



UR Fun! Summer Camp Enrollment Application

We have crafted a summer camp program that delivers just what you're looking for: fun, tutorial study hall, outstanding learning opportunities, hands-on involvement and unique experiences. Completion of this Agreement is required for enrollment. This information is necessary for UR FUN! Summer Camp Program to enable us to better understand your child(ren) and meet his or her needs.

- The UR Fun! Summer Camp Program is open from 7:30am until 5:30pm starting June 5, 2017 and ending July 20, 2017. We will be closed June 14th – 15th & July 3rd - 4th.
- Fees for the program are to be paid in advance and must be paid no later than Thursday of the week prior to your child(ren) attending.
- You may pay by cash, credit/debit card, check or money order. If your check is returned, you will be charged a \$35.00 return check fee, plus the amount of the check. You will have to pay in cash thereafter.
- The ages accepted are 5 to 17.
- We will serve breakfast and lunch at no additional cost to all children at **UR FUN! Summer Camp.**

FEE SCHEDULE

Regular Hours	830a-3:30p	Weekly Full Rate First Child \$75	Weekly Rate Each Additional Sibling \$60
Pick-up after 3:30p Late Pick-up Fee		\$1 per minute	

Camper Information

First Name _____ Middle Initial _____ Last Name _____

First Name _____ Middle Initial _____ Last Name _____

First Name _____ Middle Initial _____ Last Name _____

First Name _____ Middle Initial _____ Last Name _____

Parent/Guardian Information

Mother's Name _____ Address, City, Zip Code _____

Cell _____ Home Phone _____ Work Phone _____

Email _____

Father's Name _____ Address, City, Zip Code _____

Cell _____ Home Phone _____ Work Phone _____

Email _____

Emergency Contacts & Pickup Information:

Below, please list all Emergency Release Persons and Authorized Pickup Persons who have permission to pick up your child(ren) on any given day when you are unable to do so. For the safety of your child(ren), we will request all authorized pick-up people with whom staff are not familiar to provide their Driver's License or State Issued Identification Card at time of pick up. If necessary, the persons designated in this section will be contacted by Upper Room Ministries and are authorized to pick up my child(ren) if there is a medical or other emergency and I cannot be reached. In addition, release person must be 18 years of age or older.

Emergencies may prevent you from picking up your child(ren); therefore, include those individuals whom you would authorize in such events. **Your child(ren) will not be released without prior authorization.** In the event you call a pick up authorization into the center, the Parent/Guardian identification information question will be used to verify your identity and to authorize the release of your child(ren).



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Parent/Guardian Identification Information: Security Question & Answer _____

1. Name _____ Relationship _____

Cell _____ Home Phone _____ Work Phone _____

2. Name _____ Relationship _____

Cell _____ Home Phone _____ Work Phone _____

3. Name _____ Relationship _____

Cell _____ Home Phone _____ Work Phone _____

4. Name _____ Relationship _____

Cell _____ Home Phone _____ Work Phone _____

Other Terms and Certifications

1. I agree to promptly provide information to the center regarding any conditions, illnesses, allergies, or other special needs that may require specific care or attention and agree to provide additional documentation as needed.

2. If the center staff notifies me that my child(ren) is ill, I must pick up my child(ren) as soon as possible and no later than one (1) hour after being contacted.

3. If my child(ren) contracts a reportable contagious disease, my child(ren) may return only with a physician/health care professional's note indicating that my child(ren) is no longer contagious.

4. In case of a medical or other emergency while my child(ren) is under the UR FUN! Summer Camp's supervision, I understand that UR FUN! Summer Camp staff will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay would further jeopardize my child(ren)'s health, I hereby authorize UR FUN! Summer Camp to act on my behalf and to take the emergency measures including those listed below if deemed necessary by UR FUN! Summer Camp staff or by medical authorities for the care and protection of my child(ren).

I authorize UR FUN! Summer Camp to: **(initial each item you authorize)**

_____ Administer first aid and/or cardiopulmonary resuscitation.

_____ Transport my child(ren) via ambulance or other emergency medical service to a local hospital or other urgent care facility, if deemed necessary by paramedics, police, or other emergency personnel.

Preferred Hospital _____

_____ Obtain any emergency medical or dental treatment deemed necessary by medical authorities.

_____ Transport my child(ren) to a local emergency shelter in the event of an emergency evacuation of UR FUN! Summer Camp Program's facility.

5. The UR FUN! Summer Camp Program is open until 3:30 p.m., Monday through Thursday. **A late pick up fee of \$ 1 per minute, per child will be assessed when a child is left beyond the center's operating hours.** The late pick up fee does not constitute an agreement to provide after hours service, nor will the late fee be applied toward SUMMER CAMP fee. Chronic lateness at closing time may be grounds for termination of service.



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6. **The UR FUN! Summer Camp Program will be closed on June 14th – 15th for a church convention and missions' trip and in recognition of the July 4th holiday on July 3rd and 4th . The hours and holiday schedule will be set and posted, but may be changed at any time. There is no reduction in tuition as a result of center closures.**
7. I agree to pay the full tuition fee even if my child(ren) is absent for one or more days.
8. All tuition fees are due in advance of services rendered and must be paid no later than the Friday prior to the week service is rendered. If tuition is not paid in advance as listed above, the student will not be allowed in the program until the fee is paid.
9. Accounts two weeks in arrears may result in immediate termination of service; however, upon payment, enrollment may be reinstated with applicable paid tuition and fees.
10. My child(ren) may have the opportunity to participate in a special program or field trip. This may result in an additional fee due before the day of the event and may require completion of a specific permission slip.
11. I authorize UR FUN! Summer Camp Program to accept any check presented by me to UR FUN! Summer Camp Program for payment. If any check is returned unpaid, I authorize UR FUN! Summer Camp Program to charge for the amount of any returned item and a returned item fee of \$35.
12. Payments from customers with outstanding unredeemed returned checks must be in the form of cash, money order or cashier's check.
13. Accounts containing returned checks are subject to immediate termination of service; however upon payment of applicable tuition and fees, UR FUN! Summer Camp may choose to reinstate your child(ren)'s enrollment.
14. The procedure for notifying families should severe weather or other conditions prevent the center from opening on time or at all will be posted and will be announced per your UR FUN! Summer Camp Program's communication plan. If it becomes necessary to close early, it will be my responsibility to arrange for my child(ren)'s early pick up. There will be no tuition credit for any time the center is closed.
15. UR FUN! Summer Camp Program reserves the right to alter its policies and program at any time. UR FUN! Summer Camp Program staff does not have the authority to alter or modify the terms of this Agreement either verbally or in writing (only Management).
16. I understand that if there is a change in any information provided for this Agreement, I will promptly update such information.
17. I consent to UR FUN! Summer Camp Program communicating with me by telephone, e-mail, or other means. Written communication may be sent home with emergency contact and release persons when necessary.
18. I understand that in an effort to maintain the professional status of UR FUN! Summer Camp Program staff and prevent any potential conflict of interest, babysitting by staff members is discouraged. However, should I hire any staff members, it must be outside the camp premises and with the understanding that such arrangements and payment for services are solely between me and the staff member. The staff and UR FUN! Summer Camp Program does not sanction these arrangements, and I agree to hold UR FUN! Summer Camp Program harmless from any such arrangement.
19. A child(may be unenrolled by UR FUN! Summer Camp Program without prior notice if, in the sole opinion of UR FUN! Summer Camp Program, it is in the best interest of the child(ren) or UR FUN! Summer Camp Program.
20. Any dispute or claim arising out of or relating to this Agreement shall be submitted to nonbinding mediation prior to the commencement of arbitration, litigation, or any other proceeding before a Trier of fact. The parties agree to act in good faith to participate in mediation and to identify a mutually acceptable mediator. If a mediator cannot be agreed upon by the parties, each party shall designate a mediator, and those mediators shall select a third mediator who shall act as the neutral mediator to assist the parties in attempting to reach a resolution. All parties to the mediation shall share equally in its costs.
21. UR FUN! Summer Camp Program does not discriminate on the basis of race, sex or disability.
22. The terms of this Agreement, including the fees, are subject to change in whole or in part by UR FUN! Summer Camp Program with 30 days' notice. This agreement may be terminated by UR FUN! Summer Camp at any time.



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Additional Information: (please initial to indicate interest/authorization)

_____ I would like to be a reference for UR FUN! Summer Camp Program.

_____ I permit my child(ren) to participate in field trips away from the center. If a field trip includes transportation, I permit my child(ren) to use any Upper Room sponsored transportation.

_____ I give permission for my child(ren) to be photographed and videotaped in UR FUN! Summer Camp Program and during program functions and field trips.

_____ I understand that photographs/videos may be taken by center staff or by other parents/guardians. Photos/videos taken by UR FUN! Summer Camp Program staff may be used for public relations purposes.

There are unique weekly themes within the UR FUN! Summer Camp Program, all in one convenient location, all kid approved. Themes are listed below:

- 45-minutes to an hour of study/tutorial time for each student everyday
- Skits
- Music & Dance Lessons
- Movie Days
- Puppeteers
- Talent Shows
- Kid's Kitchen
- Art Expo
- Science Adventures
- Sports
- Fun Outdoor Activities
- Hands-on Workshops
- Indoor Game Activities
- Youth Leader Internship Program

I certify that I have read, understand and accept all of the terms and conditions described in this Agreement.

Parent/Guardian Signature: _____ **Date** _____

SHADED AREAS ARE FOR OFFICE USE ONLY:

START DATE: _____

SCHOOL YEAR: 2016-2017

WITHDRAW DATE: _____

WITHDRAW REASON: _____

Center Location or Name: UR FUN! Summer Camp Program at Upper Room Ministries Metroplex



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COMPLETE 1 SHEET PER CHILD

Camper Information

First Name _____ Middle Initial _____ Last Name _____

Gender: Female Male DOB _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

School Name _____ Grade _____

Student Medical Information

Allergies or Dietary Restrictions _____

Medical Conditions _____

Does your child take any medications that need to be administered at the center? · Yes · No

MEDICATION REASON _____
(Dosing instructions must be provided by a physician.)

My child(· is · is not immunized.

I confirm that my child has been examined by a doctor within the last 12 months. · Yes · No

Additional Comments: _____

Other Student Information

- Yes No Does your child has any special needs or restrictions of which the center should be aware?
- Yes No Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, etc.?
- Yes No Does your child need extended one-to-one care?
- Yes No Does your child function at the age level of other children in his or her age group?
- Yes No Can your child effectively communicate his or her needs?
- Yes No Is your child able to fully participate in all activities offered in center?
- Yes No Does your child require any assistance at meal or snack time?
- Yes No Does your child require and/or desire any accommodations or modifications to fully and equally enjoy and participate in the center's group care setting?
- Yes No Does your child rest in the middle of the day?
- Yes No Is your child toilet trained?