

LOVE AND UNITY KIDS SUMMER DAY CAMP 2021

Registration

For children entering grades 1st through 9th in fall 2021

Instructions: Please complete the entire forms. You may register 2 children per form.

Please circle every week your child/children will attend:

Week 1 6/7-11/21	Week 2 6/14-18/21	Week 3 6/21-25/21	Week 4 6/28-7/2/21	Week 5 7/5-9/21	Week 6 7/12-16/21	Week 7 7/19-23/21	Week 8 7/26-30/21	Week 9 8/2-6/21	Week 10 8/9-13/21
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Please provide daily expected time of arrival _____

Please circle the days of the week you child will attend day camp:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
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FIRST CAMPER INFORMATION

1st Camper Name _____ Birthdate _____

Grade in Fall 2021 _____ M/F _____ Age _____

Shirt Size: **Child:** 6/8 10/12 14/16 **Adult:** S M L XL (Circle one)

T-SHIRT RECEIVED _____ (Parent init.) QTY. _____

SECOND CAMPER INFORMATION

2nd Camper Name _____ Birthdate _____

Grade in Fall 2021 _____ M/F _____ Age _____

Shirt Size: **Child:** 6/8 10/12 14/16 **Adult:** S M L XL (Circle one)

T-SHIRT RECEIVED _____ (Parent init.) QTY. _____

THIRD CAMPER INFORMATION

3rd Camper Name _____ Birthdate _____

Grade in Fall 2021 _____ M/F _____ Age _____

Shirt Size: **Child:** 6/8 10/12 14/16 **Adult:** S M L XL (Circle one)

T-SHIRT RECEIVED _____ (Parent init.) QTY. _____

FAMILY INFORMATION

Child's Address _____ City _____ Zip _____

Child's Home Phone # () _____ Parent's Cell # () _____

Best email address for communication with parents: _____

Are parents: Married Divorced Separated (Please circle) Child lives with: Mother Father Both Other _____

Person responsible for payment

Name: _____ Phone: () _____

Father/Guardian's Name _____

Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____

Work Phone _____ Cell Phone _____

What church do you attend? _____ None _____

Other persons authorized to take above child from Love and Unity premises: *(Please supply names)*

Name: _____ Phone:() _____

Address: _____
City Zip

Name: _____ Phone:() _____

Address: _____
City Zip

In an emergency notify: *(authorized LOCAL person OTHER than the parent, when the parent is unreachable)*

Name _____ Relationship to Child: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address: _____

TRIP SAFETY PROCEDURES

The following safety rules are designed for use for each trip, regardless if it is taken in church-owned or private vehicles. The organizer and/or driver for the trip (in this case, Love and Unity) will ensure all participants indicate they have read and understand the following "Rules for the road":

1. In vehicles where they are present, seatbelts must be worn at all times and booster if required.
2. No hazardous, disruptive activity or noise will be permitted while the vehicle is moving. All passengers must follow the driver's request.
3. Keep all objects inside the vehicle.
4. All windows must be kept clear of objects that may disrupt the driver's view.
5. In case of an accident or emergency, stop and do not exit the vehicle unless instructed by the driver. Always exit on the street side of the vehicle, never on the traffic side.
6. Violation of these rules may result in the termination of the trip for the entire group or the removal of a participant from the trip.
7. No food or drink allowed on the vehicles.
8. The safety of all participants and drivers is a priority on any trip.

CONDITIONS FOR ENROLLMENT

1. Campers must be in good health. Allergies and other conditions, which might affect the health, safety or welfare of the camper, must be noted on the camper health form provided.
2. I authorize Love and Unity, into whose care the said minor/minors has/have been entrusted by me, to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis, treatment, and hospital care to be rendered to said minor/minors under the general and special supervision and upon the advice of a physician and surgeon licensed in the California Medical Practice Act.
3. I allow Love and Unity to contact medical emergency staff should my child be confronted with a medical emergency and I cannot be reached.
4. I will not hold Love and Unity Christian Fellowship responsible for any articles of clothing, personal belongings, personal athletic equipment that are lost or damaged by theft, fire, natural disaster or other occurrence.
5. I agree to allow my child/children to participate in the Love and Unity Summer Day Camp program and will not hold Love and Unity Christian Fellowship or any person connected with the Summer Day Camp responsible for any injury to my child/children while participating in any activity at Love and Unity Christian and outside field trip activity. I understand any photos, videos, likenesses, etc. of my child/children taken by authorized Day Camp personnel are the property of the Camp and may be used for display, in-house activities, and promotional purposes or may appear on the Love and Unity Christian Fellowship website. I/We, the undersigned, am/are the parents/guardians of _____ and _____, a minor/minors, _____ and _____ years of age, and now have and am/are entitled to the full and complete custody of said minor child/children.
6. **I understand that I am responsible for receiving a copy of the Summer Day Camp Parent Handbook, either from a staff member or office. I understand that I am responsible to read, understand and abide by its contents and I will ensure that my child/children understand(s) all areas of the handbook relevant to him/her.**
7. I have read this entire registration form and agree to all the terms set forth.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date: _____

2021-DAY CAMPER HEALTH FORM

In order to be registered at Love and Unity Day Camp, it is necessary that this form be filled out for each camper and returned with your registration. The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided at time of registration.

PLEASE USE BLACK OR BLUE INK:

1st Camper Name _____

MEDICAL INFORMATION

Does your child have any known allergies to food, medication, animals, bees or environmental? If yes, please state specific allergen and reaction:

If nut allergy, please be specific. Can child eat items processed in the same factory with nuts? And what action should be taken:

Does your child have any activity or food restrictions? (If yes, please explain) _____

Has your child suffered a recent accident, illness, undergone any surgery, or have any specific physical limitations which would prevent him/her from participation in sports or physical activity? If so, please describe:

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which Love and Unity staff should be aware:

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PLEASE USE BLACK OR BLUE INK:

2nd Camper Name _____

MEDICAL INFORMATION

Does your child have any known allergies to food, medication, animals, bees or environmental? If yes, please state specific allergen and reaction:

If nut allergy, please be specific. Can child eat items processed in the same factory with nuts? And what action should be taken:

Does your child have any activity or food restrictions? (If yes, please explain) _____

Has your child suffered a recent accident, illness, undergone any surgery, or have any specific physical limitations which would prevent him/her from participation in sports or physical activity? If so, please describe:

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PLEASE USE BLACK OR BLUE INK:

3rd Camper Name _____

MEDICAL INFORMATION

Does your child have any known allergies to food, medication, animals, bees or environmental? If yes, please state specific allergen and reaction:

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Love and Unity Christian Fellowship

Summer Day Camp

Financial Agreement Form

1 st Camper's Name: _____	Grade: _____
2 nd Camper's Name: _____	Grade: _____
3 rd Camper's Name: _____	Grade: _____
Parent's Name: _____	() _____

Payment:

A \$50 **non-refundable** deposit is due for each child at the time of registration to hold their spot for camp. Payments can be made on-line or in the North Lobby on the dates listed below in the payment schedule. Parents can also stop by the Church Office to make a payment during office hours (Tuesday-Friday 9am – 5pm). Please call the office ahead of time to let them know you are coming to make a payment. Please see payment schedule below.

Summer Day Camp Payment Schedule

Members in Good Standing Fees			\$312 1st Child	\$262 Per additional Kid
	Payment			
	1st Kid	2nd Kid		
Registration Fee	\$50	\$50	Payment is non-refundable	
Sunday-3/1/2021	65.5	\$53		
Sunday-4/4/2021	65.5	\$53		
Sunday-5/2/2021	65.5	\$53		
Sunday-5/30/2021	65.5	\$53	Grand Total	
Total	\$312	\$262	\$574	
Members not in Good Standing Fees			\$362 1st Child	\$312 Per additional Kid
	Payment			
	1st Kid	2nd Kid		
Registration Fee	\$50	\$50	Payment is non-refundable	
Sunday-3/1/2021	\$78	65.5		
Sunday-4/4/2021	\$78	65.5		
Sunday-5/2/2021	\$78	65.5		
Sunday-5/30/2021	\$78	65.5	Grand Total	
Total	\$362	\$312	\$674	
Non-Member Fees			\$412 1st Child	\$362 Per additional Kid
	Payment			
	1st Kid	2nd Kid		
Registration Fee	\$50	\$50	Payment is non-refundable	
Sunday-4/5/2021	\$90.50	\$78		
Sunday-4/25/2021	\$90.50	\$78		
Sunday-5/2/2021	\$90.50	\$78		
Sunday-5/30/2021	\$90.50	\$78	Grand Total	
Total	\$412	\$362	\$774	

Agreement:

Should you have to remove your child from camp, any monies that have been paid **cannot be refunded or transferred to another family member or friend.**

All payments must be made on time; **any payments made after the due date will require a \$5 late fee.** Final payment is due Sunday, May 30th. Please **do not hand** your payments to anyone in passing. Please **do not** put your payment in the offering basket. Any questions or concerns regarding payments can be directed to Constance Hill at 310-604-5900x102 chill@loveandunity.org or Darlene Roberts at 310-604-5900 x101 or droberts@loveandunity.org. Thank you for your participation.

I, _____, legal guardian of the above mentioned minor agree to pay the \$_____.

I understand the camp fees doesn't include field trips. I further agree that all field trip money will be paid by 6pm the Wednesday before the field trip.

Parent's Signature

Date