

Summer Camp Registration Form 2024

Early Beginnings CDC

We are so **EXCITED** that **YOU** are joining us for a summer of fun!

This Registration Form provides the information we need to get you enrolled and set up for the summer plan you need.

Make sure you complete all required fields, Forms, and Payments.

We do not charge a Registration Fee or a lump-sum Activity Fee, so the payment of your first week is your deposit to secure your spot. It reserves your space along with the completed Policy Agreement Form and Emergency Medical/Pickup Form. No spot is reserved until all are completed.

** Indicates required question*

1. Email *

Untitled Title

Student Information

Please complete all information below.

There are 4 steps to complete your registration:

- 1) This online Registration Form, (RF)
- 2.) the separate online Policy Agreement Form (linked in this RF), and
- 3.) the separate Emergency/Medical Authorization Form (linked in this RF), and
- 4.) your deposit. (linked in this RF)

You must complete all 4 steps in order to reserve your space.

Write "N/A" in any required field that does not apply.

(for example, if the Father is the only guardian in the family, put N/A for all fields about mother's contact information.)

2. Camper/s Name/s (First and Last) *

For Multiple children, list them all here on separate lines, youngest to oldest, with their CURRENT grade.

(ex: Jimmy Smith- K, Johnny Smith- 3rd, Janie Smith- 5th)

3. Start Date: First day you will be in Summer Camp. *

Example: January 7, 2019

4. Mother's Name (First and Last) *

5. Mother's Cell Phone *

(For text message updates through Reminder-101)

6. Mother's E-mail Address *

7. Father's Name (First and Last) *

8. Father's Cell Phone *

(For text message updates through Reminder-101)

9. Father's E-mail Address *

10. Camper's Home Street Address *

11. Camper's Home City and State *

12. Camper's Home Zip Code *

13. Camper #1 First Name *

14. Camper #1 Last Name *

15. Camper #1 (Rising Grade) *

List the grade they are going to be in the coming School Year.

16. Camper #1 (Male or Female) *

Mark only one oval.

Male

Female

17. Camper #1 (Shirt Size) *

Mark only one oval.

- Youth Extra Small
- Youth Small
- Youth Medium
- Youth Large
- Youth XL
- Adult Extra Small
- Adult Small
- Adult Medium
- Adult Large
- Adult XL

18. Camper #2 First Name

If you have a second child attending Summer Camp, list them in these fields,
(If you only have one camper, skip all additional campers questions.)

19. Camper #2 Last Name

If you have a second child attending Summer Camp, list them in these fields.

20. Camper #2 (Rising Grade)

List the grade they are going to be in the coming School Year.

21. Camper #2 (Male or Female)

Mark only one oval.

- Male
- Female

22. Camper #2 (Shirt Size) *

Mark only one oval.

- Youth Extra Small
- Youth Small
- Youth Medium
- Youth Large
- Youth XL
- Adult Extra Small
- Adult Small
- Adult Medium
- Adult Large
- Adult XL

23. Camper #3 First Name

If you have a third child attending summer camp list them here.

**** if you have more than 3 campers, email their names/grade/shirt size to the school age director after completing this form)**

24. Camper #3 Last Name

If you have a third child attending summer camp list them here.

25. Camper #3 (Rising Grade)

List the grade they are going to be in the coming School Year.

26. Camper #3 (Male or Female)

Mark only one oval.

Male

Female

27. Camper #3 (Shirt Size) *

Mark only one oval.

Youth Extra Small

Youth Small

Youth Medium

Youth Large

Youth XL

Adult Extra Small

Adult Small

Adult Medium

Adult Large

Adult XL

28. Has your child or children been enrolled in the EBCDC Before and After School School-Age Program during this current school year? (or the school year that just ended if you are enrolling during the summer months) *

- If you have attended a past EBCDC Summer Camp but not a school year, check "Other" and list the year.

Check all that apply.

Yes

No

Other: _____

29. What school does your child/ren attend during this current school year? *

(or the school year that just ended if you are enrolling during the summer months)

- If you are not a JDS student, check "Other" and list any schools that apply.

- If you have one camper at JDS and others at other schools, check JDS, and check "Other" and list any schools that apply.

- If you are coming to JDS for the next school year for the first time check JDS, and check "other" and type "incoming next year".

Check all that apply.

JDS

Other: _____

30. Please list any special needs, disabilities, diagnosis or medical conditions that your child/children have and any prescription medicine they are on that we need to be aware of. (Information is kept confidential.)

For Multiple children, on a separate line for each one, state their name and any necessary information.

More detail will be given on the Medical Form but this makes note of it for enrollment staff.

If your computer does not allow you to separate lines, separate each child with a semicolon (;).

31. Please list any allergies that your child/children has if applicable. (such as insect bites, food allergies, etc.)

For Multiple children, on a separate line for each one, state their name and any necessary information.

More detail will be given on the Medical Form but this makes note of it for enrollment staff.

If your computer does not allow you to separate lines, separate each child with a semicolon (;).

Summer Camp Plan and Weeks of Care

In this section you will identify whether you need 5 day or 3 day camp and which weeks you will attend.

32. **Full-Time (5 day) or Part-Time (3 Day) Camp ***

Both options are from 7:00am-6:00pm. 5-Day Camp is Monday-Friday, 3-Day Camp is Tuesday/Wednesday/Thursday. (No other days may chosen) You may not alternate between them. You must be in one Camp plan or the other.

** If you have one child that will be Full time and one that will be part time, check "Other" and type in the details.

Mark only one oval.

- Full Time: 7:00am-6:30pm, Monday through Friday
- 3-Day: 7:00am-6:30pm, Tuesday/Wednesday/Thursday
- Other: _____

33. **Weeks of Camp to attend ***

Check each box for the weeks you will be attending for the entire summer. You may change dates with a written two weeks notice. Your choice of Full or Part Time previously in this document will be applied to each week you select. If you want to add a week later that was not previously scheduled you can do so as long as space is available. **If you have questions about a date you may email the School Age Director at hblackwell@earlybeginningscdc.com. (The last day of the JDS school year is May 24th and the first day back for K-8 is August 14th)

Check all that apply.

- All Weeks listed below
- May 27th - May 31st, 2024 (closed May 27th for Memorial Day)
- June 3rd - 7th, 2024
- June 10th - 14th, 2024
- June 17th - 21st, 2023 (closed June 19th for Juneteenth Day)
- June 24th - 28th, 2024
- July 1st - 5th, 2024 (closed July 4th and 5th for Independence Day)
- July 8th - 12th, 2024
- July 22nd - 26th, 2024
- July 29th - August 2nd, 2024
- August 5th - 9th, 2024 (closed August 9th for a Teacher Workday)
- August 12th-13th, 2024 (Tuition prorated based on plan and Before/After School)

Consent, Release and Waivers

Please initial all sections and E-sign at the bottom.

Consent and Release to transport

Voluntary Participation/Permission-I am the parent/legal guardian of the minor participant named above. I have voluntarily given my minor child (Camper) permission to be transported by Early Beginnings Inc. to and from the campus during any and all camp days, events, and/or trips in which the Camper participates without any limitations. I accept full responsibility for any injury or accident to my minor child , as the case may be, that may occur as a result of my minor child transported by Early Beginnings Inc. for the various events and/or trips as described above by typing my initials below. (EBCDC always notifies parents in advance of any time Campers are transported off the campus)

34. Parent/Legal Guardian's Initials *

Assumption of Risks

While Early Beginnings Inc. (EBCDC) takes safety measures to minimize the risk of injury to persons who participate in it's services, Early Beginnings cannot guarantee that the participants, equipment, property, roads, all drivers, and other factors will be free from hazards, accidents, illnesses and/or injuries. I am voluntarily permitting my child to be provided program services and transportation by Early Beginnings CDC with knowledge of such risk. I grant this permission with full knowledge that I accept full responsibility and waive any liability of EBCDC for any injury, illness or accidents that may occur.

35. Parent/Legal Guardian's Initials *

Injury to Person or Property

The responsible party, parent or legal guardian, hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, illness, property damage or wrongful death occurring to the minor child arising as a result of engaging in program services or receiving transportation and participating in program activities or any activities incidental thereto wherever or however the same may occur and continue, and the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, illness, property damage or wrongful death against Early Beginnings Inc. or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise. The responsible party, parent or legal guardian, specifically intends to exempt and relieve Early Beginnings Inc. from liability for personal injury, property damage or wrongful death caused by negligence.

36. Parent/Legal Guardian's Initials *

Indemnify, Defend, and Hold Harmless

The Responsible Party (Parent/Legal Guardian), for him/herself, his/her heirs, executors, administrators or assigns, agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against Early Beginnings Inc, he/she shall indemnify and save harmless the same from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

Religious Organization

I understand that Early Beginnings is a religious non-denominational Christian organization and will have faith-based elements throughout its program, such as prayer, Bible reading, devotions and Christ-centered conversations. Early Beginnings is not affiliated with any other entity.

37. Parent/Legal Guardian's Initials *

SIGNATURE

By submitting this form electronically, I verify the above release and consent guidelines have been read, fully understood, and agreed to. (Type first and last name of responsible party below under electronic signature)

38. Electronic Signature (First and Last Name) *

39. Please check this box to confirm you have read and understand the Terms, Safety Rules, Release and Consent above, and that you understand that by submitting this form electronically, you are accepting terms and giving your permission. *

Mark only one oval.

I accept

Emergency Contact and Medical Info/Care Form

The **separate online** form **MUST** be completed **BEFORE** a student can attend the EBCDC program. It gives us and first responders medical information we need to know in an emergency, contact information, and authorizes school personnel to direct first responders if needed. It also allows you to list alternate people allowed to pick up your child.

40. **STOP---** Open a new browser window separate from this one. In the new browser window, **copy and paste the link below to bring up the Emergency/Medical Form.** *

After completing it, you will see a message that you have successfully completed that form. (It does not refer to this Registration Form.)

Then come back to this form in the browser window you left open and check the box below confirming you have submitted **ONE for EACH Child**.

Then continue in this form.

-- **Registration is not complete until this registration Google form is fully complete at the end.**

You have not registered until you come back and this Form your reading right now says you have successfully submitted it.

Copy the Medical Form address below and paste in a NEW BROWSER WINDOW so that this form's window stays open.

**[https://na1.documents.adobe.com/public/esignWidget?
wid=CBFCIBAA3AAABLbIqZhCI7U9hhfpaIzKQAnIgv1eIzL2Uz2vRzXkeOPEmYpJQDCIJl6x7yzDY_4pwqw1S-0*](https://na1.documents.adobe.com/public/esignWidget?wid=CBFCIBAA3AAABLbIqZhCI7U9hhfpaIzKQAnIgv1eIzL2Uz2vRzXkeOPEmYpJQDCIJl6x7yzDY_4pwqw1S-0*)**

Mark only one oval.

I have submitted an online Emergency/Medical Form for my/each student/s.

Policy Agreement Form

Before your first day of summer camp, in order to attend, you must read the Summer Camp Policy Agreement Form and submit your online acceptance.

That form can be found on the Summer Camp webpage by clicking [here](#) and then clicking the appropriate button,
OR

by entering the form directly by copying the address [here](#) and pasting it in a NEW Browser window so you don't lose this form before it is submitted.

A Policy Agreement Form must be submitted before a student can attend an EBCDC program.

Tuition Payment to reserve your spot and complete the Registration Process

We do not charge a Registration Fee for our Summer Camp. So, in order to confirm your Summer Camp registration and reserve your spot, you need to make the payment for your first week. Your payment will then stay on your account and go toward your first week once it is time to bill for that week. All payments are made through the Procure portal.

41. To COMPLETE your registration, you must make a payment for your first week of camp. **If you already have a Procure Account** you can make the payment for the specified amount. *

If you do not have a Procure Account, when your registration is submitted and received, you will receive an email soon after stating that your Procure Account has been created along with instructions to log in to make the payment.

Mark only one oval.

I already have a Procure account and will make the appropriate payment.

I do not have a Procure account and will look for an email from EBCDC.

No Affiliations

Early Beginnings CDC (Early Beginnings Inc) is an independent non-profit Religious company that has no affiliation or connection with, or sponsorship from Jackson Day School or any other entity. As a religious entity, EBCDC is a non-denominational independent organization with no affiliated with any other organization.