



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

2018 Summer Day Camp

Program Application

Students Completed PreK4 through 6th Grade

(Thanks for printing legibly or typing!)

FOR OFFICE USE ONLY

Rec'd \$ _____

Rec'd by _____

Receipt Issued: Yes or No

Issued by: _____

\$25/ Registration fee (per child) \$100/ Weekly fee (Per child, includes Breakfast, Lunch and Field Trips)

(June 25 - August 17, 2018 from 7:30 a.m. to 5:00 p.m. daily)

(Early Care available 6:30am-7:30am/After Care available 5:00pm-6:00pm)

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

Mail Registration Form to:

MMBC Summer Camp | 1636 East Capitol St NE, Washington, DC 20003

Email: summercamp@mountmoriahchurch.org | Phone: 202-544-5588



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2. 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 ____

3. 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?

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

Is your camper taking any medications to treat these conditions?

4. HEALTH CERTIFICATE: Your child's Health Certificate (school shots records-good for the duration of summer 2018) must be submitted before he/she can start camp here at Mt. Moriah Baptist Church.

5. ATTENDANCE

<i>Please check weeks you will be in attendance</i>			
	June 25 – June 29, 2018		July 23 – July 27, 2018
	July 2 – 6, 2018 (<i>July 4th – Holiday</i>)		July 30 – August 3, 2018
	July 9 – July 13, 2018		August 6 – August 10, 2018
	July 16 – 20, 2018		August 13 – August 17, 2018

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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 staffs. 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 _____

Student Name _____



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