

# CAMP IGNITE

Presents:



*A Faith-Based S.T.E.M. Camp*

## 2017 Summer Day Camp

Program Application

Entering PreK3 (*potty trained*) to Grade 6 in September

(Thanks for printing legibly or typing!)

FOR OFFICE USE ONLY

Rec'd \$ \_\_\_\_\_

Rec'd by \_\_\_\_\_

Receipt Issued: Yes or No

Issued by: \_\_\_\_\_

### Cost of Camp:

**\$25/Application fee (one-time) \$70/Registration fee (per week) \$12/Activities fee (per week)**

**\$30/Before & Aftercare (per week)**

**(June 26 - August 18, 2017 from 8:00 a.m. to 5:00 p.m. M-F)**

**(Early Care available 7am-8am/After Care available 5pm-6pm)**

### 1. CAMPER AND PRIMARY CONTACT INFORMATION

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age (at the time of Camp): \_\_\_\_\_

Name you prefer to be called (if different): \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Church: \_\_\_\_\_

T-Shirt Size (circle one): **Children:** XS SM MED LG *or Youth/Adult:* SM MED LG XL 2X 3X

Name of Parent/Guardian/Primary Contact:

\_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work

Phone \_\_\_\_\_

Email address you check frequently: \_\_\_\_\_

Best way to contact you? (circle one) Home Phone Cell Phone Email

REVISED 6/23/2017

Mail Registration Form to:

MMBC Youth Ministry | 1636 East Capitol St NE, Washington, DC 20003

Email: [havenofear2k17@gmail.com](mailto:havenofear2k17@gmail.com) | Phone: 202-544-5588

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**3. EMERGENCY CONTACTS** (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

Second Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

**4. SAFETY INFORMATION** (please list all known conditions so we can accommodate your camper's needs)

Does your camper have any medical conditions, allergies, or special needs the staff should know about?

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Does your camper have any behavioral or emotional issues the staff should know about?

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Is your camper taking any medications to treat these conditions?

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## 5. ATTENDANCE

*Please check weeks you will be in attendance*

June 26 – June 30, 2017 (8:30am-1:30pm VBS – FREE)	July 24 – 28, 2017
July 3 – 7, 2017	July 31 – August 4, 2017
July 10 – July 14, 2017	August 7 – August 11, 2017
July 17 – July 21, 2017	August 14 – 18, 2017

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## 6. EMERGENCY AUTHORIZATION

I, the undersigned, parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of Mount Moriah Baptist Church are primarily administered by adults, who volunteer their time, rather than by paid, trained professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I (for myself as well as for my child, his/her heirs and assigns) hereby release, discharge and hold harmless Mount Moriah Baptist Church and its employees, camp director, volunteers and other representatives or affiliates (including without limitation the facilities and volunteers) from and against any and all claims arising out of or relating to illness, physical injury, death or other damages that may result to said individual while participating in a Mount Moriah Baptist Church sponsored event, including any physical injury by negligence of any volunteer while performing his/her duties during any practices or games. I attest that my child is physically capable to participate in this program. However, should the camp director, volunteers and or pastoral staff determine in their sole discretion that completion or participation in any events would be injurious to my child's health or should my child become ill or injured, I consent to his or her removal and treatment by any physician or medical care provider at the direction of the volunteers, camp director and pastoral staff. I give my permission for free use of my child's name and picture in broadcasts, telecasts or written accounts of any game and or events that is sponsored by Mount Moriah Baptist Church.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Late Pick Up Policy:

*The Camp pickup time is between 4:00pm through 4:30pm. Parents are required to notify the Camp as soon as possible, if they are unable to arrive by closing time. If a child remains in the camp past 4:30 p.m. they will be placed in aftercare and, a late fee of \$10 will be charged. Note: it would be a good idea to register children for Before and Aftercare as it is only \$30 per week.*

**\*\*Important Note: If there is more than one camper, please fill out information on back page.**

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## 7. CAMPER AND PRIMARY CONTACT INFORMATION

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Age (at the time of Camp): \_\_\_\_\_

Name you prefer to be called (if different): \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age (at the time of Camp): \_\_\_\_\_

Name you prefer to be called (if different): \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age (at the time of Camp): \_\_\_\_\_

Name you prefer to be called (if different): \_\_\_\_\_

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Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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