



Application Form Checklist

Greetings Parents/Guardians, the following forms are included in this packet, and **MUST** be both completed and submitted to the Activities Coordinator, with fees paid, for your Camper to enroll in the 2024 STREAM Camp. The packet is due by **April 28, 2024**. If you have any questions about any document, please contact Minister De'Quan Isom at **(919) 772-8078 ex. 109** and **activities@springfieldbaptistchurch.com**.

- General Information/Application

 - Tee 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
-



General Information

Camper must be a rising **3rd Grader, thru 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 24 - 28	<input type="checkbox"/>
2. July 1 - 3	<input type="checkbox"/>
3. July 8 - 12	<input type="checkbox"/>
4. July 15 - 19	<input type="checkbox"/>
5. July 22 - 26	<input type="checkbox"/>
6. July 29 - August 2	<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 PM, 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 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 prior to 9 AM. They will be allowed to each 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.



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: _____



RELEASE AUTHORIZATION FORM

Please list below, the persons, along with their signature and phone number, 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 parent/guardian, and a valid form of ID.

	PRINT NAME	PHONE	SIGNATURE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

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

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Non-Academic Concern

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>



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 proved by the NC Board or 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 prior to 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.



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: _____



**WAKE COUNTY
PUBLIC SCHOOL SYSTEM**

Child Nutrition Services
1551 Rock Quarry Road
Building A
Raleigh, NC 27610
www.wcpss.net

tel: (919) 856-2918
fax: (919) 856-3707

Site Name: _____

The use of this data being collected is to ensure compliance with USDA nondiscrimination requirements only. Sharing this information is voluntary and will not impact a child's eligibility for meals. The data is kept confidential, accessible only to authorized personnel.

Parents/Guardian:

Please complete the ethnicity and race for each child you are enrolling at this site. **No child, parent or guardian names are to be documented on this form.** Once the form is complete, return to the site registrar or designee.

First, select your child's ethnic category. Choose "Hispanic or Latino" or "Not Hispanic or Latino"

Ethnic Categories	Number of children enrolled at site
HISPANIC OR LATINO	
NOT HISPANIC OR LATINO	

Second, select all race categories that apply.

- Choose **at least one** race for each child; more than one race may be selected for each child.
- Put the number of children in the appropriate box(s) if you are enrolling more than one child.

Race Categories	Number of children enrolled at site
American Indian or Alaska Native (includes Hispanic or Latino Ethnicity): A person having origins in any of the original people of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).	
Asian: A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
Black or African American: A person having origins in black racial groups of Africa. "Haitian" can be used in addition to "Black or African American".	
Native Hawaiian or Other Pacific Islander: A Person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands	
White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.	



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.

In order 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: _____