

KIDS CAMP 2012 APPLICATION

Grey Stone Kids Camp
2601 Hillsborough Road
Durham, NC 27705-4080
919-491-4930
www.greystonekidscamp.com

OFFICE USE ONLY	
No.	_____
Date	_____
Reg Fee	_____
Tuition	_____
<input type="checkbox"/> Cash	
<input type="checkbox"/> Check #	_____

Camper Information:

Child's Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Birth Date: ____/____/____ Age: _____ Grade Entering in Fall: _____

Youth T-Shirt Size (circle one): YS YM YL YXL or Adult T-Shirt Size (circle one): AS AM AL AXL AXXL

Guardian Information:

Father's Name: _____ Home Phone: _____

Email: _____

Address: _____
(Street) (City) (State) (Zip)

Employer: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Mother's Name: _____ Home Phone: _____

Email: _____

Address: _____
(Street) (City) (State) (Zip)

Employer: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

If child is not living at home, please give name of responsible adult in "Guardian" position:

Adult's Name: _____ Home Phone: _____

Address: _____
(Street) (City) (State) (Zip)

Employer: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Emergency Information:

Child's Doctor: _____ Office Phone: _____

Office Address: _____
(Street) (City) (State) (Zip)

Child's Dentist: _____ Office Phone: _____

Office Address: _____
(Street) (City) (State) (Zip)

Hospital Preference: _____

Medical Information:

- Please list any known allergies to medicine:

- Please list any known allergies to FOOD, insect stings, or any other substance:

- Please list ALL medications that your child is taking, even if they will not be administered at Kids Camp. This information is necessary in the event of emergency medical attention.

- Does your child have a medical condition that Kids Camp Staff need to be aware of? Please list and explain.

- In the event Father, Mother, or Guardian cannot be contacted, please call:
Name: _____ Relationship: _____
Day Phone Number: _____
Name: _____ Relationship: _____
Day Phone Number: _____

Emergency Medical Authorization:

I agree that the administration of Grey Stone Baptist Church, including those of the Kids Camp staff, may authorize the physician of his/her choice to provide emergency medical care in the event that neither the family physician, nor I, can be contacted immediately.

Signature of Parent or Guardian

Date

Camper Questionnaire:

- What church do you attend regularly as a family? _____
- Has your child previously attended our Kids Camp?
 Yes No If yes, when: _____
- What school will your child attend in the fall? _____
Is your child in Year-Round School? Yes No
- How did you hear about Grey Stone Kids Camp? _____
- Does your child have behavioral problems that we should be aware of as we structure camp (E.G. ADHD, Anger Management, other Conflict or Personality Situations)?

- Please give any additional information about your child (E.G. play/eating/sleeping habits, fears, etc):

- Mark the weeks that you plan on your child **attending** this summer:
 - o June 11 - 15
 - o June 18 - 22
 - o June 25 - 29
 - o July 2 - 6
 - o July 9 - 13
 - o July 16 - 20
 - o July 23 - 27
 - o July 30 - August 3
 - o August 6 - 10
 - o August 13-17

ACCEPTANCE POLICY

All Kids Camp applicants are accepted on a first-come, first serve basis, depending on space allotments and proper staff-to-child ratios. In the event the Kids Camp becomes full, you will be placed on a Waiting List and contacted immediately.

Therefore, if you are not contacted within a reasonable length of time, you are to assume that you have been accepted into the Kids Camp. The Kids Camp Director will send all families an information letter concerning Kids Camp specifics *near* the beginning of camp (sometime in June).

Kids Camp will accept child applications throughout the summer provided that the parents read registration material, complete application, and provide prompt payment. **Registration fee will still be required for mid-summer applicants.**

I have read the attached Kids Camp Policies and agree to abide by them and I declare that all information listed in my application is accurate and reliable.

Signature of Parent or Guardian

Date

Discipline and Behavior Management Policy

Child's Name: _____

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, Kids Camp will practice the following discipline and behavior management policy:

We do:

1. Praise, reward, and encourage the children;
2. Reason with and set limits for the children;
3. Model appropriate behavior for the children;
4. Modify the environment to attempt to prevent problems before they arise;
5. Listen to the children;
6. Provide alternatives for inappropriate behavior to the children;
7. Provide the children with natural and logical consequences of their behavior;
8. Treat the children as people and respect their needs, desires, and feelings;
9. Ignore minor incidents of behavior;
10. Explain things to the children on their level;
11. Use short supervised periods of "time out;" and
12. Stay consistent in our behavior management program.

We do not:

1. Spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children;
2. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children;
3. Shame or punish the children when bathroom accidents occur;
4. Deny food or rest as punishment;
5. Relate discipline to eating, resting, or sleeping;
6. Place the children in locked rooms, closets, or boxes as punishments;
7. Allow discipline of children by children; or
8. Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent or guardian of _____, do hereby state that I have read, and fully understand the Discipline and Behavior Management Policy followed by Grey Stone Baptist Church and the Summer Kids Camp, and hereby authorize the staff of Kids Camp to discipline my child as may be necessary in accordance with this policy.

Signature of Parent or Guardian

Date

Child Pick-Up Authorization Form

Child's Name: _____

To help protect your family, the Kids Camp staff may request to see your Driver's License, along with the Driver's License of anyone picking up your child. This will be our method of verification to identify who is allowed to pick up your child, according to the list below. Please list their name, relationship to the child, and their Driver's License Number. Be sure to include your own information, or you will NOT be allowed to pick up your child. Again, this is our safety precaution for you and your family. Thank you for your understanding.

SHOULD ANY CONDITION ARISE THAT ALTERS THE LEGAL CUSTODY OF THE CHILD, THE DIRECTOR MUST BE NOTIFIED IN WRITING IMMEDIATELY AND BE FURNISHED WITH COPIES OF THE LEGAL RULINGS TO THAT EFFECT.

*The following persons are authorized to pick up my child from Kids Camp at Grey Stone Baptist Church. **ALL OTHER PERSONS WILL BE REFUSED.** Before any changes can be made in this authorization, **written** instruction must be signed by the parent or guardian with legal custody of the child and personally submitted to the Director by the parent or guardian with legal custody of the child. **ONLY** written instruction signed and personally delivered by the parent or guardian with legal custody of the child will be accepted. **NO** changes by telephone will be accepted (this is for the protection of your child).*

NAME	RELATIONSHIP	DRIVER'S LICENSE

*I understand and accept Grey Stone Baptist Church's Kids Camp policies regarding the pick-up of my child. The persons that I have listed above are the **only persons having permission** to pick up my child from Kids Camp at Grey Stone Baptist Church as of the date listed by my signature below.*

Signature of Parent or Guardian

Date