



Office Use Only			
Items	Amount	Date	Initials
RPaid			
FPaid			
Daily			
T-shirt			
Start Date			

LOVINGKINDNESS EDUCATIONAL CENTER, LLC

2015 Summer Camp Application

Fairfield Baptist Church, 6133 Redan Road, Lithonia Georgia 30058

770-482-7660 ext. 8

Complete and Return This Application to:

Fairfield Baptist Church Secretary, Administrative Building

Make checks payable to: Lovingkindness Educational Center or (L.E.C.)

CAMPER INFORMATION

Camper's Complete Name: _____

Child's Information: AGE: _____ GRADE going into: _____ DATE OF BIRTH: _____ Sex: M or F

Camper's address: _____

City: _____ State: _____ Zip Code: _____ Hm Phn: _____

Sibling(s) also attending Summer Camp: _____

Has camper attended a Summer Camp Program at Fairfield Baptist Church in the past? Yes or No

Will the child attend the whole camp, certain weeks, or pay daily rate? _____

PARENT INFORMATION

Camper Stays with: Both Mother/Father _____ Mother _____ Father _____ Grand Parent(s) _____ Guardian _____

Parent/Guardian Address (if different from above): _____

Mother's Name: _____ Soc. Sec. # _____

Mother's Cell #: _____

Father's Name: _____ Soc. Sec. # _____

Father's Cell #: _____ HM#: _____ WK #: _____

Which parent/guardian do we contact first? _____

Who has legal custody of camper? _____

Parent's Email Address for correspondence: _____

Emergency Contact Person: _____ Ph. # _____

MEDICAL INFORMATION

List any physical, mental or emotional limitations your child may have: _____

List any special dietary requirement your child may have: _____

List any allergies your child may have: _____

List any medical needs or conditions your child may have: _____

Please list any prescribed medication(s) your child is routinely taking: _____

List any psychological testings? (ex. ADD, ADHD, LD, BD) _____

If tested, what were the results: _____

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 Youth Empowerment Summer Camp Program to seek emergency medical treatment when deemed necessary. I understand that a conscientious effort will be made to locate me in case of such an emergency. I further agree to pay all fees as it relates to the care of my child.

PICK-UP

The following person(s) are allowed to pick up my child:

Name _____ Phone Number _____

Driver's License # _____ Relationship _____

Name _____ Phone Number _____

Driver's License # _____ Relationship _____

AUTHORIZATION

I hereby state that all of the information contained on this enrollment application is true to the best of my knowledge. I further authorize my child to be transported to any off-site activities that the camp has offered. I also give you the right to photo my child for the use of flyers to promote Lovingkindness Events only, Fairfield Baptist Church Newsletter for stories featuring camp activities, and clips on a PowerPoint at the Grande Finale session held at the end of the camp's fiscal year. We understand that this Parental Agreement is also a binding financial obligation. All session fees **are payable on Monday of that week's session**. Early payment is accepted. *A \$10 late fee will be charge, if full amount of tuition is not paid by Tuesday evening for the week that it is due.* I understand that if any checks are received from me with insufficient funds, I will no longer be able to submit my funds by check and that all fees must be made payable in the form of a Money Order or Cashier's Check. I will also be responsible for \$30 Insufficient Funds Fee. I understand that all Checks and Money Orders should be made payable to **Lovingkindness Educational Center, LLC or LEC**. *I also understand that Late pick-up is \$5.00 (the first 10 minutes you are late) and \$1.00 every minute after the first 10 minutes. Each family has one grace period only.*

Parent/Guardian Signature: _____ Date: _____