

Registration fee:  
\$30 per child

# Living Faith Christian Center

## 2023 Summer Enrichment Camp Application

Please print all information. One (1) application per child.

### Camper Information

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # ( ) - Gender (circle one): Male Female

T Shirt Size (Circle One): Child- S M L Adult: S M L XL XXL

Current School: \_\_\_\_\_ Grade Level in **Fall 2023**: \_\_\_\_\_ (K-6<sup>th</sup>)  
*(Students entering Kindergarten must provide proof of school enrolled in for the 2023-24 school year)*

Does your child qualify for Free/Reduced lunch through the school system? \_\_\_\_\_ YES \_\_\_\_\_ NO

### Parent/Guardian Information

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # ( ) - Cell Phone ( ) -

Is the Above Person Authorized to Pick-Up Your Child at the End of Each Day or in the Event of an  
Emergency: Yes No

Employer (if unemployed, write "None"): \_\_\_\_\_ Work Phone: ( ) -

### Parent/Guardian 2

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # ( ) - Cell Phone ( ) -

Is the Above Person Authorized to Pick-Up Your Child at the End of Each Day or in the Event of an  
Emergency: Yes No

Employer (if unemployed, write "None"): \_\_\_\_\_ Work Phone: ( ) -

### Additional Information

Are you a member of Living Faith Christian Center? (Please circle one) Yes No

If not, what church do you attend? \_\_\_\_\_

\* \* \* \* \*

**Emergency Contact Information**

The first attempt will be made to contact the camper's parents/guardians. Emergency Contacts listed below must be able to pick your child up in the event of an emergency.

***Emergency Contact 1***

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: ( ) - Cell Phone ( ) - Work Phone : ( ) -

Is the Above Person Authorized to Pick-Up Your Child at the End of Each Day or in the Event of an Emergency: Yes No

***Emergency Contact 2***

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: ( ) - Cell Phone ( ) - Work Phone : ( ) -

Is the Above Person Authorized to Pick-Up Your Child at the End of Each Day or in the Event of an Emergency: Yes No

**Additional Authorized Pick-up**

1. \_\_\_\_\_  
(Name) (Contact #) (Relationship)

2. \_\_\_\_\_  
(Name) (Contact #) (Relationship)

**All campers must be picked up by the person(s) authorized by the registering parent/guardian.**

\*\*\*\* Please List Below Any Persons Who Cannot, Under Any Circumstances, Pick Up Your Child \*\*\*\*

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

**Health and Permission Form**

Child's name \_\_\_\_\_ Age \_\_\_\_\_

**I, \_\_\_\_\_, parent/legal guardian of the above name certify that my child has been examined by a physician within the past year and is free from any condition that would prevent him/her from full participation in the Summer Enrichment Camp activities.**

List any specific medical conditions or behavioral concerns.

Does your child have any other allergies (food, drug, hay fever, etc)?      Yes      No  
If so, please list:

Are there any activities in which your child may not participate?      Yes      No  
If so, please list:

Are there conditions or specific needs that require special attention?      Yes      No  
If so, please list.

Will your child be taking medications during camp hours? \_\_\_\_\_ If yes, please list below.  
Please pack all medication in a sealed container, clearly labeled with your child's name, age, medication, dosage, and time and deliver to Camp Director.

Medication: \_\_\_\_\_ Time: \_\_\_\_\_

Medication: \_\_\_\_\_ Time: \_\_\_\_\_

**Would you like us to notify your child's physician in case of an emergency? Yes No**

If so, what is the name of your child's physician \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

My child has permission to participate in all activities held during the Summer Enrichment Camp. My child is allowed to go on all field trips and ride transportation available. Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*SIGNATURE REQUIRED*

# LFCC Summer Camp

## Camper Expectations

*I will be respectful to all staff members, fellow campers and myself at all times.*

*I will use POSITIVE LANGUAGE.*

*I will respect Camp Property and the Property of others.*

*I understand that rough playing is not allowed.*

*I understand that my Parent/Guardian may be called to pick me up for continuous disruptive behavior.*

*KICKING, HITTING, SPITTING, FIGHTING, CURSING OR SHOVING are grounds for dismissal from LFCC Summer Enrichment Camp.*

*I will keep all toys, games, cell phones, I-Pods, and other electronics at home.*

*The following disciplinary procedures will be followed in regard to camper conduct:*

- *1st incident Verbal warning/review of LFCC Camper Expectations*
- *2nd incident Disciplinary write-up/ parent will be notified*
- *3rd incident The action taken at this point is at the discretion of the Camp Director after appropriate consultation with the parent. (Range of discipline: One day suspension to removal from the camp program.)*

\_\_\_\_\_  
Child Signature

\_\_\_\_\_  
Parent Signature

*This page must be signed by child and parent.*

## Terms and Conditions of Enrollment

- 1. Registration must be paid in order to secure a spot with the LFCC Summer Enrichment Camp.**

2. I am aware that tuition payments for camp must be paid the Wednesday before my child is to attend camp. Any payments made after Wednesday will incur a \$10 late fee charge.
3. There will be no refund/reduction based on missed days due to absence, illness, or early withdrawal.
4. I am aware that my child must follow the behavior expectaions of the LFCC Summer Camp Program and may be removed from the camp if he or she does not comply.
5. LFCC Summer Enrichment Camp is not responsible for any personal items that are lost, damaged, or stolen while attending camp.
6. I consent that in an emergency LFCC Summer Enrichment Camp may obtain medical treatment if necessary. I understand that if medical treatment is deemed necessary, I will be informed as soon as possible.
7. Campers will participate in *on-campus activities* and off-campus field trips. Field trip entry costs are included in the session price. Campers are expected to follow transportation and field trip location rules and expectations.
8. I have reviewed the application and all the information provided is accurate and true. I agree to the terms and conditions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please return all forms along with registration payment and tuition payment to:  
LFCC Summer Enrichment Camp  
6375 Winbourne Ave  
Baton Rouge, La 70805  
225.357.0377