



# *Eastside Baptist Church 2017*

## ***SUMMER ENRICHMENT PROGRAM***

Eastside Baptist Church  
4785 Highway 90  
Marianna, FL 32446  
(850) 526-2004

May 30, 2017 through August 9, 2017

Monday-Friday 6:45 AM until 5:30 PM

For 3 year old children who are potty-trained through those who have just completed 6<sup>th</sup> grade.

\$35.00 (non-refundable) registration fee per child  
(\$35.00 for 1<sup>st</sup> child, \$25.00 for 2<sup>nd</sup> child, \$15.00 each for additional children)  
\$95.00 per week for full-time child (4-5 days per week)  
\$25.00 per day for part-time child (1-3 days per week)  
Plus cost of weekly field trips

Attached you will find the attendance policy, basic field trip information, registration form, photo permission, and medical form.

Once you have completed this packet and returned it with the non-refundable registration fee to the Eastside Baptist Church office, you will receive a detailed packet which will include tentative field-trip dates/places and other information.



# Eastside Baptist Church's 2017 Summer Enrichment Program

Dear Parents,

Summer will be here before you know it, 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 May 30<sup>th</sup> through August 9<sup>th</sup>, 2017. The program will be open to 3 year old children who are potty-trained through those who have just completed 6<sup>th</sup> grade. The hours are 6:45 AM until 5:30 PM Monday through Friday.

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

We will have a rotating schedule every day which includes; free time, games, recreation, music, art, Bible study, reading, math, scrapbooking, and two snacks. You will be responsible for providing a lunch for your child every day. We will be going to Blue Springs on Tuesdays each week and a field trip on Thursdays each week.

**Basic Field Trip Information:** Some of the planned field trips include; Challenger Learning Center Planetarium, Kindel Lanes, the Play Station, Wonder Works, Tallahassee Museum, Water World, and Chuck E. Cheese. This list may change and other places may be added. The cost of fields trips are not included in your weekly fees and must be paid no later than Wednesday of that week. All children will receive a T-shirt that they will need to wear on fieldtrips.

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 non-refundable registration fee.** 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](mailto:gradygambill@gmail.com). 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 will be allowed in the deep end of Blue Springs) YES NO

Dad's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_ EXT. \_\_\_\_\_

Mom's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_ EXT. \_\_\_\_\_

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 July 4<sup>th</sup>)

May 30<sup>th</sup> – June 2<sup>nd</sup>

June 26<sup>th</sup> – June 30<sup>th</sup>

July 24<sup>th</sup> – 28<sup>th</sup>

June 5<sup>th</sup> – 9<sup>th</sup>

July 3<sup>rd</sup> – 7<sup>th</sup> (closed July 4<sup>th</sup>)

July 31<sup>st</sup> – August 4<sup>th</sup>

June 12<sup>th</sup> – 16<sup>th</sup>

July 10<sup>th</sup> – 14<sup>th</sup>

August 7<sup>th</sup> – 9<sup>th</sup>

June 19<sup>th</sup> – 23<sup>rd</sup>

July 17<sup>th</sup> – 21<sup>st</sup>

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

If **part-time** what days will your child attend? M Tu W 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 \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone Numbers \_\_\_\_\_

Has participant had any illness in the last six months? YES NO

If yes, please describe: \_\_\_\_\_

Is participant is 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.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of parent or legal guardian (or applicant if over 18 years of age)

\*\*NOTARY\*\*

-Sign in the presence of a Notary Public-

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

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)