



CAMP SAFE KIDS & TEEN Application

7396 Rivers Avenue
North Charleston, South Carolina 29406



Registration Form for children ages 4 – 12 attending Adventure Summer Camp SAFE Kids Program and children ages 13 and over attending Adventure Summer Camp SAFE Teen Program. All children registering for this program must be potty trained and their immunization record must be up to date

Child Information

Information pertaining to child being registered for the program

Name of Child (last, first, middle initial) _____

Birthdate of Child (Required): _____

Age of Child: _____

T-shirt Size: _____

Responsible Party

Information of the primary person responsible for payment

Person Responsible for Payment (Required): _____

Person listed here has financial responsibility for the account of the child listed above in our Camp SAFE program.

Address: _____

Street: _____

Address Line 2: _____

City, State, Zip: _____

Phone (Required): (____) _____

Phone number where you can be reached in an emergency.

Email Address (Required): _____

Email address of person responsible for payment.

Emergency Contact Information

Persons to be contacted if case of an emergency

First Choice Contact Name (Required): _____

Phone (Required): _ (____) _____

Relationship to Child (Required):

(Select only one option)

- Aunt/Uncle Family Friend Parent (out of home) Deacon/Deaconess
- Grandparent Step-parent Neighbor

Authorized for Pickup (Required): *(Select only one option)* No Yes

Driver's License Number (Required): _____



Second Choice Contact Name (Required): _____

Phone (Required): _____ (_____) _____

Relationship to Child (Required):
(Select only one option)

- Aunt/Uncle Family Friend Parent (out of home) Deacon/Deaconess
 Grandparent Step-parent neighbor

Authorized for Pickup (Required): *(Select only one option)* No Yes

Driver's License Number : _____

Medical Information

Please answer all questions regarding the child being registered. All answers are strictly confidential.

Name of Physician (Required): _____
Physician that you want called in case of a medical emergency

Physician's Number (Required): (_____) _____ - _____

Allergies (Required - Select at least one option if answer is "Yes"): No Yes

- Milk Nuts Grass Cheese Other

If Other, please explain: _____

Behavior Issues (Required): *(Select only one option)*

Please answer 'Yes' if your child has to take medication(s) to modify (control) his/her behavior.

- Yes** **No**

Continuance of Medication (Required):

(Select only one option)

If your child takes medication to modify his/her behavior during the school year; please indicate whether he/she will continue doing so during the summer months.

- Yes** **No**

Additional Medical Information:

If applicable, please indicate all additional medical information that our staff should be aware of so that we can best serve the interest of your child.

Fees

Fees required to complete Registration

Early Registration Fee (Required): \$30.00 February 1 – February 28, 2022. Starting March 1, 2022 registration fee is \$35.00

Weekly fee (Required) is \$110 for ages 8 and up; \$120 for ages 4 to 7. Parents must commit to the entire 9 week program starting Monday, June 6 through Friday, August 5, 2022. Fees for Summer Camp attendance will be prorated for Wednesday, June 1; Thursday, June 2, and Friday, June 3rd.

A 10% discount will be applied to all charges for those clients that enroll in the Automatic Bank Draft Authorization (complete application below). Bank drafts can be remitted weekly or Bi-weekly (every two weeks) for the upcoming week of the program.

Activity Fee (Required): will vary on type of activities that occur each week. These fees will be advertised in advance of all weekly activities.

Signature (Required): _____

By signing this document, I acknowledge that I have provided all the information and paid all the fees required for registration of my child in the Adventure Summer Camp program. I further acknowledge and understand that all the initial fees, registration and activity fee are non-refundable and non-transferrable. I understand that these fees must be paid in full prior to my child being added to the enrollment roster

**Automatic Bank Draft Authorization (Optional)
e-Check Authorization Form**

Please complete and sign it, attach voided check or deposit slip.

Name: _____ **Phone Number:** _____
(first) (Last)

Address: _____

Name of Bank: _____

Name of Bank Account Holder: _____

Account Routing Number: _____ **Account Number:** _____

I authorize Four Rivers Outreach Community Development Corporation to charge my:

Checking account (attach voided check) **Savings account (attach voided deposit slip)**

And remit payment for my weekly afterschool payment fees on a

Bi-Weekly Basis (every two weeks) **weekly basis**

I understand a 10% discount will be applied to all charges for enrolling in the automatic bank draft program. I also understand that I control my payments and if at any time I decide to discontinue this automatic payment plan, I will notify Four Rivers Outreach Community Development Corporation in writing.

Signature of authorized bank account holder:

_____ **Date:** _____

If you have any questions, please email Info@FourRiversOutreach.org