

Heritage Hall Summer Day Camp

Please complete one form per child.

Child's Information

First Name _____ Last Name _____ M.I. _____

Male Female Date of Birth _____

Medications: _____

*If medications need to be administered during the day, please complete a separate Authorization for Medication form.

Allergies (food, bee stings) _____

Other health concerns _____

Anticipated weeks/days of attendance: Check the shaded box to the left of the date if this child will be attending every day that week. If not attending every day, please circle the days the child will attend. If needs changes, please give as much advance notice as possible.

	June 12-16	Mon	Tue	Wed	Thu	Fri
	June 19-23	Mon	Tue	Wed	Thu	Fri
	June 26-30	Mon	Tue	Wed	Thu	Fri
	July 5-7	X	X	Wed	Thu	Fri
	July 10-14	Mon	Tue	Wed	Thu	Fri
	July 17-21	Mon	Tue	Wed	Thu	Fri
	July 24-28	Mon	Tue	Wed	Thu	Fri
	July 31-Aug 4	Mon	Tue	Wed	Thu	Fri

Parent/Guardian Information

Mr. / Dr.

Father/Male Guardian _____

Street Address _____

City _____ State _____ Zip _____

Primary phone # _____ Cell? Texting yes no

Email address _____

Mrs. / Ms. / Miss / Dr.

Mother/Female Guardian _____

Street Address _____

City _____ State _____ Zip _____

Primary phone # _____ Cell? Texting yes no

Email address _____

Please complete Emergency Contact Info on back.

Emergency Contact 1 (if parents are not available)

Mr. / Mrs. / Miss / Ms. / Dr.

Name _____ Relationship _____

Primary phone # _____ Cell? Texting ___ yes ___ no

Email address _____

Emergency Contact 2 (if parents are not available)

Mr. / Mrs. / Miss / Ms. / Dr.

Name _____ Relationship _____

Primary phone # _____ Cell? Texting ___ yes ___ no

Email address _____

Other people authorized to pick up this child from Summer Day Camp

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

=====
Anyone NOT authorized to pick up this child?

Name _____ Relationship _____

WAIVER

I understand that my child may be involved in activities at camp that include outdoor activities, swimming, and field trips away from the campus of Heritage Hall.

I acknowledge that my child may decline to participate in any activity. **Any participation will be voluntary.**

In consideration of services or property provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, do hereby release Grace Baptist Church and Heritage Hall Christian School, its principals, directors, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

I hereby grant permission for my child to attend and take part in the activities and programs at provided by and for Heritage Hall Summer Day Camp, and in the event of an emergency, seek medical assistance for my child if unable to contact any of the persons named on this form.

I authorize Heritage Hall Christian School to take and use any photographs, slides, and videos of my camper for promotional purposes in brochures, flyers, and website.

Signature: _____ Date: _____

PERMISSION TO PUBLISH OPT OUT: Please DO NOT publish photos of this child in brochures, on the school website, or on social media.

Please complete and sign the Financial Agreement.

Heritage Hall Summer Day Camp

Financial Information

Fees

\$100 per week
\$ 25 per day
\$ 7 per hour

The weekly fee will not be adjusted for absence due to illness, or for the shortened week in July. Signing up by the week facilitates scheduling of activities and workers.

An extra fee may be required for field trips that charge admission. Notice will be given at least one week prior to a trip that requires an extra fee.

Swimming will be offered 2 or 3 days each week at Tuhey Pool in Muncie.

Payments may be made in the elementary office (Door 4) during morning check-in. Payment is due in advance or no later than Monday of the week attending. Payment by cash or check is required at the beginning of each week. Make checks payable to Heritage Hall. We cannot accept debit or credit cards.

Email is the preferred billing method. We will only bill if payment is not made when due.

Failure to make payments as required on time may result in
A late fee of \$25 assessed or
Student prohibited from attending until past due amounts are paid in full.

Failure to pick up the student by the 5:30 p.m. closing time will incur a \$25 late fee.

Financial Responsibility

Your signature below indicates that you have read and understand the policies and agree to make payments on time as specified above.

Primary

Mr. / Mrs. / Ms. / Miss / Dr. _____

Street Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Signature _____

Secondary

Mr. / Mrs. / Ms. / Miss / Dr. _____

Street Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Signature _____