



# CAMP SAFE KIDS & TEEN Application

7396 Rivers Avenue, N. Charleston, SC 29406



Registration Form for children ages 4 – 12 attending Adventure Summer Camp SAFE Kids Program and children ages 13 attending Adventure Summer Camp SAFE Teen Program. Hours of operation are 7:00 am to 5:00 pm Monday – Friday.

All children registering for this program must be potty trained and their immunization record must be up to date

I hereby voluntary and without compensation authorize the Four Rivers Outreach Community Development Corporation to produce photographs, movies, videotapes, audio-tapes, and Power Point Presentations of the below named student. This authorization is given on the condition that the materials taken or produced will be used for the purpose of community education or program promotion. I understand Four Rivers Outreach Community Development Corporation and its employees will not use these materials for compensation.

## 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:  Youth Xtra Lrge  Youth Lrge  Youth Md  Youth Sm  Adult Sm  Adult Md

## 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.*

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## Fees

*Fees required to complete Registration*

**Registration Fee (Required): \$35.00**

**Weekly fee (Required)** is \$110 for ages 8 and up; \$120 for ages 4 to 7. Hours of operation are 7:00 am to 5:00 pm Monday – Friday. Children picked up after 5:00 pm will be charged an additional fee of 1:00 for every minute late.

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*

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**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](mailto:Info@FourRiversOutreach.org)