

# LPBC Camp Registration Form

*Join us for a fun-filled summer learning about Jesus, playing games, making crafts, learning new skills, planned activities and so much more!*

- Lower Providence Baptist Church strives to provide an affordable Christian children's program by offering early childhood education through our summer camp and preschool education.
- In order for your child to participate in these programs, **you must complete this application**. All information is required in order for your camper to be registered and attend.
- This application and the accompanying fee is the first step in registration. Once your application has been received and a \$25.00 registration fee is paid, you will then receive a confirmation email. The confirmation email will state that your application has been processed and you have secured a spot in Camp. In addition, you will receive paperwork that must be completed by the first day of CAMP.

- **DETAILS**

- Dates of Camp - Monday July 20, 2020 to Friday August 21, 2020 Monday - Friday \$75/week
  - Aftercare is available until 6:00PM for an additional \$35/week (space is limited)
  - Please provide a packed lunch, snack and water bottle daily.
  - Summer camp is for children ages 3 to entering 6th grade (all children must be potty-trained) and students will be divided into two main groups of ages 3 to entering Kindergarten and entering 1st-6th grade.
- If you have any questions, please contact us at [lbcpreschool123@gmail.com](mailto:lbcpreschool123@gmail.com) We are looking forward to a fun-filled summer with your camper!

**.Lower Providence Baptist Church**

**610-539-0272**

*Lower Providence Baptist Camp is an equal opportunity provider. We do not discriminate against on the basis of race, religion or gender.*

# Camper's Information

Camper's Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Grade entering in 2020/2021 \_\_\_\_\_ Sex \_\_\_\_\_

- **Camp Hours (8:30 AM-3:00 PM)**
- Camp Weeks and Date (Week 1) July 20-24 (Week 2) July 27 - 31 (Week 3) August 3-7 (Week 4) August 10-14 (Week 5) August 17-21
- **Registering for the following weeks of Aftercare (3:00-6:00 PM)** (Week 1) July 20-24 (Week 2) July 27 - 31 (Week 3) August 3-7 (Week 4) August 10-14 (Week 5) August 17-21

\_\_\_\_\_ **Please initial here if you will be signing up for aftercare until 6.**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

## Caregiver Information

Parent/Guardian 1

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Street Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Where would you like to be reached while your child is at CAMP? \_\_\_\_\_

## Caregiver Information

Parent/Guardian 2

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Street Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Where would you like to be reached while your child is at CAMP? \_\_\_\_\_

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Contacts

Parents are the first emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. These individuals will also be approved pickups. Any person listed should be able to assist in contacting you, able to take responsibility for the child in case the parent/guardian cannot be contacted, and should be at least 18 years of age.

Emergency Contact #1 \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Emergency Contact #3 \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

## Approved Pickups

Parent/Guardians and Emergency Contacts are approved pickups. Please list additional approved pickups here if desired. Person MUST be over 18 years of age and have ID when arriving.

Pickup Person #1 \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Pickup Person #2 \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Pickup Person #2 \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

# Medical / Health Information

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Physician or Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physicians Phone Number \_\_\_\_\_

My Insurance provider is \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Does your child have any special needs? Yes No If so please explain \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? Yes No If so please explain \_\_\_\_\_

\_\_\_\_\_

Does your child have a special health or medical condition? Yes No If so please explain? \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns you would like the staff to know about your child? \_\_\_\_\_

\_\_\_\_\_

# First Aid and Emergency Medical Care Consent

Child's Name \_\_\_\_\_

Today's Date \_\_\_\_\_

My signature below authorize staff in the LPBC Camp program who are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize LPBC CAMP to transport my child to the nearest medical care facility and to secure necessary medical treatment for my child. I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in LPBC care.

Is your child currently using any medication? Yes No If so please explain \_\_\_\_\_

\_\_\_\_\_

Is a copy of your Child's most recent (within the last 12 months) health report on file with us?

Yes No

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Date \_\_\_\_\_

## Parent/Guardian Agreement

Please review the following policies and initial each and sign below.

General Policies:

- \_\_\_\_\_ 1. I am enrolling my child in LPBC Children's Programs.
- \_\_\_\_\_ 2. I understand that there is an application fee of \$25.
- \_\_\_\_\_ 3. I understand there is a tuition fee which is due by the due date via cash or by check made out to \_\_\_\_\_
- \_\_\_\_\_ 4. I understand that LPBC will be providing Summer Camp from the hours of 8:30 AM-3:00 PM (plus aftercare until 6PM if enrolled).
- \_\_\_\_\_ 5. I understand that my child will not be dismissed from the program without being picked up by a parent or designated adult.
- \_\_\_\_\_ 6. I understand there will be a \$1 per minute fee that will be added for every late pick-up minute.
- \_\_\_\_\_ 7. I understand that disrespect, fighting, physical and verbal aggression will not be tolerated in this program. In accordance with the Parent Handbook disciplinary procedures, I understand that my child could lose their position in the program and may be discharged immediately for such actions and no refund will be given.
- \_\_\_\_\_ 8. I understand that if a medical emergency arises, program staff will attempt to contact parents or the emergency contact that I have indicated. It is the parent's responsibility to notify the staff if this information changes. If immediate medical attention is necessary, an ambulance or emergency vehicle may take my child to the hospital of their choice.
- \_\_\_\_\_ 9. In cases of illness, I understand that my child may not be permitted to attend the program. If staff feels that a child has a contagious disease, he/she may not return to the program without a doctor's note.
- \_\_\_\_\_ 10. In order for my child to be considered for this program, I understand that I must complete all enrollment paperwork and health assessments.
- \_\_\_\_\_ 11. I understand that LPBC Children's program are faith-based (Christian).

\_\_\_\_\_ 12. I have received complete program information (handbook) at the time of enrollment (PA Code 3270.121, 3280.121, 3290.121)

\_\_\_\_\_ 13. I agree to update the emergency contact and parental agreement when changes occur or every 6 months at a minimum. (PA Code 3270.124, 3280.124., 3290.124)

**I have read and understand the General Policies.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



Child's Name \_\_\_\_\_ Date \_\_\_\_\_

## Non-discrimination in Services

- Admissions, the provisions of services and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age or sex.
- Program Services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.
- Any individual/client/patient/student (and/or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

Lower Providence Baptist Church  
3430 Ridge Pike  
Eagleville Pa 19403

Commonwealth of Pennsylvania Department of Human Services Bureau of Equal Opportunity  
Room 225, Health & Welfare Building P.O. Box 2675  
Harrisburg, PA 17105

U.S. Department of Health and Human Services  
Office for Civil Rights  
Suite 372, Public Ledger Building 150 South Independence Mall West  
Philadelphia, PA 19106-9111

PA Human Relations Commission  
Harrisburg Regional Office  
333 Market Street, 8th Floor Harrisburg, PA 17101

**I have read and understand the nondiscrimination in services notice**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

## Dismissal, Discipline, and Discharge Policy

Children are not permitted to arrive alone and must be signed in by an adult.

Children are only permitted to be signed out by an approved pickup over the age of 18.

The **fee for late pick up is \$1 per minute** . Excessive lateness will be reviewed.

Children are not permitted to bring any toys from home.

A child who displays chronically disruptive behavior may be suspended or discharged at the discretion of the camp supervisors.

Unacceptable Behavior of the Participant:

1. Spitting, biting, or hitting
2. Inflicting physical harm on other children or staff
3. Inappropriate language or drawings
4. Using profanities or obscenities
5. Ridiculing or bullying other children
6. Taking other children's belongings
7. Destruction of church, school, or personal property
8. Ignoring or disobeying the rules during the program times

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Checks can be made out to LPBC and please write camp in the memo section.

Packets can be dropped off at the church:

3430 Ridge Pike,  
Eagleville, Pa. 19403

Or

Packets can be mailed to :

LPBC  
PO Box 84  
Eagleville Pa, 19408