

We would love for you to join us at our worship experience!

Bread of Life Christian Center

4510 Oates Avenue | Columbus, GA | 31904

www.breadoflifechristiancenter.org

706.571.0111 (Church Office)

Sundays @ 11:15 AM (Prime-time Worship)

Wednesdays @ 7:00 PM (Power Meal Service)

Available Services:

*Nursery

*Youth Ministry

*Transportation Ministry

*And more!

Bishop L. D. Skinner, Sr.

Pastor L. Darnel Skinner, Jr.

Bread of Life Christian Center hosts



2017 M.A.D.

(Making A Difference)

Spring Break Camp

Thank you for your interest in our program!

We welcome youth in the 4th – 8th grades (or 9 – 14) to experience five days of fun activities, spiritual enrichment, and educational lessons. They will be empowered by sessions that will teach them communication skills, healthy eating habits, making positive decisions, grief and loss management, risky behaviors, youth developmental skills, prevention and reduction of teen pregnancy, and drug prevention. As well, there will be spiritual teaching on faith, being a King's Kid, living for Christ and so much more!

YOU DON'T WANT TO MISS IT!

Parent Orientation

Monday, March 13, 2017
6:30 PM @ Bread of Life

Registration

- Early registration deadline is March 5, 2017. Register early because space is limited! Camp reservations are on a first come, first serve basis.
- You may access the registration packet online at www.pastorskinner.com or by visiting Bread of Life Christian Center during normal office hours.
 - All registrations are subject to approval by Camp Directors.

Address: 4510 Oates Avenue, Columbus, GA 31904

- You may mail or drop off the following at the Program Office:
 - Registration packet and/or camp fee.
 - You may also bring these items with you to the Parent Orientation meeting.
- Faxed registrations will not be accepted.

- Camp registration is \$60 per child.
- Deposits are non-refundable and non-transferable.
- Full balance due on or before the 1st day of camp.
- Registering parent/guardian must present valid identification at the time of registration & payment.

Are there any discounts?

- There is a multiple child discount, with a \$10 discount applied to the 3rd and subsequent child(ren).
 - 1st child - \$60
 - 2nd child - \$60
 - 3rd child - \$50
 - 4th child - \$40

Camp Directors

Chris & Cheryl Love

2017 M.A.D.
(Making A Difference)
Spring Break Camp

Orientation Meeting

Monday, March 13, 2017

6:30 PM @ Bread of Life Christian Center

Acknowledgement Form

I, (please print name) _____, acknowledge and understand that attending Orientation is mandatory in order for my child to attend Camp. I have made preparations to attend the meeting.

****Reminder.** Please remember bring valid proof of identification and child's health insurance card with you to this meeting. It is necessary to complete enrollment.

Signature

Date

OFFICE USE ONLY	

Camper's Last Name, First Initial

Member #



Bread of Life Christian Center – Camp Registration Form

Please print clearly. Please complete all fields on this form. If there is a field that is not applicable, please write N/A in that field. Incomplete forms cannot be accepted and we are unable to provide care until all paperwork has been submitted. If you have any questions about completing this form, please contact Bread of Life.

Please complete a separate form for each child.

CHILD'S INFORMATION:

Child's Full Name			Nickname	
Street Address				
City		State	Zip Code	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
School	Grade	Date of Birth		Age
Primary email address			Phone Number	

CHILD'S MEDICAL INFORMATION:

Physician's Name		Physician's Phone
Medical Insurance Provider	Policy Number	Individual's Name on Insurance Policy
Please list any allergies and/or intolerances to food, medication, or other substances:		
Any condition requiring regular medication? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: If yes, please complete the Medication Authorization Form		
Any restriction of activity for medical reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		

PARENT/GUARDIAN INFORMATION:

Parent/ Guardian #1: Are you the primary contact? Yes No

Parent/Guardian Name		Relationship to Child	Date of Birth
Street Address			Phone Information: Please number, in priority (1 - 3), which phone to contact.
City	State	Zip Code	Cell Phone Priority
Place of Employment			Work Phone Priority
Primary email address			Home Phone Priority

Parent/ Guardian #2: Are you the primary contact? Yes No

Parent/Guardian Name		Relationship to Child		Date of Birth	
Street Address			Phone Information: Please number, in priority (1 - 3), which phone to contact.		
City	State	Zip Code	Cell Phone	Priority	
Place of Employment			Work Phone	Priority	
Primary email address			Home Phone	Priority	

EMERGENCY CONTACT INFORMATION (TO BE CONTACTED IN THE EVENT THAT WE CANNOT REACH EITHER PARENT/GUARDIAN):

Emergency Contact Name #1		Relationship to Parent		Date of Birth	
Street Address			Cell Phone		
City	State	Zip Code	Other Phone	Priority	

Emergency Contact Name #2		Relationship to Parent		Date of Birth	
Street Address			Cell Phone		
City	State	Zip Code	Other Phone	Priority	

ADDITIONAL INFORMATION

Authorized Person(s) for pick-up (MUST BE OVER THE AGE OF 18 AND PROVIDE IDENTIFICATION BEFORE CHILD IS RELEASED):
Person(s) NOT authorized for pick-up (appropriate paperwork must be on file when the custodial parent/guardian requests not to release the child to the other parent/guardian)

How did you find out about our program?

Referral _____ Commercial Website Flyer Other _____

OFFICE USE ONLY					
Type of identity verification				Identification Number	
Issue Date	Expiration Date	Viewed by		Date viewed	
Method of payment used	Amount	Date Paid	Receipt Number		

PARENT/GUARDIAN STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read this information and sign below.

- I understand that my child will not be released to any person(s) not listed on the enrollment form.
- I understand that my child will not be released to any person(s) who seem(s) to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at Bread of Life or program site unless a BLCC Camp staff member or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in the morning and sign my child out before leaving in the afternoon.
- Sign-in/Sign-out sheets are available as you arrive at the program area.
- I understand that my child will not be allowed to leave the program with an unauthorized person. **Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.**
- I understand that BLCC is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that BLCC staff and volunteers are not allowed to babysit or transport children at any time outside the BLCC facilities and program. **If a violation of this policy is discovered, BLCC will take immediate disciplinary action toward staff and volunteers.**

I have read and understand the statements above regarding BLCC policies and procedures.

Parent/Guardian Signature	Date
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CAMP FEES

Registration fee for M.A.D. Spring Break is \$60 per child.

This fee is non-refundable and is due on or before the first day of camp.

Registration will cover the following: Educational & Spiritual lessons, lunch, recreational activities, and a field trip.

The following discounts are available for multiple children in the same household (children must have the same address and may not use family association as means of acquiring a discount):

1 st child	Full camp fee	\$60
2 nd child	Full camp fee	\$60
3 rd child	\$10 discount	\$50
4 th child	\$20 discount	\$40
For each additional child, please subtract \$10 from the current fee of the previous child		

The following methods of payment will be accepted:

- Cash
- Credit Card
- Bank Money Order
- Bank Cashier's check
- Check

**A \$35 fee will be assessed for returned check*

CAMPER STATEMENT OF UNDERSTANDING AND BEHAVIOR AGREEMENT

Our 2017 M.A.D. Spring Break Camp is going to be an exciting one! We want to ensure that every camper is able to enjoy themselves and create endless memories! Therefore, we have to work hard to create an environment that will allow this to happen. We need your help! As a camper, you will be asked to follow a few simple, yet effective rules. Along with your parent/guardian, please read the following agreement and make sure you understand what you are signing. This will allow us to have an awesome experience during camp!



- I will listen to the staff, respect them and follow their instructions.
- I will respect the belongings of others by not touching or using them without their permission.
- I will not bring cell phones, games, toys, jewelry, handheld games, other electronic devices or valuables with me to camp.
- I will not yell or raise my voice at staff members or other campers while inside or outside.
- I will not use inappropriate language or call others out of their name - this includes curse words and negative language such as "shutup," "stupid," "dumb," etc.
- I will not bully anyone or participate in any form of mistreating others.
- Before leaving the room, I will ask a staff member for permission.
- I will maintain a positive attitude and respect other's feelings.
- I understand that not following the instructions of the staff will result in disciplinary action.

Camper's Signature	Date
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Failure to abide by the rules will result in disciplinary action, up to and including suspension from the Spring Break program. All incidents will be handled on a four-incident system, **except hitting and/or fighting, which will result in immediate suspension from the program.** All other incidents will be handled as follows:

1st incident: Verbal Warning

2nd incident: Written Warning

3rd incident: 2nd Written Warning & Parent Meeting

4th incident: Suspension from program

Timing and speed of disciplinary action will be at the discretion of the Camp Directors.

Parent/Guardian Signature	Date
Camper's Signature	Date

BREAD OF LIFE PARTICIPANT WAIVER FORM

ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the Bread of Life Christian Center's (BLCC) programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that the BLCC and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, field trips, other activities, classes, events, or programs at and/or sponsored by BLCC. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at the BLCC and/or sponsored by the BLCC. I also acknowledge that the BLCC often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.

Please Initial Here: _____

RELEASE

In consideration of the BLCC allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the BLCC and/or sponsored by the BLCC, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the BLCC and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of the BLCC and its employees, agents, or representatives or from some other cause. My agreement to release the BLCC does not include any loss, damage or injury that results from the BLCC's gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the BLCC and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.

Please Initial Here: _____

INDEMNIFICATION

I hereby represent and warrant to the BLCC that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the BLCC arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend the BLCC from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of the BLCC or from some other cause.

Please Initial Here: _____

ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver.

Names of child(ren) attending the program:

Parent/Guardian Signature	Date
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