

SHILOH SUMMER CAMP 2017

Dear Parents,

It's time for the Summer Camp 2017 season, and we can't wait!

With expanded field trip locations; new classes on film production and organic gardening; instruction in African & African American history, vocal music, visual art, dance, as well as science and technology, we are confident that your child will delight in their summer with the Shiloh Missionary Baptist Church. Further, our integrated learning approach to academics will enable your child to retain information learned during this school year, and begin the 2017/2018 school year with a rousing head start.

It is an honor and privilege to care for your child this summer. We look forward to a summer of excitement, fellowship, enrichment and fun!

Blessings,

Rev. Demetria

Rev. Demetria Jones-Smith
Director, Shiloh Summer Camp
Minister of Christian Education

Dates of
Summer Camp 2017:
May 30th – July 28th



Summer Camp will
not meet on
July 4th



Daily Hours of
Operation
7: 00am – 5:30pm



For more
information contact:
225.343.0640



GENERAL INFORMATION

1. All participants of Shiloh Summer Camp 2017 camp must be between 4 and 14 years of age.
2. The program cost for summer camp is \$100.00 per week, and must be paid in advance every two (2) weeks. If you have more than one (1) child registered in summer camp, the fee per week for the second child is \$90.00, and \$80.00 for every child thereafter. The weekly fee covers all field trips, activities and snacks. Breakfast and Lunch are served daily. Under no circumstances will your child be allowed to attend camp if you are behind in your payments. After your child is registered for summer camp, the weekly fee is payable whether your child comes on a daily basis or not. We do not accept part-time campers.
3. Applications for summer camp will be accepted from Monday, February 6th through Friday, May 5th. **There is a registration fee of \$50.00 that must accompany every application.** If you have more than one (1) child, the registration fee is \$40.00 for every additional child. The registration fee and payment for the first two (2) weeks must accompany the application. The registration fee will be waived if payment for the entire summer is submitted by Friday, March 31, 2017.
4. **APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE REGISTRATION FEE and PAYMENT FOR THE FIRST TWO (2) WEEKS.** Applications submitted after May 5th deadline, will incur a \$50.00 late registration fee.
5. If you have childcare assistance, you must submit payment with the application, and the amount that childcare pays will be deducted when approval comes in. Also, you must bring all approved childcare assistance papers. This year, there will be limited enrollment.
6. An informational meeting for parents/guardians will be held Thursday, May 25, 2017 at 6:30p.m. You, or an adult representative for your child, must attend this orientation meeting; otherwise you may lose your summer camp spot.
7. Requests for refund of program fees will be accepted through Friday, May 19, 2017. Registration fees are not refundable. Twenty percent will be deducted due to operational expenses related to program planning and pre-paid field trip activities. If a child is withdrawn without formally notifying the Summer Camp administrative staff, there will be no refund.



Registration Information

Child's Name: _____ Nickname: _____

Birth date: MM/DD/YY _____ Age: _____

Mother's Information

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Employer: _____

Father's Information

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Employer: _____

Child's living arrangements: **(Check appropriate box)**

Both Parents Mother Father Other (specify)

If child does not live with parents, who is the child's legal guardian?

Persons to contact in case of **emergency** when the parent(s) cannot be reached:

Name: _____ Telephone: _____ Relationship _____

Name: _____ Telephone: _____ Relationship _____

Name: _____ Telephone: _____ Relationship _____

The following persons are authorized by me to take my child from the center. **I understand that I am required to notify the center in advance and in writing if any other person(s) other than those named below are to pick up my child from the center, and that my child cannot be released until such notification is received.**

Name: _____ Telephone: _____ Relationship _____

Name: _____ Telephone: _____ Relationship _____

Name: _____ Telephone: _____ Relationship _____

Family Doctor or Clinic: _____

Address: _____ **Telephone:** _____

What school does your child attend? _____ **Grade:** _____

What are your child's interests? **Art** **Drama** **Sports** **Other (Please specify)**

Health Information

What communicable diseases has your child had? **(Check all that apply)**

Measles (Rubella) Measles (3 day) Mumps Chicken Pox Whooping cough

other (specify) _____

Any serious illness, accidents, or hospitalization? If so, please explain:

Are there any known allergies?

Are there any medications given regularly?

Are there any medical restrictions? If so, please explain:

Child's T-shirt Size: **S** ___ **M** ___ **L** ___ **Older Child/Adult:** **S** ___ **M** ___ **L** ___ **XL** ___ **XXL** ___
6-8 10-12 14

Parent or Guardian's Signature: _____ **Date:** _____