

Eastside Baptist Church's 2020 Summer Enrichment Program

Dear Parents,

Summer is almost here, and we, at the Summer Enrichment Program, are excited to have the chance to see your children again. This year's program will run from Tues May 26th through Friday August 7th, 2020.

The program will be open to 3 year old children who are potty-trained through those who have just completed 6th grade. The hours are 6:45 AM until 5:30 PM Monday through Friday. We will continue to have our weekly field trips and other fun activities throughout the week.

Attendance Policy: This year you will have the option to register your child as either full-time or part-time. Full-time registration will consist of your child attending 4-5 days for the week at a cost of \$95 each week. Or, for Part-time, your child will attend 1-3 days for the week at a cost of \$25 per day. Plus cost of weekly field trips of \$12 per child.

Attached is a Summer Enrichment Program Registration Form. Please complete a form for each child and return it to the church along with the \$35.00 (non-refundable) registration fee/or (\$35.00 for 1st child, \$25.00 for 2nd child, \$15.00 each for additional children). If you have any questions, please contact the church office at 850-526-2004, you can reach me at (850) 557-2863, or e-mail me at gradygambill@gmail.com. Our enrollment form can also be found at: <http://www.eastsidebaptistchurch.com> under the "Ministries" tab. We are excited about our program and are planning on making it the best summer program thus far; we look forward to spending this summer with your children.

Thank you,
Grady Gambill
Summer Enrichment Director

CHILD REGISTRATION FORM (Fill out a registration form for each child you are enrolling)

Child Name _____ Preferred Name _____

Birthday _____ Age _____ Grade Completed _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone Number: Home _____ Cell _____ Parent e-mail _____

Can the student swim unassisted? (If yes, then child can swim in deep end of Blue Springs) YES NO

Dad's Place of Employment _____ Phone _____

Mom's Place of Employment _____ Phone _____

Childs T-Shirt size: Child- S M L Adult- S M L XL

Are there any restrictions on physical activity? YES NO If yes, please explain:

Please circle all weeks attending: (We will be closed on May 25th Memorial Day)

May 26th- 29th June 1st – 5th June 8th – 12th June 15th – 19th June 22nd – 26th

June 29th - July 3rd July 6th – 10th July 13th – 17th July 20th – 24th July 27th – 31st

August 3rd - August 7th

Please circle if your child will be Part-time or Full-time

If part-time what days will your child attend? M Tu Wed Th F

Please list all people authorized to pick up your child: _____

Please list all people who CANNOT pick up your child _____

I give my child permission to participate in all Summer Enrichment activities and field trips.

_____ Parent/Guardian Signature _____ Date

Photo Permission: I give permission for my child to be photographed/videotaped during Summer Enrichment Program or activities/field trips. I also give permission for Eastside Baptist to use the photos/videos for the purpose of promoting the Summer Enrichment Program. This includes but is not limited to Eastside Baptist Church bulletins, web page or social media pages of Eastside Baptist Church.

_____ Parent/Guardian Signature _____ Date

MUST BE ORIGINAL NO FAX'S OR PHOTOCOPIES MEDICAL RELEASE FORM

Name _____ Date of Birth _____ (mm/dd/yyyy)
Emergency Contact _____ Relationship _____
Emergency Phone #'s _____

Has participant had any illness in the last six months? YES NO If yes, please describe:

Is participant in need of regular medication? YES NO If yes, what?

Is participant allergic to any foods or have any other allergies? YES NO if yes, what and what treatment should be given?

When was the last time the participant had a tetanus shot? Date _____ Has participant's appendix been removed? YES NO

Does participant have a history of ankle or knee problems? YES NO Is participant subject to: Hypertension? ___ Diabetes? ___ Epilepsy? ___ Heart Disease? ___ Asthma? ___ Other? _____

Any medications/treatments that should NOT be given?

INSURANCE INFORMATION: I understand that my insurance is primary in any and all claims, and Eastside Baptist Church becomes secondary. Name of insurance company participant covered by:

Policy holder: _____ Policy Number: _____ Group Number: _____ Employer: _____ Physician's Name: _____ Phone: _____

LIABILITY RELEASE FORM In consideration for being accepted by Eastside Baptist Church, Marianna, Florida, for any and all planned activities and trips, we (I), being 18 years of age or older, do for ourselves (myself) and for and on behalf of my child-participant if said child is not 18 years of age or older, hereby release, forever discharge, and agree to hold harmless Eastside Baptist Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in a trip or activity. Furthermore, we (I) being 18 years of age or older, do for ourselves (myself) and for and on behalf of our (my) child-participant if under the age of 18 years, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred thereto. This document remains in effect until written retraction is made. We (I) are (am) the parent(s) or legal guardian(s) of the child-participant, and hereby give our (my) permission to take said trips or activities, and hereby give our (my) permission to take said child-participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the child-participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

I hereby give my permission for my son/daughter/self (if over 18 years of age) to receive emergency medical treatment from a physician in the event of illness or injury. I authorize a representative of Eastside Baptist Church to secure the administration of this treatment if it is deemed necessary. I also acknowledge that the information above is accurate and complete.

Signature of parent or legal guardian (or applicant if over 18 years of age) ****NOTARY**** _____ Date

The foregoing instrument was acknowledged before me this _____ day of _____, 2020. By _____ who is personally known to me or who has produced _____ as identification and who did (did not) take an oath. _____ Notary Public, Commission No. _____

(Signature) _____ State of Florida, County of _____
_____ (Name of Notary typed, printed, or stamped) (Add seal here)