

Summer Adventure Camp 2024 Enrollment Form

Schedule

Mon.-Thurs. 9am-6pm (See Price list for weekly rates)

Price List

Ages 6-9 Price Rates

Full Day: \$60 per week (\$40 additional child)

1/2 Day: \$40 per week (30 additional child)

Ages 10-18 Price Rates

1/2 Day: 40 per week (\$30 additional child)

1/2 Day FREE (From 11am-3pm for Journey Mentoring)

Closures

Every Friday

June 19, 2024 *Juneteenth*

July 4, 2024 *Independence Day*

Welcome to the New Birth Community Development Summer Adventure Camp 2024!

Our camp is open to youth ages 6-18.

completion of the entire enrollment form is required for admission to summer camp.

Please select the weeks of interest (week of attendance must be paid in entirety the Friday prior):

Week 1: Sports Adventure Camp

Week 2: Wild & Free Adventure Camp

Week 3: Carnival Adventure Camp

Week 4: Fun in the Sun Adventure Camp

Week 5: STEAM Adventure Camp

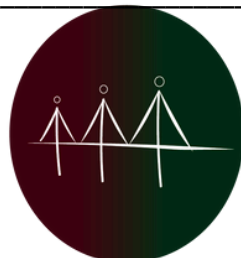
Week 6: Highlight Reel Adventure Camp

Camp Attendance Policies

- Camps are based on the number of registered participants and are subject to cancellation if a minimum of 10 campers are not registered one week prior to the camp's start date.
- Payment and registration forms must be received by the posted deadline, prior to the child's attendance.
- Registration is on a first-come, first-served basis.
- **Registration fees will not be refunded or pro-rated.**
- A late pickup fee of \$15 per every 15 minutes late will be charged per child, after the camp end time.
- Leave personal belongings at home, except for packed lunches.
 - The Development is not responsible for lost/stolen items.
 - If items are brought to camp, please clearly mark them for identification.
- Cell phones and other electronics must be put away for the duration of camp attendance
- Profanity or verbal abuse will not be tolerated
- Bullying or Harassment will not be tolerated
- Any form of physical altercations or abuse will not be tolerated

Parent Signature: _____

Date: _____



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Participant's Full Name: _____
DOB: ____/____/____ Age: _____ Gender: M F
Street Address: _____ City: _____ Zip: _____
Attending School : _____ Grade: _____
INSURANCE CARRIER: _____ I.D.#: _____

Parent/Guardian Information

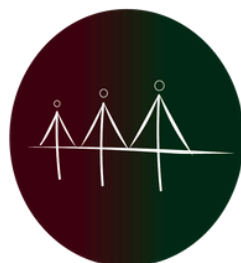
Name: _____
Cell #: _____ Work #: _____
Email: _____

Parent/Guardian Information

Name: _____
Cell #: _____ Work #: _____
Email: _____

Parent Signature: _____

Date: _____



**New Birth
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Approved Pick Up Person

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

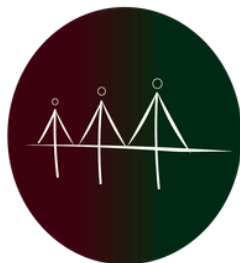
*Children should be signed in and out each day by the parents/guardians specified above or designated individuals. The individuals listed must be at least 18 years old, hold a valid driver's license, and be prepared to present it upon request. **In cases of late pick-ups, a late fee of \$15 per every 15 minutes overdue will be applied without exceptions.** It is important to note that the individuals listed may be contacted in case of an emergency if the parent(s)/guardian(s) are unreachable.*

Medical Information:

Please list any pertinent medical information or allergy information that your child may have.

Parent Signature: _____

Date: _____



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