



260 Hawkins Store Road • Kennesaw, GA 30144

Shiloh Hills Summer Camp 2017

Dates: May 24 – July 28

Ages: 4 year old – 6th grade

Hours: 7:30 a.m. - 5:30 p.m.

Pay by the Week: \$150.00 for first child
\$120.00 for second child

*Plus extra on Tuesday field trip days (on the days that there is a cost - several field trips are free)

**A dollar a minute will be charged after 5:30 p.m.

Pay by the Day: \$40.00

Registration Fee: \$15.00 for Shiloh students (a shirt and one snack a day is included)
\$25.00 for non-Shiloh students

Drop off and Pick up: Gym



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Summer Camp Enrollment Form

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____ Date of Birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____ Mom Cell Phone _____ Dad Cell Phone _____

Mom's E-mail _____ Dad's E-mail _____

Father's Name _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone # _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone # _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: (check one) () Both Parents () Mother () Father () Other

Child's Legal Guardian(s): (check One) () Both Parents () Mother () Father () Other

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to Child _____

Relationship to Parent(s) or Guardian _____

Other Identifying Information (If Any) _____

*Name _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to Child _____

Relationship to Parent(s) or Guardian _____

Other Identifying Information (If Any) _____

Persons to contact in case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Child's doctor or clinic name _____

Doctor/Clinic phone number _____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns _____

Parental Agreements with Child Care Facility

The _____ agrees to provide child care for
(Name of Facility)
_____ on _____ a.m. to _____ p.m.
(Name of Child) (Days of Week)
from _____ to _____.

My child will not be allowed to enter or leave the facility without being escorted by parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.



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Student's Name: _____

Grade: _____

FIELD TRIP PERMISSION FORM

In consideration for Shiloh Hills Christian School allowing my child to participate in field trips transported on the school bus or in other peoples' cars during the Summer Camp field trips, we assume the financial responsibility for all medical expenses should an accident occur. We understand that these field trips whether transported on a bus or in other peoples' cars include certain risks of accidental injury. We acknowledge that we have medical and/or hospitalization coverage, and that we will look to that coverage for reimbursement. We specifically agree not to assert a claim or file a lawsuit against Shiloh Hills Christian School for personal injury damages should there be an accident or injury while participating in these field trips. If that circumstance occurs, we agree to confine or limit any attempt to recover personal injury damages against the insurance carriers who provide liability coverage to Shiloh Hills Christian School, to ourselves or to third parties not affiliated with or connected to Shiloh Hills Christian School, who might otherwise be responsible for the accidental injury.

(Parent/Guardian Signature)

(Parent/Guardian Signature)

(Date)

(Date)



SUMMER CAMP RELEASE AND WAIVER

I, _____, understand that constructive play has an inherent danger in participation, and that in spite of all precautions and accident preventatives, injuries do occur. I do hereby (for myself, my heirs, executors, and administrators) waive, release and forever discharge all claims which may arise now or in the future which I may accrue against Shiloh Hills Christian School or any of its employees for any and all injuries suffered by my child while attending and participating in Shiloh Hills Christian School Summer Camp activities.

In order that my child receive the necessary medical treatment in the event of any injury or illness, I hereby authorize Shiloh Hills Christian School to obtain medical treatment for my child for such injury or illness during any event, and I hold Shiloh Hills Christian School harmless in their exercise of the authority.

To the best of my knowledge, my child does not have any disease or injuries that would medically prohibit my child's participation in the Summer Camp at Shiloh Hills Christian School.

Parent/Guardian Acknowledgement Statement (required if child is under the age of 18):
I/We have read the above statement and agree to the conditions of this Shiloh Hills Christian School Summer Camp Release and Waiver as outlined above. I/We consent to allow our son/daughter to participate in the Summer Camp program at Shiloh Hills Christian School.

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Signature)

(Date)