

AGAPE Kids Grade School Summer Boot Camp Registration Form

Student Information

Child's First & Last Name _____

Address _____

City, State, Zip _____ Home Phone _____

Birthdate _____ **Current Grade** _____ Age _____

Family Information

Parent/Guardian Name _____

Place of Employment _____

Work Number _____ Cell Phone _____

E-mail _____

GRADE SCHOOL ENROLLMENT INFORMATION

For maximum impact, priority enrollment will be given to those students who are registered for the full 8 weeks. The minimum registration is 4 weeks. We will make every effort to place all children. Payments are due 2 weeks before a session begins. Please refer to the payment schedule for specific dates.

Boot Camp runs Monday through Friday from 8:30 a.m. to 4:30 p.m.
Before/After Childcare available upon request. Must be 8 yrs of age for Session O.

Session	Dates	Cost	Amount Due
Session O Holton Basketball	June 22 nd - 25 th Salvation Army	\$60 per week	
Session Full (8 weeks)	June 29 th - August 21 st	\$60 per week \$480 total	
Session 1 (4 weeks)	June 29 th - July 24 th	\$60 per week \$240 total	
Session 2 (4 weeks)	July 27 th - August 21 st	\$60 per week \$240 total	
If you are interested in dates (different weeks) not listed above please list those here.	_____ _____ _____ _____ _____		
TOTAL DUE			

A minimum NONREFUNDABLE deposit of \$60 PER CHILD is due at the time of registration.

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The above student has my permission, as parent (or guardian), to participate in the Summer Boot Camp including all extracurricular activities and field trips with Mt. Olivet Baptist Church.

I agree that Mt. Olivet and/or its leaders are not liable for any accident or incident related to either the planned event or transportation to or from that event. Nor are they liable for any injuries sustained or any lost, stolen or damaged articles.

I also agree that my child will be responsible to Mt. Olivet and its leaders for all of his/her actions on this event.

I authorize Mt. Olivet Baptist Church and any adult leader to obtain the services of a physician and/or hospital for the care of my child, if necessary, including emergency medical care, emergency x-rays, and/or emergency surgery.

Should the need arise, I also authorize Mt. Olivet and its leaders to incur any necessary expenses for such services in the event of accident or illness, and I agree to provide payment for these expenses.

Medical information that might be needed (allergies, medication, etc.):

Date of last Tetanus shot:

This child is covered for accident and medical insurance benefits by:

(Insurance Company)

(Policy & Group Numbers)

(Physician)

(Physician's Phone Number)

Parent/Guardian's Name (please print) _____ Phone _____

Other person to notify in case of emergency (Name) _____

Relationship to child _____ Phone _____

Regarding Transportation

I give my child permission to ride in church provided transportation (buses, vans or cars driven by Mt. Olivet Approved personnel).

I have read the entire form, agree with all provisions included, and have provided all information requested. I hereby release Mt. Olivet Baptist Church and its leaders from all liability and authorize any medical treatment deemed necessary.

Signature of
Parent/Guardian _____ Date _____

This permission form and medical release must be completed, signed and dated for the student to be allowed to participate.