

SUMMER CAMP

At Calvary Learning Center

601 N. Main St. Tuscumbia AL
(256)383-1853 or (256)381-6650

Ages:

5-12 years

All 5-year-olds must have completed Kindergarten

Duration:

May 28th to August 5th

Times:

Camp opens at 6:30 A.M. and closes 5:30 P.M. with camp activities from 8:30 A.M. to 4:30 P.M.

Charges:

Registration Fee: \$90

\$85 per child

\$80 for 4 days

\$60 for 3 days

Now Registering!

The registration fee (which covers the cost of field trips, camp t-shirt, supplies, and snacks) and the first week's payment are due at the time of registration.

Camp Information

The Summer Day Camp is a structured progressive program that offers campers new challenges and adventures that are age appropriate. Weekly activities include arts and crafts, daily devotions, water activities, games, sports, and much more. The program offers air conditioned and indoor facilities for hot and rainy summer days. Breakfast, Lunch, and Snack are provided for all children.

***Registration forms may be picked up at Calvary Learning Center, Calvary Baptist Church Office, or on our Facebook Page, Calvary Learning Center Kids.**

***Calvary Learning Center also provides care for newborns to children 5 years of age.**

Calvary Learning Center

Meridith Ginn, After School Director

Jamie Foster, Site 1 Daycare Director

Angela Holt, Site 2 Daycare Director

Summer Day Camp is sponsored by Deshler High School Fellowship of Christian Athletes

Revised 1/06

Revised 1/06

ION RECORD

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Fig. 6. *Chlamydomonas reinhardtii* cell growth.

1. This form must be kept in the child's file in the

is known by:

is known by.

me address:

Date _____

Page one of two-form not valid without second page

Describe any special needs or instructions below:

Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.

Signature of parent/guardian Date

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility:	yes	no	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility:	yes	no	Signature of parent/guardian	Date

Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff.

Child's first day of attendance: _____ Child's withdrawal date: _____

Additional information may be attached.

CALVARY LEARNING CENTER

601 N. Main Street, Tuscumbia, Alabama 35674, 256-381-6650 Hours 6:30-5:30
1305 W. 12th Street, Sheffield, AL 35660, 256-978-5488 Hours 6:00-5:30

APPLICATION FOR SUMMER CAMP

Students Name _____ Date of Admission _____

Age _____ Date of Birth _____ Home Phone _____

PARENTS OR GUARDIANS

FATHER _____ Address _____

MOTHER _____ Address _____

MOTHER CELL _____ FATHER CELL _____

MOTHER'S Employer _____ FATHER'S Employer _____

Work # _____ Work # _____

CHURCH AFFILIATION _____

EMAIL ADDRESS _____

EMERGENCY CONTACT IN ADDITION TO PARENTS/PICK UP LIST

_____ Relation _____ PHONE _____

_____ Relation _____ PHONE _____

_____ Relation _____ PHONE _____

CHILD'S DOCTOR _____ ADDRESS _____

PHONE _____

Special Needs or Instructions/ Allergies _____

Registration Fee: \$90

5 DAYS- \$85

4 DAYS- \$80

3 DAYS- \$60

- **TUITION AND FEES- A \$5.00 discount is given each week for additional child in a family.**

Emergency Authorization:

I give permission for the Calvary Learning Center to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (If parent/guardian refuses to sign, instructions must be attached stating what procedure the Calvary Learning Center is to follow in an emergency)

Signature

Date

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.

Signature

Date

I give permission for my child to participate in: (circle yes or no and sign each line)

Activities away from the facility:	Yes	No	Signature of parent/guardian	Date
Transportation provided by the facility:	Yes	No	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility:	Yes	No	Signature of parent/guardian	Date

This section is to be completed by the facility's staff.

Child's first day of attendance:

Child's withdrawal date:

Calvary Learning Center

601 North Main Street

Tuscumbia, AL 35674

256-381-6650 (Tuscumbia location)

256-978-5488 (Sheffield location)

256-381-1853 (Church Office)

Parent Fee Contract

Child's Full Name _____

I _____ (Parent/Guardian) agree that I will pay \$100.00 per week to Calvary Learning Center. Payments are due in advance of services. I understand that if the payment is received by the provider past the agreed upon payment date I will be charged as follows:

A late fee of \$25.00 for each pay payment is not made.

In addition, I understand and agree that an additional fee of ***\$1.00 per minutes will be charged*** if my child is not picked up as agreed on this contract.

Additional Terms:

I understand that there is a registration fee of \$90.00 supply fee per child (Due August 1 of each year). I also understand that there is no reduction in weekly fees because of holidays.

If the Center should receive a check back due to insufficient funds, there will be a fee of **\$30.00**. After 2 returned checks, cash is required for payments.

Should I decide to discontinue your childcare services, I will give a written notice 10 days before my child is withdrawn.

The Center reserves the right to ask that a child withdrawn from the Center if the safety and welfare of others become evident.

I understand all of the above and agree to the terms:

Parent/Guardian Signature _____ Date _____

Provider Signature _____ Date _____

Calvary Learning Center

601 North Main Street

Tuscumbia, AL 35674

256-381-6650 (Tuscumbia location)

256-978-5488 (Sheffield location)

256-381-1853 (Church Office)

Parent Fee Contract (Child Management Agency)

Child's Full Name _____

I _____ (Parent/Guardian) am responsible for any fees that Child Management Agency does not pay for _____ (Child). This includes any time that your child is absent from school and CMA does not pay. You will be billed and expected to pay in a timely matter. You have 5 business days to pay the daycare fee and late fee. Your child can NOT return to the daycare the following week if this has not been paid.

It is Calvary's policy for the fees to be paid in full whether child is present or not.

CMA does not pay if your child is not present, making this responsibility of the parents to pay any fees CMA doesn't. You must slide your CMA card daily to sign in and out, or you will be in danger of losing your CMA subsidy.

Worthless Check Policy (effective immediately) anyone presenting a check returned by the bank will be charged an additional returned check fee of \$30.00 and \$25.00 late fee. After 2 returned checks, cash is required for payments.

I will give a written notice 10 working days before my child is withdrawn or will be charged for the days.

I understand all the above and agree to the terms:

Parent/Guardian Signature _____ Date _____

Witness _____ Date _____

Notary _____ Date _____

My Commission Expires: _____

Notice

Please remember that payments are due on Friday for the coming week and considered late after 2:00 p.m. on Monday. A \$25 late fee will be added to any account not paid by this time. We are sorry for any inconvenience, but we must enforce this policy.

-Calvary Learning Center

I have read and understand the payment policy set by Calvary Learning Center. By signing below, I agree to uphold this policy.

Parent/Guardian Signature

Date

Media Release Form

Date _____

I, _____, parent/guardian of _____, child, allow Calvary Learning Center (a ministry of Calvary Baptist Church, Tuscumbia, AL) to use my child's photograph for purpose of advertising for our daycare and after-school programs. I understand that his/her photo could be used in a newspaper, magazine, newsletter, billboard, Facebook, and various other forms of media.

Parent/Guardian Signature _____

Witness _____

Notary _____

My Commission Expires: _____

FORM OF AFFIDAVIT
(For Parent/Guardian)

STATE OF ALABAMA

COUNTY OF COLBERT

Before me, a notary public in and for said state and county appeared

_____ and is known to me, after being duly sworn or affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child/children

_____ ; that affiant has been notified by **Angela Holt**, a representative of **Calvary Learning Center** church/school that said church or school has filed notice and is exempt under law from regulation by the department of human resources.

_____ **Parent/Legal Guardian**

Sworn, or affirmed to and subscribed before me this _____ day of

_____, _____.

Original, notarized affidavits must be submitted annually.

Notary Public

My Commission expires _____

Witness: _____

Illness Policy

Your child may not attend Summer Camp if he or she has or have had a fever (101 or greater), vomiting, or diarrhea within the last 24 hours without medication.

Child's Name

Parent/Guardian Signature

Date

Welcome

I am so excited about Summer Camp and having your child in my group.
To help me get to know your child, please fill this form with information and return it!

Child's Full Name _____

Birthday _____ Age _____ Nicknames _____

Hobbies/Interests _____

What is he/she best at? _____

Siblings _____

Is your child an older, middle, younger, or only child? _____

Pets _____

3 words to describe your child _____

Allergies _____

Any special information I should know (new baby, new job, new house, etc.)? _____

What is the best way to communicate with you (call, notes, in person, email, etc)? _____

Please include any additional helpful information below.

