Summer Camps!

Child's Name: _____

What NIA campus is your student currently (2023 - 24 school year) enrolled in? _____

Age: _____ DOB: _____ Gender: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

By filling out the following information you are consenting that any/all adults listed below are approved to pick up the child listed above.

Parent/Guardians Name: _____ Cell Phone: _____

Parent/Guardians Name: _____ Cell Phone: _____

Contact name (and relationship): _____

Cell Phone: _____

PARENTAL CONSENT TO EMERGENCY NEEDS AND RELEASE OF LIABILITY *Form*

must be signed by legal guardian for youth (18 and younger) and adult worker (18 or older) sign their own.

- A. I do hereby give my authorization and consent to any emergency medical or surgical treatment that may be needed while he/she/myself participates in the Brooke of Life Summer Camp. This consent authorizes physicians, technicians, assistants, nurses, and other qualified medical or hospital personnel to render any treatment they deem necessary arising from any emergency that may occur during any activity herein stated above, **per parent directive**. I give my consent to allow camp leaders to administer medication as per medication authorization form. *Initial* _____
- B. My child/myself is participating in these activities with my full permission. I assume all risk of loss, damage, and liability of my child/myself or personal belongings may sustain or incur while participating in summer camp. I shall hold harmless Brooke of Life at Newman Academy, its affiliated campuses and their employees, representatives, and volunteers for any damages whatsoever in the event of injury, or illness of child by any cause whatsoever, and I agree to pay any such damages. *Initial* _____
- C. I recognize that this is a Christian Camp Program, that the Bible will be studied, and that the care conduct will be expected to be consistent with Christian values. I agree that any photos/videos taken at the care may be used for promotional materials. I give leadership permission to search backpacks and belongings if necessary. I understand anything illegal will be handled by local authorities. *Initial* _____
- D. I understand that Brooke of Life summer camp will not be providing lunch for any camper and that I will be responsible to provide my child's lunch each day. I understand that daily snacks will be provided by Brooke of Life summer camp however, If my child has a food allergy or food preference such as but not limited to dairy, gluten, peanuts, eggs, soy, pork, etc. I may be asked to provide their daily snacks and will do so with no expectation of compensation from BOL Summer Camp. *Initial* _____
- E. I agree that I have received a copy of the Brooke of Life Summer Camp handbook, have read it, and agree to abide by the guidelines, rules, and stipulations stated therein. *Initial* _____

I also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by the staff member, not only for medical reasons but for disciplinary reasons as well.

Signature of Parent or Guardian

Printed Name

Date

Please sign off on each week your child will be in attendance

Please note that each week of Summer Camp will run Monday - Thursday 8:00am - 4:00pm

This year's theme for the BOL Summer Camps is God's Creation!

Child's Name: _____ Date: _____

June 3rd - June 6th "God's Creation Camp"

My child will be in attendance Yes No *Initial* _____

June 10th - June 13th "Botany Camp"

My child will be in attendance Yes No *Initial* _____

June 17th - June 20th "Space Camp"

My child will be in attendance Yes No *Initial* _____

There will be no Brooke of Life Summer Camps between June 21st and July 7th, this is Brooke of Life's summer break!

July 8th - July 11th "Under the Sea Camp"

My child will be in attendance Yes No *Initial* _____

July 15th - July 18th "Zoology Camp"

My child will be in attendance Yes No *Initial* _____

July 22nd - July 25th "Good Night Summer Camp"

My child will be in attendance Yes No *Initial* _____

A weekly newsletter will be emailed to every registered family the Monday before the week of summer camp and will include information such as lesson plans, activities, art projects, our weekly memory verse, etc.

Please fill out the below information completely before turning in your registration form.

Child's Name: _____ Date: _____

Medical Information: Please check Yes or No for each question. If yes, please give approximate dates of occurrences and indicate whether mild or severe.

Does this camper have asthma? Yes No

Does this camper take any prescription medications? Yes No

(If yes, please fill out BOL medication authorization form)

If yes, what is the reason for taking the above medication? _____

Has this camper ever had convulsions? Yes No

If yes, please explain _____

Does this camper have diabetes? Yes No

Does this camper have a heart defect? Yes No

Limitations/Allergies:

Does this camper have any allergies (food, animals, insects, medications, etc)? Yes No

If yes, please specify the child's allergies. _____

Does the camper have any other medical medications, conditions, or diseases? Yes No

If yes, please list: _____

Does this camper have physical limitations? Yes No

If yes, please explain _____

Is this camper allergic to peanuts? Yes No

(If yes, please provide a medical form.)

Is this camper allergic to red dye? Yes No

Are immunizations current? Yes No

Is this camper lactose intolerant? Yes No

Please list any other information you feel is necessary regarding your child's physical, emotional, or mental health. _____

Emergency Information:

Medical Insurance

Name of Physician _____

Phone (_____) _____

Do you carry family medical/hospital insurance? Yes No

Carrier name _____

Phone (_____) _____ Group Policy # _____

Name of Policy Holder _____

Estimated last date of Tetanus Shot _____

In case of Emergency # _____ Emergency name _____

2nd Emergency # _____ Emergency name _____

Tuition Agreement:

Person Responsible for Payment: _____

Relationship to Child: _____ Cell Phone:(_____) _____

Alternate Phone:(_____) _____ Email: _____

Driver's License #: _____ State: _____

Mailing address: _____

Employer: _____ Work Phone:(_____) _____

I understand that services rendered for Brooke of Life Summer Camp are subject to the following conditions: All tuition is due on Thursday BEFORE the week of care. Weekly tuition is not prorated if the child is absent. There is a \$35 returned check fee and a second returned check will result in payment in the form of money order or cash. After 4:00pm, there is a \$1 per minute late charge. I understand this is a contractual agreement and by signing I agree to the terms and conditions included.

Signature of Parent or Guardian

Printed Name

Date

For Office use only:

Initials _____ Date _____ Registration fee _____

Date _____ First weeks tuition _____ Total: _____