

**AGAPE Kids Summer Boot Camp
2016 Registration Form**
(For students entering K-8th Grade in Fall 2016)

For Office Use Only:
Rec'd _____
Reg. Paid _____
Scholarship App Rcvd: _____ _____ _____

Registration Deadline: June 6, 2016

Camp Dates: June 27 - August 19, 2016
Camp Hours: 8:30am - 4:30pm
Camp Tuition: \$85/week
Breakfast and Lunch included

A NON-REFUNDABLE registration fee of \$60/student or \$100 PER FAMILY is due with registration form.

Student Information (please print)

Last Name _____ First Name _____

Address _____

City, State, Zip _____ Home Phone _____

Birthdate _____ Current Age _____

Current grade _____ Grade in Fall _____ School attending in Fall _____

Does your child receive or qualify for free/reduce lunch? Yes No

Would you like your child to have breakfast at camp? Yes No

Has your child accepted Christ? Yes No

Has your child been baptized? Yes No

Van Pool for \$5.00/child per week? Beaverton Vancouver

-Limited seats available-

How many years has your child attended Boot Camp? _____

Are you a Mt. Olivet Member/Regular Attendee? Yes / No

How did you hear about Boot Camp? MOBC Member _____ Regular Attendee _____ Visitor _____

Family/Friend referral (Please specify) _____

School/Other (Please specify) _____

Family Information (please print)

Parent/Guardian Name #1 _____ Email: _____

Mobile Phone _____ Work _____

Parent/Guardian Name #2 _____ Email: _____

Mobile Phone _____ Work _____

Are you able to volunteer for Boot Camp this summer? Yes No

If yes, please complete the Volunteer Application and return to the Boot Camp Office by June 1, 2015.

ENROLLMENT INFORMATION

A **NON-REFUNDABLE** registration fee of \$60/student or \$100 PER FAMILY is due with this registration form to reserve a space for your child (ren).

Priority enrollment will be given to those students who are registered for the full 8 weeks.

The minimum registration is 4 consecutive weeks.

Mark "X" in column to designate the weeks your child will attend camp.

Week 1 June 27- July 1	Week 2 ** July 5-8	Week 3 July 11-115	Week 4 July 18-22	Week 5 July 25-29	Week 6 Aug 1-5	Week 7 Aug 8-12	Week 8 Aug 15-19

**** Tilikum is only for Grades 1-8**

If you have enrolled your child (ren) for week 2, please review the attached detail information on camp content, how to dress and what to bring and what NOT to bring. Please note, the Day Camp is for Grades 1-5, and QUEST Camp is for Grades 6-8. We will provide transportation to/from Camp Tilikum. Buses will depart from Mt. Olivet at **7:15am and return at 6:00pm.**

Students entering Kindergarten in the fall will not be able to participate at Tilikum. However, we will have a full day of camp for them here at the church that week. ****Note No Boot Camp July 4th Due to National and Church Office Holiday** Camp will resume Tuesday, July 5, 2016.**

TUITION/PAYMENT INFORMATION

Tuition cost is \$85/week Payments are due on Mondays, 2 weeks in advance of the week enrolled. (for example: Week 1 tuition payment is due June 13) Please see schedule of tuition due dates outlined below

Enrollment Week	Week 1 June 27- July 1	Week 2 ** July 5-8	Week 3 July 11- 115	Week 4 July 18-22	Week 5 July 25-29	Week 6 Aug 1-5	Week 7 Aug 8-12	Week 8 Aug 15-19
Tuition Due Date	June 13	June 20	June 27	July 5	July 11	July 18	July 25	Aug 1

ALL DONATIONS and FEES (Registration, tuition, vanpool and breakfast) can be paid through Mt. Olivet website, or in person. Checks should be made out to Mt. Olivet Baptist Church.

Limited scholarships are available. Stop by our office to request a scholarship application.

Authorization and Liability Release Agreement

Child's Last Name _____ First Name _____

The above student has my permission, as parent (or guardian), to participate in Summer Boot Camp including all extracurricular activities and field trips with Mt. Olivet Baptist Church.
I agree that Mt. Olivet and/or its leaders are not liable for any accident or incident related to either the planned event or transportation to or from that event. Nor are they liable for any injuries sustained or any lost, stolen or damaged articles.
I also agree that my child will be responsible to Mt. Olivet and its leaders for all of his/her actions on this event.
I authorize Mt. Olivet Baptist Church and any adult leader to obtain the services of a physician and/or hospital for the care of my child, if necessary, including emergency medical care, emergency x-rays, and/or emergency surgery.
Should the need arise, I also authorize Mt. Olivet and its leaders to incur any necessary expenses for such services in the event of accident or illness, and I agree to provide payment for these expenses.

Emergency Contacts (other than parents)

1. Name _____ Relationship to Camper _____

Home phone _____ Work _____ Cell _____

2. Name _____ Relationship to Camper _____

Home phone _____ Work _____ Cell _____

Media/Photography

I do I do not give permission for Mt. Olivet to use any photographs or video taken at camp to be used to report, promote and advertise Boot Camp program. (eg. parent newsletters, team photographs, camp brochures, and camp website). If you check "do not", your child will be excluded from all team/group photos.

Transportation I give permission for my child to ride in church provided transportation (buses, vans or cars driven by Mt. Olivet approved personnel).

I have read the entire form, agree with all provisions included, and have provided all information requested. I hereby release Mt. Olivet Baptist Church and its leaders from all liability and authorize any medical treatment deemed necessary.

Signature of _____ Date _____
Parent/Guardian _____

This registration form and Mt. Olivet/ Tilikum medical release must be completed, signed and dated for the student to participate.

Summer Bootcamp office
Office (503) 240-7729 EXT 1779
Boot.camp@mtolivet.com

Mt. Olivet Baptist Church
8501 N Chautauqua Blvd
Portland OR 97217

Agape Kids Summer Boot Camp 2016 Registration Agreement

Registration & Registration Fee

Classes are filled on a **first-come, first-served** basis. Priority enrollment will be given to campers who are registered by the deadline, June 6th.

There is a \$60 registration fee for one child and a \$100 family registration fee for immediate family members of 2 or more children. Both registration fees are **NON-REFUNDABLE**.

When registering as a **family**, one invoice will be issued and one person/payee will be responsible for check/payment for all listed children.

The registration fee is mandatory for completed student enrollment. The registration fee must accompany this signed form as well as the registration packet.

Camper enrollment will be placed on hold until all registration items are completed.

Enrollment Period

Children must be registered for a minimum of 4 consecutive weeks of camp

You may add additional weeks to your camp enrollment if you are up-to-date with your minimum payment. You must pay for additional weeks of camp, prior to the start of the week.

***SCHOLARSHIP APPLICANTS:** a change in agreed upon enrollment, will result in a change in scholarship.

Tuition Payment Policy

The payer agrees to pay all monies due by the specified due dates. Please refer to the Tuition Deadline table for dates.

Tuition Payments are due 2 weeks in advance of each week enrolled

Parent/Guardian must make the first payment for camp by June 13th, for the first week's tuition deadline. Campers will not be able to attend camp without a payment!

If you realize you missed a tuition deadline, please contact the Boot Camp office immediately.

(Turn Sheet Over)

Your child will not be able to continue at Boot Camp if a payment has not been received by the tuition deadline and/or you have not communicated a payment plan. No exception.

Tuition Refunds

Refunds will be issued only if a child has paid in full and attended a minimum of 4 weeks of camp.

Refunds will be mailed within a month's time after camp has ended.

Vanpool

Morning and afternoon vanpool transportation is limited for families in the Beaverton and Vancouver area.

Cost is \$5 per camper for each week enrolled.
Vanpool Payments are due the same time as tuition; please see the Tuition Due Dates.

Van pool fee is not covered by Scholarship Awards.

Arrival and Pick up times

- *Pre-Camp Hours 7:45am-8:30am
- Camp hours 8:30am-4:30pm
- Pick-up hours 4:30-4:45pm
- *Pre-Camp Hours include fitness, games, & breakfast

Camp ends at 4:30pm each day, please plan to pick up your child by 4:45 pm. If you need to schedule an early pick-up please contact and communicate with the camp administrator in advance.

Late pick-up will be charged \$5 for every 15 minutes late; starting at 5pm. Fees will be charged to your account.

**As parent or legal guardian of the child registered.
I confirm that I have read and understood these terms and conditions and accept the contract as detailed herein.**

(Parent or Guardian) (Date)

(Parent or Guardian) (Date)



Mount Olivet Summer Boot Camp Behavioral Expectations

Mt. Olivet's Summer Boot Camp prides itself on providing a welcoming and safe environment and location for children, families, staff and visitors. We try to provide an environment where differences are acknowledged and supported in accordance to Mt. Olivet's beliefs, values, and teachings. To maintain this approach and balance, there are expectations we must uphold each day.

We ask that all parent/guardians of a child (ren) attending Summer Boot Camp to familiarize and understand the expectations related to the behavior of you, your child and family members. Please discuss these expectations with your child which will help him/her to understand the expectations required of them in order for them to experience a fun and rewarding Summer Boot camp.

As a participant to our program we agree to the following:

- We will respect each other and property at all times.
- We will not use language that is hurtful or offensive at any time.
- We will handle all property and equipment safely and properly
- We will not use any physical means to gain control, get attention or express our needs
- We will clean up after ourselves
- We will follow all Summer Boot Camp guidelines and policies; classroom, bathroom, recess, field trips etc.

Please have your child and yourself sign the attached Behavioral Agreement. You may contact Alvin Johnson, the Camp Director, if you have any questions or concerns in regards to our expectations during Summer Boot Camp.

Regards,

Alvin Johnson
Summer Boot Camp Director
Church Office: 503-240-7729
Fax: 503-285-4668



2016 Summer Boot Camp Behavioral Agreement

I _____ have read the Summer Boot Camp Behavioral Expectations information. I will be cooperative and agree that I am willing to participate in all events of the day. I understand and agree that if I am not able to be a part of this program in a positive manner I may be asked to go home for the day. I also agree and understand that further incident could result in my being dismissed from Summer Boot Camp for the remainder of my time that I am to be enrolled.

(Child's Name)

(Date)

I _____ as the parent of _____

Have read and understand the Summer Boot Camp Behavioral Expectations information. I have discussed with my child their responsibility in holding to the expectations as stated. I agree and understand that if my child is not able to participate in events of the day in a cooperative positive manner, he/she may be asked to go home for the day. I also understand that further incidents could result in my child being dismissed from the summer boot camp program for the remainder of the time enrolled. Refunds may or may not be given, but will be assessed only after conversations with the Camp Director and his/her supervisor.

(Parent's Signature)

(Date)



**Mt. Olivet Baptist Church
Agape Summer Boot Camp
June 27 - August 19, 2016
Medical and Release Form**

* This form is required for all of our campers

Please return this form to complete the registration process.

Email: boot.camp@mtolivet.com

Mail: 8501 N. Chautauqua BLVD.
Portland, OR 97217

Camper Buddy Request: Campers are only assigned to the same group if both campers request each other. One request per camper. Campers must be going into the same grade level.

Transportation: Parents must give written permission to Tilikum if they desire anyone other than themselves or the church to transport campers home from camp. **You must have picture ID available at time of check out.**

Media/Photography: Permission defaults to Tilikum if a choice is not indicated. If you check 'do not', your child will be excluded from the group photo.

Health History: Camper health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence. If insufficient space is provided, please attach additional paperwork if needed.

Medications: List ALL medications including over-the-counter or non-prescription drugs taken routinely. Bring enough to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. Please do not take your child off regular medicines while at camp. Attach additional paperwork if needed for more medications. Identify any medications taken during the school year that participant does/may not take during the summer.

Camp Tilikum Dates: July 5-8, 2016

Select One: **Day Camp** (grades 1-6)
Quest (grades 6-8)

Camper First Name _____

Last Name _____

Birth date ____/____/____ Age during camp _____

Grade Next Fall _____ Gender Male Female

Custodial Parent(s) / Guardian(s) _____

Primary Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell - Mom _____ Cell - Dad _____

Mom's Email _____

Dad's Email _____

Home Church Name (if any) _____

Emergency Contact Information: In case we cannot be reached in an emergency, please notify the following individual:

Name _____

Relationship _____ Phone _____

Camper Buddy Request: Please group my child with:

First Name _____ Last name _____

Transportation: I would like my child to return home from camp with the following people (name of adult driver) _____

Media/Photography: (please select one box below)

I do

I do not

give permission for Tilikum to use any photographs, video, or interview taken at camp to be used to illustrate, report, promote and advertise Tilikum.

T-shirt Size: (please select one) Youth: S M L
Adult: S M L XL

Needs Assessment: Tilikum desires to help meet each child's physical, social and spiritual needs. Please describe below how we might be of assistance in meeting your child's unique needs. Attach additional paperwork if needed.

Please complete additional questions on reverse side



Mt. Olivet Enrollment Application

(This program is for youth in grades 3rd –8th only.)

Student Information

Name: _____ Gender: Female Male
Address: _____ City: _____ State: _____ Zip: _____
Birth Date: / / School: _____ Grade Level: _____
Parent/Legal Guardian: _____ Relationship: _____
Parent/Legal Guardian: _____ Relationship: _____
Address (If different from above): _____ City: _____
State: _____ Zip: _____ E-Mail: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____

Media Release

I hereby grant Summit Golf Foundation and participating agencies permission to use film, video tape and/or photographs of the above mentioned minor for lawful promotional or informational purposes.

Parent/Guardian Initials: _____

I, the parent/legal guardian of the above named youth, give approval for participation in Summit Golf Foundation sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless Summit Golf Foundation from claim(s) of any nature arising from any activity, including transportation, connected with Summit Golf Foundation. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of Summit Golf Foundation, its employees, agents, LPGA and PGA Professionals, participating agencies, and volunteers. I consent to Summit Golf Foundation communicating information regarding my child's participation via the internet.

Parent/Guardian Signature: _____ Date: _____

Please Print Name: _____