| Queen Street Academy Summer CAMP registration 2019 | | | |
| --- | --- | --- | --- |
| CHILD Information | | | |
| Child’s Name: | | | |
| Date of birth: | SSN: | | Phone: |
| Current address: | | | |
| City: | State: | | ZIP Code: |
| School Attended: | | | Grade Level: |
| PARENT/CAREGIVER INFORMATION (Write SAME if address matches the address listed above) | | | |
| Name: | | | |
| Address: | | | |
| City | State: | | ZIP Code: |
| Home Phone: | Cell: | | Work: |
|  |  | |  |
| Email: | | | |
| Emergency Contact/Information | | | |
| Name of a relative other than residing parent to contact in case of emergency: | | | |
| Address: | | | Relationship: |
| City: | State: | | ZIP Code: |
| Home Phone: Cell Phone: Work Phone: | | | |
|  | | | |
| Known allergies/Medical Conditions: | | | |
| Medications Taken Daily: | | | |
| Physician Name: | Phone: | | Office: |
| AUTHORIZED INDIVIDUALS TO PICK UP: | | | |
| Name | | Relationship | |
| Name | | Relationship | |
| Name | | Relationship | |
| Signatures | | | |
|  | | | |
| I authorize the above information to be true to the best of my knowledge. If any pertinent information changes, I take responsibility for providing such information to Queen Street Academy for their care purposes. I have received a copy of this application. | | | |
| Signature of Parent: | | | Date: |

**QUEEN STREET ACADEMY**

**2019 SUMMER CAMP**

**REGISTRATION PACKET**

**Everything that you need to enroll your child into summer camp is right here! In order to ensure your spot make sure you have completed and provided the following items:**

* **Complete registration form (note: if your child participates in our After-school program you still need to complete this registration form to ensure your child’s spot! If you have more than one child attending, we need registration forms for each child.)**
* **Non-refundable registration fee will be $35 per child before May 17 and $50 per child after May 17.**

**Registration forms and registration fee can be brought to the church office at 500 N. Queen Street, Kinston, NC 28501 or you can mail your registration in to PO Box 508, Kinston, NC 28502.**

**Registration is done on a first come first serve basis! Reserve your spot now! There is a limit of 20 kids. Any packets received after 20 applicants will be placed on a waiting list.**

**Weekly fees if attending every week of camp are $130 per child with a $5 sibling discount per child. The week of July 4 we will be closed, July 1-5. We are in session from June 10-August 16 and closed the week of July 4. If you have any questions you may contact me at: my work number (252) 527-2110, cell phone (252)-526-1729, or via my e-mail:** [**nancy@queenstreetchurch.org**](mailto:nancy@queenstreetchurch.org)**.**

**QSA Summer Camp Info from the Director**

We are excited about summer camp this year! Camp will be open from June 10-August 16, except the week of July 4. We will be open Monday-Friday from 7:30-5:30. Our camp activities will consist of swimming, movie theatre trips, theme based activities, library visits and various field trips in and out of town.

* There will be additional fees for some field trips. More details of our weekly activities will come at a later date as summer draws near.
* The first and last week of our summer will be “Hang Out” weeks for the most part at church with various activities “in house” and a few in town trips. These weeks will allow for transition time from “school out to summer” and “summer to school”.
* Camp activities, events and field trips will be scheduled for all the other weeks**.**
* Morning and afternoon snacks will be provided. You will need to provide your child’s lunch each day. There will be times when QSA will provide lunch. You will be notified of these dates.

I can’t wait for a fun filled summer with each and every one of you. Thank you for the gift of your child.

Nancy Baker

QSA Director

**QSA SUMMER CAMP**

**SWIMMING RELEASE FORM 2019**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(parent/guardian name)* confirm

that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(camper name)* has:

* basic swimming skills and has my permission to swim at places with lifeguards on trip day.
* No swimming skills, but may attend the swimming trips under supervision of lifeguards and counselors.

The owners of the pool facilities used during the outings are not held responsible for injuries or accidents that may occur while on their property.

I also realize that the owner of the pool facilities, lifeguards, nor the camp itself is responsible for any loss or damage of property of the camper on these trips.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Parent/guardian signature)*

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

Queen Street Academy Summer Camp Blanket Activity/Photo Usage

Release and Authorization Form

2019 Summer Camp

As the parent/guardian of the minor named below, I do hereby give my consent to my child’s participation in any activities sponsored by **Queen Street Academy** held between June 10, 2019 and August 16, 2019. In recognition of the hazards involved in these activities and in travel to and from the place of these activities, I hereby authorize the leader in charge of these activities to engage for and authorize medical services for my child, should the need arise. I further release and discharge **Queen Street Academy**, its members, agents, employees, and others associated with these activities from any and all claims for damages due to injuries arising from my child’s participation in these activities, and agree to indemnify **Queen Street Academy**, its members, agents, and employees associated with these activities, from any loss, damages, and attorney’s fees that might be incurred by them due to my child’s participation in these activities whether caused by negligence or otherwise.

During the course of activities on a daily basis, photographs will be taken of the children. As the parent/guardian, I also give permission for my child’s picture and/or first name to be used for slideshow presentations and publicity materials pertaining to Queen Street Academy.

Print Minor Child’s Name \_Date \_\_\_\_\_\_\_\_

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Emergency Contact and Medical Information for a Child** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | |  |  | | | | | M | F |
| Child’s Name | | |  | Date of Birth | | | | | Sex | |
|  | | |  |  | | | | | | |
| Parent’s/Guardian’s Name | | |  | Parent’s/Guardian’s Name | | | | | | |
| () |  | () |  | () | | |  | () | | |
| Home/Cell Phone |  | Work Phone |  | Home/Cell Phone | | |  | Work Phone | | |
|  | | |  |  | | | | | | |
| Address | | |  | Address | | | | | | |
|  | | |  |  | | | | | | |
| City, ST ZIP Code | | |  | City, ST ZIP Code | | | | | | |
|  | | |  |  | | | | | | |
| **Alternative Emergency Contacts** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | |  |  | | | | | | |
| Primary Emergency Contact | | |  | Secondary Emergency Contact | | | | | | |
| () |  | () |  | () | | |  | () | | |
| Home/Cell Phone |  | Work Phone |  | Home/Cell Phone | | |  | Work Phone | | |
|  | | |  |  | | | | | | |
| Address | | |  | Address | | | | | | |
|  | | |  |  | | | | | | |
| City, ST ZIP Code | | |  | City, ST ZIP Code | | | | | | |
|  | | |  |  | | | | | | |
| **Medical Information** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Hospital/Clinic Preference | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Physician’s Name | | | | |  | Phone Number | | | | |
|  | | | | |  |  | | | | |
| Insurance Company | | | | |  | Policy Number | | | | |
|  | | | | | | | | | | |
| Allergies/Special Health Considerations | | | | | | | | | | |
|  | | | | | | | | | | |
| I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | |  | Date | | | | |
|  | | | | | | | | | | |
| I give permission for my child to go on field trips. I release Queen Street Academy and individuals from liability in case of accident during activities related to Queen Street Academy, as long as normal safety procedures have been taken. | | | | | | | | | | |
|  | | | | |  |  | | | | |
| *Parent’s/Guardian’s Signature* | | | | |  | Date | | | | |



I want to inform all parents that we have a NO TOLERANCE policy concerning hitting and/or touching another person inappropriately. We will explain to all of the children that if they hit or touch another child inappropriately, whether in Church or in the van, the parent will be called to pick up the child and they will be suspended for the rest of the day. We also have a NO TOLERANCE policy for profanity.

I want you to be aware that this policy will be enforced. Thank you so much for your cooperation and in helping the children find appropriate ways to express their frustrations and emotions.

Parent Signature Date

Childs Signature Date