

## Ebenezer Christian Academy – Explorer’s Camp – Registration form

### 3yrs – 3<sup>rd</sup> grade (entering in the Fall)

Name \_\_\_\_\_ Grade in Fall 2016 \_\_\_\_\_ Birthday \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Parent’s Names \_\_\_\_\_

Allergies (food?) \_\_\_\_\_

Emergency Phone Numbers...

First \_\_\_\_\_

Second \_\_\_\_\_ Third \_\_\_\_\_

Notes or special instructions \_\_\_\_\_

#### **Please circle the week/s your child will be attending camp...**

June 6-10	June 13-17	June 20-24	June 27-July 1
July 5-8 (not July 4) (\$120/\$64)	July 11-15	July 18-22 (VBS Week)	July 25-29
Aug 1-5	Aug 8-12	Aug 15-19	Aug 22-26

#### **Fees:**

- Nonrefundable Registration/Materials fee \$50 per family
- Full Days (6am-6pm) \$150 weekly
- Part Days (9am-12pm) \$80 weekly
- \$20 nonrefundable deposit per week will hold your child’s spot, UNLESS you are registering for the entire summer (7 week min).

\* Camps have limited spaces. All are on a first come basis. You will be notified if your child is on our waiting list. Parents/Guardians please be advised in the event of an emergency we will do everything possible to contact you...however, if we cannot contact you we will seek emergency medical attention for your child. We will take every step possible to contact you first!

**Please read and sign other side!**

**Program Participant release.**

I/We do hereby waive any and all liabilities that the City of Suffolk, Virginia and/or Ebenezer Christian Academy, their agents or representatives as a result of injury or other misfortunes which may befall me/us/ and/or my/our child/ward while engaged in the above named program sponsored by the Ebenezer Christian Academy.

I/We declare that I/We understand the risk involved in the above named programs due to the nature of the sport/activity. If I/We are not present, I/We agree to let the coach or representative of Ebenezer Christian Academy, care for my/our child/ward in the event of an emergency.

I/We declare that to the best of my/our knowledge and belief, my/our child/ward is in good health and physical condition to participate in the above named programs. I/We give my/our permission for free use of my/our child/ward's picture in broadcast, or written accounts for any participation in an Ebenezer Christian Academy sponsored event.

Parent/Guardian's signature \_\_\_\_\_

Date \_\_\_\_\_

If you would like to volunteer for any of our programs, please indicate here or Call Connie

\_\_\_\_\_  
\_\_\_\_\_

Complete this form and mail or deliver to:

Ebenezer United Methodist Church

Ebenezer Christian Academy

Attn: Connie Schau

1589 Steeple Dr.

Suffolk, VA 23433

