



Life Abundantly Christian Church

Summer Camp 2023

2533 Stanton Road
Conyers, GA 30094
678-301-8598

Complete a separate application form for each child

Date / /

Student Information:

Child		
First Name	Middle Name	Last Name
Date of Birth	Grade as of May 2023	

Parent Information:

Father/Guardian Name:		Mother/Guardian Name:	
Home/Cell Phone:		Home/Cell Phone:	
Work/Cell Phone Number:		Work/Cell Phone Number:	
Occupation:		Occupation:	
Email:		Email:	

Who does your child reside with?

Are there any custody issues?

Place an X in front of the appropriate answer:

Parent Status: ___ Staff ___ Church Member ___ Community Member:

Persons Authorized to pick child up and/or for Emergency

Authorized Person	
Full Name	
Contact Number	
Relationship to Camper	
Pick Up, Emergency or Both	
Authorized Person	
Full Name	
Contact Number	
Relationship to Camper	
Pick Up, Emergency or Both	
Authorized Person	
Full Name	
Contact Number	
Relationship to Camper	
Pick Up, Emergency or Both	

Siblings who will attend the camp:

Middle School Only

Place an X in front of the appropriate answer: I do do not consent for my child to watch movies rated PG 13 – (Initials)

Field Trip Consent

I give consent for my child to take part in all field trips and excursions under the direct supervision of the Camp Life Staff. It is my responsibility to contact L.A. Christian Summer Camp if I do not want my child to participate. I understand in that case, I will need to provide care for my child on that day.

Parent/Guardian Signature/Date _____

Behavior Policy

I fully understand that campers are to abide by all rules and regulations during Summer Camp. Repeated violations of the camp rules and regulations may result in expulsion from Summer Camp and forfeiture of any and all paid fees and tuition.

Sign and Date Below.

Parent of Guardian Signature/ Date _____

By signing this I also understand this camp is not licensed by Bright From the Start. This facility will carry an Exemption from Bright From the Start

Does your child have any physical, mental or emotional limitations that we should know about? Type N/A for none:

Does your child have special dietary requirements? Place an X in front of the appropriate answer: No Yes

If yes, what are they?

Does your child have any allergic reactions? Place an X in front of the appropriate answer: No Yes

If yes, what are they?

Emergency Medical Treatment Consent

I understand, even after reasonable precautions have been taken, activities may involve some risk of injury. I hereby grant permission for the L.A. Christian Summer Camp staff to seek emergency medical treatment when deemed necessary. I understand that a conscientious effort will be made to locate me in case of emergency. I further agree to pay all fees not covered by L.A. Christian Summer Camp as it related to the care of my child.

Child's Doctor: _____ Doctor's Phone: _____

INSURANCE INFORMATION

Name and Number of Medical Insurance Policy: _____

Please list any medications, special needs or any additional information concerning your child: Type N/A is none.

If you request for LA Christian Camp to administer medication the center agrees to record any noticeable adverse reaction to any medication.

LISTED BELOW ARE ALL KNOWN ALLERGIES	TREATMENT
INSECTS:	
FOOD:	
DRUGS:	
PLANTS:	
OTHER:	

List any physical defects such as Diabetic, free bleeder, vision impairment, etc.
Type N/A for none:

Medical Guidelines

- If your Camper has a fever, they are not allowed to attend camp until they have been fever free for 24 hours.
- If your Camper is sent home with a fever, they will be allowed to return to camp 24 hours after a fever was last registered.
- If your child is displaying COVID symptoms, they may return to camp with a negative COVID test.
- Due to privacy reasons, only Campers with close contact will be notified of positive COVID cases, names will not be released.
- Medication will only be given with a signed form giving camp administration permission to administer medication.

We reserve the right to update Medical Guidelines as necessary.

Any child that has been sick with a communicable disease will not be allowed to attend camp without written release from a Doctor. (Strep throat, Chicken Pox, Flu, etc.) Any parent leaving a child in such instances will be subject to returning to camp and picking up their child. Camp Life will not allow other children to be exposed to other children who are ill.

I understand that I am being informed in writing by signing this acknowledgement that this facility Life Abundantly Christian Church does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

Conflict resolution: Christians should settle their disputes among themselves. Matthew 18:15 - 16

I HAVE READ AND RECEIVED A COPY AND UNDERSTAND ALL CONTENTS OF THIS ENROLLMENT PACKAGE AND AGREE TO ABIDE BY ALL POLICIES AND PROCEDURES FOR Life Abundantly Christian Church Summer Camp.

Parent/Guardian Signature/Date _____

Technology Policy

Cell phones will be permitted on campus daily; other devices will be allowed on designated days. Parents will be given notice of days for other technology devices. Cell phones will not be used until the end of the day. Cell phones and other devices should be used responsibly. Campers will not be allowed to use their devices to:

- Visit inappropriate sites
- Film or take pictures of any Campers or activities
- Cyberbully
- Post to any social media sites

Campers not these guidelines will be first given a verbal warning. If this behavior happens a second time, the Camper will have to check their devices in with someone on the Administrative Camp Staff when they arrive to camp. The device will be returned when the Camper is picked up for the day. Cyberbully will result in the Camper having to check their technology in daily on the first offense.

Life Abundantly Camp will not be responsible for the care or keeping up with the technology device. You are consenting to your Camper bringing any device and Life Abundantly being released from any liability of incidents resulting from this.

Parent Initials _____

CAMP RULES

Please initial agreeing to the following rules and regulations.

_____ I am aware that payments are due on Monday morning of each week. Payments that are not received on Monday will result in participant not being able to begin camp for the week. If payment is not made on Monday there will be an addition fee of \$10.00 for the first day and \$5.00 a day until payment is made.

_____ I am aware that participants must arrive and be picked up on time. Late pickups will be charged \$1.00 per minutes.

_____ I am aware that all participants must be dressed accordingly in order to ensure full participation and prevent injuries.

_____ I am aware that participants that do not follow camp rules will be dismissed from that program and payments will not be refunded.

_____ I am aware that all health related/medical issues must be reported to the camp administration.

_____ I am aware that all returned checks will include a \$35.00 service charge that will be added to the weekly tuition.

Parent Signature/Date _____

For Office Use Only

Reg Fee _____ 1st Week Tuition _____ T-Shirt _____ Activity Fee _____