



### Application Form Checklist

Greetings, parents and guardians. The following forms are included in this packet and **MUST** be completed and submitted to the Activities Coordinator, with fees paid, to ensure that your camper can enroll in the 2025 STREAM Camp. The packet is due by **June 9th, 2025**. If you have any questions about any document, please contact Minister De'Quan Isom at **(984) 789-8450** and **activities@springfieldbaptistchurch.com**.

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- ☐ General Information/Application
  - ☐ T-shirt Information
  - ☐ General Policies & Insurance Waiver
  - ☐ Release Authorization Form
  - ☐ Camper Evaluation Form
  - ☐ Camp Physical Form  
(Additional Time will be allotted with proof that appointments have been scheduled.)
  - ☐ Wake County Racial and Ethnic Data Form (OPTIONAL)
  - ☐ Summary & Fee Acknowledgement Form
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### General Information

Camper must be a rising **3rd Grader through 12th Grader** to qualify for enrollment in the STREAM Camp. ***PLEASE SUBMIT PAGES 3-4 ASAP, SEPARATE FROM OTHER FORMS.***

Camper's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_ (For Regular Camp Updates)

Emergency Contact Name & Phone: \_\_\_\_\_

### CAMP COST

Weekly Cost:

**\$125/1st Camper**

**\$95/2nd Camper or More**

One-Time Costs

T-Shirt Cost: **\$13**

Activity Fee: **\$40**

### Total Due at Enrollment

**\$178/Camper** - Includes *First Week of Camp*, T-Shirt, and Activity Fees. The enrollment Fee can be paid in installments, up to the first day of Camp.

**Please Check Off the Week(s) Your Camper Will Attend:**

1. June 23 - 27	<input type="checkbox"/>
2. June 30 - July 3	<input type="checkbox"/>
3. July 7 - 11	<input type="checkbox"/>
4. July 14 - 18	<input type="checkbox"/>
5. July 21 - 25	<input type="checkbox"/>
6. July 28 - August 1	<input type="checkbox"/>

**TEE SHIRT INFORMATION**

**Camper Name:** \_\_\_\_\_

**SHIRT SIZE**

**Youth Small:** \_\_\_\_\_ **Youth Medium:** \_\_\_\_\_ **Youth Large:** \_\_\_\_\_

**Adult Small:** \_\_\_\_\_ **Adult Medium:** \_\_\_\_\_ **Adult Large:** \_\_\_\_\_

**Adult Extra Large:** \_\_\_\_\_

**Adult 2X:** \_\_\_\_\_

## GENERAL POLICIES AND GUIDELINES

1. Each Child **MUST** be signed in and out daily by his/her parent or guardian (Drop Off is 7-9 AM, Pick-Up is from 4-4:30 PM).
2. If someone other than one of the parents will be dropping off and/or picking up your child, please fill out the Release Authorization Form to that effect. In the event of unexpected circumstances that require a third party to pick up the camper, the Camp Director (or Assistant) must be contacted and informed of who the third party is, and proper identification and signature will be required before the camper is released.  
**THERE WILL BE NO EXCEPTIONS TO THIS RULE. NO CHILD WILL BE RELEASED TO ANYONE ELSE IF THIS IS NOT DONE.**
3. If the person responsible for picking up the camper finds that they will be late (after 4:30 PM) in picking their camper up, it is necessary to call and inform the Camp Director of this information so that appropriate steps may be taken. If this occurs with any degree of regularity, a fee of **\$10**, with an additional \$5 for each occurrence, may be imposed after the initial late pick-up. (With a cap of **\$30**).
4. Each child's fees for the week must be paid on Monday morning or in advance. If these fees are not paid at that time, your child may be unable to return until fees are paid (Unless arrangements are made with the Camp Director in advance).
5. If you are going to be out of town on vacation for an entire week, you are asked to notify the director in writing as far in advance as possible, for weeks previously signed up for, or you may be expected to pay for that week. (Sickness or *unexpected* emergencies are understandable, but please let us know your child will not be here).
6. Children should complete their breakfast before 9 AM. They will be allowed to eat breakfast during drop-off time.
7. No personal toys are allowed. This includes hand-held gaming devices, laser pens, etc. These items will be confiscated and returned to parents *only*. (If in doubt, leave it at home). Springfield Baptist Church is not responsible for any stolen personal items.
8. Each child will need to bring their learning materials daily unless otherwise informed by their instructors.
9. On outing days that will involve a water-based activity, each child will need to bring swim gear if they are participating.
10. Each child is expected to behave in a manner that is pleasing to God. Discipline is a part of this behavior. If your child becomes disrespectful towards other campers, the staff, church members, and the community, their behavior will be addressed in a manner conducive to positive camp life. Depending upon the severity, one of the following actions may be taken: Written Reflection & Action Plan, Time-Out, Sent Home, Suspension, and ultimately Expulsion without a refund.

**PLEASE NOTE:** Campers are asked to wear their Camp T-Shirt or T-Shirt Colors on all field trips, or Camp-Wide Activities.

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## ACKNOWLEDGEMENT

I, \_\_\_\_\_, the parent or legal guardian of  
\_\_\_\_\_ have read and agree to abide by the guidelines  
and regulations of the Springfield Baptist Church STREAM Camp listed above as well as any  
others that may or may not be identified physically on this document but are conducive to the  
maintenance of a healthy environment for the camp, and Springfield Community.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## CAMP ACTIVITY WAIVER

I, \_\_\_\_\_, the parent or legal guardian, hereby give permission for my child to participate in summer activities and field trips with Springfield Baptist Church STREAM Camp.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## INSURANCE FORM

I understand that my insurance is expected to cover any accidents/injuries that may occur to my camper while they are participating in scheduled and planned activities of the Summer Camp program. Proof of my health insurance information must be made available in the Physical Form, which I have completed. I also understand that Springfield will make every effort to contact me prior to any treatments being made (if possible). And will provide me with a detailed account (written and oral) of the accident/injury.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## RELEASE AUTHORIZATION FORM

Please list the persons, along with their signature and phone number, who are authorized to sign in and sign out campers participating in the STREAM Camp. Any person not listed below with their signature will not be allowed to pick up or drop off a camper without verbal approval of the parent/guardian and a valid form of ID.

	<b>PRINT NAME (And Relationship to Camper)</b>	<b>PHONE</b>	<b>SIGNATURE</b>
<b>1.</b>	_____	_____	_____
<b>2.</b>	_____	_____	_____
<b>3.</b>	_____	_____	_____
<b>4.</b>	_____	_____	_____
<b>5.</b>	_____	_____	_____
<b>6.</b>	_____	_____	_____

**Parent/Guardian Signature is required to verify the above names and signatures.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### **CAMPER EVALUATION FORM**

Please complete the information below concerning your child's academic performance/status.

1. What grade will your child enter this coming school year ('24-'25)?
2. What is your child's reading level?
3. What is your child's math level?
4. Are there any specific areas of concern (academic or non-academic) that you wish to make us aware of concerning your child?

#### **Academic Concern**

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#### **Non-Academic Concern**

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**CAMP PHYSICAL FORM**

**Camper's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Parent Address:** \_\_\_\_\_

**A. MEDICAL HISTORY (MAY BE COMPLETED BY PARENTS)**

1. Is the child allergic to anything? ☐ Yes ☐ No

If Yes, what? \_\_\_\_\_

2. Is the Child currently under a doctor's care? ☐ Yes ☐ No

If yes, for what reason? \_\_\_\_\_

3. Is the child on continuous medication? ☐ Yes ☐ No

If yes, for what reason? \_\_\_\_\_

4. Any previous hospitalizations or operations? ☐ Yes ☐ No

If yes, for what reason? \_\_\_\_\_

5. Any history of previous diseases or recurrent illnesses?

a. Diabetes: ☐ Yes ☐ No

b. Convulsions/Seizures: ☐ Yes ☐ No

c. Heart Trouble: ☐ Yes ☐ No

d. Others: \_\_\_\_\_

6. Does the child have any physical disability? ☐ Yes ☐ No

If yes, please specify. \_\_\_\_\_

7. Does the child have any mental disabilities? ☐ Yes ☐ No

If yes, please specify. \_\_\_\_\_

**Signature of Parents or Guardian:**

\_\_\_\_\_



**B. PHYSICAL EXAMINATION:** This examination must be completed and signed by a licensed physician or their authorized agent currently approved by the NC Board of Medical Examiners (or a comparable board from a U.S. State), a nurse practitioner, or a public health nurse meeting DEHNR Standards for EPSDT programs.

Head: \_\_\_\_ Eyes: \_\_\_\_ Ears: \_\_\_\_ Nose: \_\_\_\_ Teeth: \_\_\_\_ Throat: \_\_\_\_ Neck: \_\_\_\_

Heart: \_\_\_\_ Chest: \_\_\_\_ GU: \_\_\_\_ Ext: \_\_\_\_ Neurological System: \_\_\_\_ Skin: \_\_\_\_

Results of Tuberculin Test, if given.

Type: \_\_\_\_\_ Date: \_\_\_\_\_

Normal ☐ Abnormal ☐

Should Activities be Limited?

\_\_\_\_\_

Any other recommendations?

\_\_\_\_\_

Signature of authorized examiner/title: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Phone: \_\_\_\_\_



**C. PARENTAL PERMISSION:** As the parent or legal guardian of \_\_\_\_\_, I hereby give my consent for (his/her) participation in summer camp play activities.

**I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me before treatment.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**D. ACCIDENT INSURANCE:** I hereby certify that \_\_\_\_\_ is adequately covered by an accident, health, and/or hospital insurance policy which is in effect during the present year. This coverage is by virtue of an insurance policy identified below:

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

**E. IMMUNIZATION HISTORY:** The parent/guardian must attach a copy of the immunization record.



## PACKET SUMMARY & FEE ACKNOWLEDGEMENT FORM

TO THE PARENTS OF: \_\_\_\_\_

Thank you for applying to the 2024 STREAM Camp. We are looking forward to a summer of fun-filled and spirit-filled activities.

To finalize your registration for summer camp, we need you to submit the following:

- \_\_\_\_\_ **Application & T-Shirt Forms**
- \_\_\_\_\_ **Guidelines, Release Auth., & Evaluation Forms**
- \_\_\_\_\_ **Camper Physical Form**
- \_\_\_\_\_ **Enrollment Fee (\$178/Camper)**

\_\_\_\_\_  
I, \_\_\_\_\_ acknowledge that the above documents have been completed truthfully and to the best of my knowledge.

Completed On (Date): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Signature of Director: \_\_\_\_\_

Date: \_\_\_\_\_