



**NON-DISCRIMINATORY POLICY**

ECS admits children of any race, religion, color, or national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to children at Evansville Christian School. It does not discriminate on the basis of race, religion, color, or national and ethnic origin in administration of its educational policies, athletics, or other school administered programs.

**STATEMENT OF COOPERATION**

In making application for my child, it is also my understanding that the policy of ECS is to make no refunds on registration fees. I also give permission for my child to take part in ECS Day Camp summer activities away from the premises, and absolve ECS from liability to me or my child because of any injury to my child at school or during any ECS activity. I understand that during the course of the summer my child's likeness may be captured on photographic film or videotape. I agree to allow Evansville Christian School to use photographs or videotaped footage of my child for promotional purposes.

I will comply with the policies and standards of the Evansville Christian School Super Summer Day Camp. I have also reviewed the policies with my child and I will be responsible to make sure that he/she and I will follow the policies.

If my child is in need of immediate medical attention and I cannot be contacted, I give permission for any necessary treatment by medical personnel.

- Birth Certificate, Physical form, and Allergy Plan (if applicable) must be on file in order to attend.
- Activity Wavier Forms are required for your child to participate in some off-campus activities.  
(Available in school office/online)
- All payments due no later than Monday for the prior week—payable weekly
- \$10.00 late fee for every 15 minutes a child is picked-up after 6:00PM
- 2 weeks unpaid incurs \$20.00 late fee; 3 weeks is cause for student dismissal  
(Statements are not sent due to the short duration of the summer program)

**SUPER SUMMER DAY CAMP HOURS: Monday - Friday 6:30AM - 6:00PM**

I have read and understand the above statement of cooperation and guidelines for the Evansville Christian School Super Summer Day Camp Program. I understand that I am responsible for any collection costs incurred in securing payment of my account if it becomes delinquent. If the past due account is assigned to a third party collection agency, a collection fee equal to 50% of the unpaid balance will be added to the account. I agree to pay that fee and any other legal fees incurred during any collection process.

To assist with staff planning, indicate expected attendance.

- \_\_\_\_\_ Daily
- \_\_\_\_\_ Occasionally (indicate days and/or week) \_\_\_\_\_
- \_\_\_\_\_ Seldom

\_\_\_\_\_  
Parent or Guardian Signature

**REGISTER BY 4/27 TO RECEIVE FREE T-SHIRT**

Camp T-Shirt (please circle one size)

Child: S (6-8) M (10-12) L (14-16)  
Adult : S (34-36) M (38-40) L (42-44) XL (46-48)

**OFFICE USE ONLY**

- \_\_\_\_\_ Registration Fee \_\_\_\_\_ Date \_\_\_\_\_
- \_\_\_\_\_ Physical \_\_\_\_\_ Allergy Plan \_\_\_\_\_ Copy of Birth Certificate \_\_\_\_\_
- \_\_\_\_\_ Custodial Statement \_\_\_\_\_ Office Personnel \_\_\_\_\_

Child's Name \_\_\_\_\_  
\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
\_\_\_\_\_ Male \_\_\_\_\_ Female Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City/St./Zip \_\_\_\_\_

Home Ph \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Email Address \_\_\_\_\_

Did your child attend ECS Camp last summer? Y / N Entering Gr. 12/13 SY \_\_\_\_\_  
School Attended Last \_\_\_\_\_  
Names and Grades of Brothers/Sisters Enrolled \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_  
Employer \_\_\_\_\_ Wk Ph. \_\_\_\_\_  
Mother's/Guardian's Name \_\_\_\_\_  
Employer \_\_\_\_\_ Wk. Ph. \_\_\_\_\_

If parents are separated or divorced, with whom does the child live? \_\_\_\_\_  
Which parent is financially responsible for payments? \_\_\_\_\_  
May the non-custodial parent pick up the child from camp? \_\_\_\_\_  
**If NO, a Custodial Statement must be completed.**

EMERGENCY INFO: Responsible Adult (18 yrs. or older) to contact and pick up child if parent can't be reached: \_\_\_\_\_ Ph. \_\_\_\_\_

Name(s)/relationship of adults to pick up child: (only those listed may pick up the child)  
\_\_\_\_\_ Ph. \_\_\_\_\_  
\_\_\_\_\_ Ph. \_\_\_\_\_  
\_\_\_\_\_ Ph. \_\_\_\_\_

MEDICAL INFO: Give a brief medical history (list physical limitations & allergies)  
\_\_\_\_\_  
\_\_\_\_\_

Has the child ever received accommodations/modifications, including IEP or 504? Y / N  
Does the child have a life threatening allergy or physician documented plan? Y/N

Child's Physician \_\_\_\_\_ Ph. \_\_\_\_\_  
Child's Dentist \_\_\_\_\_ Ph. \_\_\_\_\_  
Hospital Preference \_\_\_\_\_

Reason for choosing ECS Day Camp? \_\_\_\_\_  
\_\_\_\_\_

**PLEASE COMPLETE INFORMATION ON REVERSE SIDE**