

TWOGCM 2019 SUMMER CAMP REGISTRATION PACKET

Dear Parents,

An extension of, the Youth Ministries at The Word of God Christian Ministries, summer camp offers a variety of summer activities for children of all ages. What makes us unique? In addition to fun and memorable summer camp experience, the foundation of our programs are Christ centered, meaningful, and holistic.

Background checks and proper certification are required for all staff members.

During the 2019 summer season we will be offering half day and full day summer programs for the following age groups:

1. Kindle Campers for children ages 4 – 5 years old
2. Spark Campers for children ages 6 – 8 years old
3. Flame Campers for children ages 9 – 11 years old
4. Blaze for youth ages 12 – 14 years old

There are a few items that you need to take note of:

- **Summer Parent Orientation will be Monday, May 20, 2019 at 7pm in the gymnasium at TWOGCM.**
- Please take your time when reading and completing the information given and requested in this enrollment packet. All of the items we've requested are vital for the safety and care of your youth.
- Again, we look forward to sharing our exciting and remarkable experience with you all.

In His Service,

Nick and Tiffany Carlyle

Youth Pastors

Age Groups			
Kindle Camper	Spark Camper	Flame Camper	Blaze Camper
<p>Ages 4 – 5 year old 8:30 am – 3:30 pm Student Teacher Ratio 10:1</p>	<p>Ages 6 – 8 year old 8:30 am – 3:30 pm Student Teacher Ratio 12:1</p>	<p>Ages 9 – 11 year old 8:30 am – 3:30 pm Student Teacher Ratio 15:1</p>	<p>Ages 12 – 14 year old 8:30 am – 3:30 pm Student Teacher Ratio 17:1</p>
<p>A summer adventure for our youngest camper. The days are filled with arts and crafts, storytelling, water play, nature walks, chapel weekly, and of course indoor and outdoor play!</p>	<p>Designed to encourage healthy lifestyles and bright future. Our energetic and skillful counselors ensure your child will have a safe, caring, and fun camp experience. Each week, campers will participate in various activities centered on the camp theme. The campers will also participate in health and fitness, weekly chapel, field trips, cooking, nutrition education, indoor and outdoor play, strategy games, and career days. This is a very active and physically challenging camp. **Each Camper will receive a T Shirt.</p>		
<p><u>Breakfast, Lunch, Snack and Field Trips are included for all ages at no additional cost!</u></p>			

GENERAL INFORMATION

How to reach us

Summer Camps at The Word of God Christian Ministries & The Bara School telephone number is (770) 471-7480. The website is www.twogcm.org/summercamp.html

Groups

In order to keep children with their peer groups, children will be placed according to their age.

Dates of Operation (**Please reference the Camp Calendar page for the specific dates for each camp.)

*Week 1: May 28 – May 31 Week 2: June 3 - 7 Week 3: June 10 - 14 Week 4: June 17 - 21
Week 5: June 24 - 28 *Week 6: July 8 – July 12 Week 7: July 15 – 19 Week 8: July 22 - 26

Check In/Out

For the safety of your camper, you must sign your child in and out daily. When signing out your child, please remember to have PHOTO ID. Please note: The same person may not always be at the sign out window.

Extended Care

Extended Care is available for children ages five and older. Extended Care is available for mornings and evenings. Extended care is only for families who need it.

Camps	Morning	Afternoon
After Care	6:30 am – 8:30 am Free of Charge	3:30pm – 6:00 pm Free of Charge

Snacks

Campers will need to bring an afternoon snack. Snacks will be available for purchase.

Lunches

Breakfast and Lunch are included and free for each camper.

**TWOGCM Camps at TWOGCM is a site for Georgia’s Bright from the Start Summer Food Service Program.

Medical Notice

All campers must have a Current GA 3231 Immunization Form. If medication is required for your camper during camp hours, a Medical Authorization Form must be filled out weekly. We will only be able to accept medications that are in their original bottle. If the medication is a prescription drug, it must have prescription label with the child’s name and prescription number. ALL medications are kept in the camp office.

Lost and Found

We cannot take responsibility for items left at camp, however we will make every effort to return marked items to the camper as they are turned into us. Please remember to check Lost & Found daily. Any unmarked or unclaimed items will be donated to charity every two weeks.

Dates	Camps	Ages	Full Day (Weekly)
May 28 – May 31	Kindle Campers	Ages 4 - 5	\$105
	Spark Campers	Ages 6 - 8	\$105
	Flame Campers	Ages 9 - 11	\$105
	Blaze Campers	Ages 12 – 14	\$105
June 3 – 7	Kindle Campers	Ages 4 - 5	\$105
	Spark Campers	Ages 6 - 8	\$105
	Flame Campers	Ages 9 - 11	\$105
	Blaze Campers	Ages 12 – 14	\$105
June 10 – 14	Kindle Campers	Ages 4 - 5	\$105
	Spark Campers	Ages 6 - 8	\$105
	Flame Campers	Ages 9 - 11	\$105
	Blaze Campers	Ages 12 – 14	\$105
June 17 – 21	Kindle Campers	Ages 4 - 5	\$105
	Spark Campers	Ages 6 - 8	\$105
	Flame Campers	Ages 9 - 11	\$105
	Blaze Campers	Ages 12 – 14	\$105
June 24 – 28	Kindle Campers	Ages 4 - 5	\$105
	Spark Campers	Ages 6 - 8	\$105
	Flame Campers	Ages 9 - 11	\$105
	Blaze Campers	Ages 12 – 14	\$105
July 8 – July 12	Kindle Campers	Ages 4 - 5	\$105
	Spark Campers	Ages 6 - 8	\$105
	Flame Campers	Ages 9 - 11	\$105
	Blaze Campers	Ages 12 – 14	\$105
July 15 – July 19	Kindle Campers	Ages 4 - 5	\$105
	Spark Campers	Ages 6 - 8	\$105
	Flame Campers	Ages 9 - 11	\$105
	Blaze Campers	Ages 12 – 14	\$105

July 22 – July 26	Kindle Campers	Ages 4 - 5	\$105
	Spark Campers	Ages 6 - 8	\$105
	Flame Campers	Ages 9 - 11	\$105
	Blaze Campers	Ages 12 – 14	\$105

REGISTRATION INSTRUCTIONS

- Registration Opens February 4, 2019.
- You may register online at www.twogcm.org and pay registration fee by credit or debit card. Registration fee is due at the time of enrollment.
- You may register in person and pay by check or money order at 1207 McDonough Road, Hampton, GA 30228. If you would like to register in person please call (770) 471-7480 and leave a message to make an appointment.
- Upon registration the following fees are due:

\$40 non – refundable Registration Fee per child

REGISTRATION REQUIREMENTS

One of Each Document per Child: Registration Form ~ Enrollment Application ~ Medical History ~ Emergency Medical Form

One of Each Document Per Family: Registration (this document) ~ Policies ~ TWOGCM Camps Liability Release ~ Parental Agreement ~ Permission to Photograph ~ 2019 Release Form

***All campers must have a Current GA 3231 Immunization Form**

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- All fees and tuition are non-refundable and non-transferable under any circumstances.
 - TWOGCM Camp fees include: breakfast, lunch, and field trips for all campers.
 - T-shirts is included in the non-refundable registration fee.
 - There is a 10% discount for siblings.
 - Only register your child for the weeks you are certain they will be attending. You are financially responsible for each week you register your child (whether they attend camp or not). If your child will be unable to attend a week of camp that you previously registered for, a one-week notice is required (the Monday before the following week of absence.) A \$25 no show fee will be automatically charged to your family account for late notification of an absence.***
 - Tuition and fees will NOT be prorated under any circumstances (this policy includes holidays or if your child is absent.)**
 - Registration fee of \$40 per camper is due at the time of enrollment.
 - Weekly tuition is due each Friday by 6pm for the following week. *(please see tuition schedule)**
 - Late payments will incur a \$10 fee. Weekly tuition payments are considered late after 6:01pm on the Friday before the following week.** If payment is not made at this time, your child will not be allowed to return until the tuition payment plus late fee is received.
 - Payment can be made online within your Jackrabbit Parent Portal or in person can be made by credit, debit card, money order, or check made payable to The Bara School. No cash will be accepted.
 - Please note Extended Care is available for no extra cost. Extended care is only for families who NEED it.
 - Children enrolled in the Full Day program must be picked up by 3:30 pm
 - Children enrolled in the Afternoon Extended Day program must be picked up by 6:00pm
 - Children who are not picked up by their designated dismissal time will be sent to a supervised waiting area. For this service there will be a charge of \$5 for every minute (based on the official clock). The late fee will be due at the time of pick up. The late fee must be paid before that child may return to camp.

By signing this enrollment form, I agree to all financial policies listed on the TWOGCM Camps 2019 Financial Policies. I agree to abide by all policies and procedures as stated.

Signature of Parent/Guardian _____ Date _____

2019 TWOGCM Camp Season Please initial besides the weeks that your child will attend TWOGCM Camps

Week 1: 5/28 – 5/31 _____	Week 2: 6/3 – 6/7 _____	Week 3: 6/10 – 6/14 _____	Week 4: 6/17 – 6/21 _____
Week 5: 6/24 – 6/28 _____	Week 6: 7/8 – 7/12 _____	Week 7: 7/15 – 7/19 _____	Week 8: 7/22 – 7/26 _____

ENROLLMENT APPLICATION
One form must be completed per child

Camper Name: (one child per form) _____

Last

First

Name camper goes by: _____ Date of Birth: ____/____/____

Gender: Male Female

How did you find out about our camp? _____

Church your family attends: _____ School child attends: _____

Grade completed in 2018/19: _____

Shirt Size: YOUTH: XS S M L XL ADULT: S M L XL XXL

(Please note: We will not be able to exchange T-shirts from size ordered.) **Parent Initials:** _____

FAMILY INFORMATION

Child's Home Address: _____ City _____ Zip _____

Home Phone: _____ E-mail: _____

Child's Living Arrangement: Both Parents () Mother () Father () Other _____

Father/Legal Guardian: _____

May child be released to father? _____ (If No - Documentation is required for file)

Father's Home Address: _____ City _____ Zip _____

Occupation and title: _____

Work Phone: _____ ext: _____ Cell: _____

Email address: _____

Mother/Legal Guardian: _____

May child be released to mother? _____ (If No - Documentation is required for file)

Mother's Home Address: _____ City _____ Zip _____

Occupation and title: _____

Work Phone: _____ ext. _____ Cell: _____

Email address: _____

For Office Use Only 3231 Immunization record

Date _____ Reg. Fee \$ _____ 1st Week \$ _____ Weekly Holding Fees \$ _____ Initials _____

POLICIES

One completed form per family

- TWOGCM Camp starts at approximately 8:30 a.m. and ending at approximately 3:30 p.m. We will be closed July 1st - 5th, for the Independence Day holiday.
- Children who are ages 4 – 7th grade are eligible for TWOGCM Camps at The Word of God Christian Ministries.
- The TWOGCM Camps program at The Word of God Christian Ministries is operated as a service for the benefit of the families in our community. Students are admitted without regard to race, color, or national or ethnic origins, and TWOGCM does not discriminate with regard to these areas in its policies or procedure. All children will be taught the Bible and Biblical principles during their time in the summer day camp program.
- Proper discipline will be maintained at all times. Parents will be notified of problems encountered by the camp staff. If the problem cannot be corrected in a timely manner, TWOGCM Camps at TWOGCM reserves the right to restrict, suspend, or expel any child at the discrimination of the administration. TWOGCM Camp maintains a zero tolerance bullying policy.
- Children are expected to dress modestly at all times and refrain from wearing clothing that is inappropriate for a Christian environment. **Shorts must not be shorter than 3 inches above the knee and no torn shirts or A- shirts are not permitted.** All decisions regarding the dress of children enrolled in the TWOGCM Camp will be made by the administration. Please print your child's name on his/her clothing tags and other items brought to camp.
- Children may not bring toys or games of any type from home, and TWOGCM Camps at TWOGCM will not be responsible for items brought from home.
- **Electronic devices are not permitted without approval from the Director.**
- Children may not bring candy or gum to camp. Parents are responsible for sending a morning snack with their child.

Signature of Parent/Guardian _____ Date _____

SUMMER CAMP LIABILITY RELEASE

One completed form per family

As parent or legal guardian of the below named participant, I give permission for my child to attend the activities and/or events that TWOGCM Camps and The Word of God Christian Ministries (TWOGCM) will be conducting during the 2019 summer camp session. The participant and his or her parents/legal guardians will decide whether the individual will participate in any particular event during the year. If the participant and his or her parents/legal guardians elect to participate in any particular youth activity during 2019, this authorization and consent shall apply. I understand that some events will include transportation to and from functions locally and outside of Hampton, GA and will involve activities in which an adult will work with a group of youths. The adult will NOT be able to provide individual attention and supervision to each participant at all times.

I, as parent or legal guardian, and on behalf of the below named participant, hereby release, hold harmless and indemnify TWOGCM Camps and TWOGCM, its officers, directors, employees, agents, partners and volunteers from and against any and all claims, causes of action, actions and/or liability of every nature and kind pertaining to such activities, waive and relinquish whatever right either I may have or which might otherwise occur against TWOGCM Camps and TWOGCM its officers, directors, employees, agents, partners, and volunteers.

Provided the medical care and treatment of the participant is on the advice of a licensed physician, I authorize and request all physicians, hospitals, or other providers of medical services to follow the instructions of any person identifying himself or herself of an adult supervisor of the youth for TWOGCM Camps and TWOGCM, at any time and under any circumstances whatsoever. I understand that the authorization and consent herein provided includes any x-ray examination, anesthetics, medical or surgical diagnosis or treatment, and hospital care rendered to the participant under the general or special supervision or on the advice of a licensed physician, surgeon and anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

The consent, waiver, authorizations indemnification and release provisions hereof shall remain in full force and effect until written notice of revocation is received by TWOGCM Camps and TWOGCM in its office in Hampton, GA.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE WITH THIS RELEASE OF ALL LIABILITIES AND THE AUTHORIZATION OF MEDICAL TREATMENT BY A LICENSED PHYSICIAN AND THAT A PHOTOCOPY OF THIS DOCUMENT SHALL SERVE AS THIS ORIGINAL.

(1) Camper's Name (Please Print): _____

(2) Camper's Name (Please Print): _____

(3) Camper's Name (Please Print): _____

Parent/Legal Guardian Signature _____ **Date** _____

PARENTAL AGREEMENT
One completed form per family

1. *TWOGCM Camps at The Word of God Christian Ministries agrees to provide summer care for my child Monday through Friday, during regular camp hours, (**camp hours may vary depending on which program your child is registered for) from May 28 to July 26, 2019. TWOGCM Camps will provide breakfast and lunch. I am responsible for providing my child's afternoon snack.*
2. *Before any medication is dispensed to my child, I will provide a written authorization on the form provided by TWOGCM Camps at The Word of God Christian Ministries. The medicine will be in the original container with my child's name on it.*
3. *TWOGCM Camps at The Word of God Christian Ministries agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities in water that is more than three (3) feet deep.*
4. *If, during the summer, our home address or home/business telephone numbers change, I will immediately notify TWOGCM Camps at The Word of God Christian Ministries summer day camp.*
5. *For safety's sake, I will keep my child's enrollment information up-to-date, and will promptly notify TWOGCM Camps at The Word of God Christian Ministries in writing of any changes. I am aware that it is the parent/guardian's responsibility to see that children are escorted into the building and left with the proper staff members. TWOGCM Camps at The Word of God Christian Ministries accepts the responsibility of ensuring that children are released only to authorized adults. I understand that my child must be signed out every day and cannot be released by camp staff members until they have been signed out.*
6. *I give full permission for TWOGCM Camps at The Word of God Christian Ministries personnel to exercise necessary authority in my stead to protect, render medical attention, discipline and control as needed for/by my child. I do further absolve TWOGCM Camps at The Word of God Christian Ministries summer day camp from any liability for accident or injury, on or off campus, for which the school has taken reasonable precaution and care.*
7. *If my child becomes ill during the day, I will come promptly when contacted or make arrangements to have my child picked up. TWOGCM Camps at The Word of God Christian Ministries agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which may affect my child.*
8. *I understand that enrollment and attendance at TWOGCM Camps at The Word of God Christian Ministries summer is a privilege and not a right. That privilege may be forfeited by any child, parent, or family that does not conform to the standards and regulations of this institution. I also realize that TWOGCM Camps at The Word of God Christian Ministries may at any time request the withdrawal of a child who, in the opinion of administrative personnel, is not in harmony with the spirit of the institution, regardless of whether or not he conforms to the specific rules and regulations of TWOGCM Camps at The Word of God Christian Ministries..*
9. *In the unlikely event that TWOGCM Camps at The Word of God Christian Ministries' ceases to operate for any time for any reason, I agree that no money is owed to me other than that which has been paid in advance for unused weeks. I agree not to pursue any legal remedies whatsoever due to the closing of TWOGCM Camps at The Word of God Christian Ministries'.*
10. *Realizing the importance of understanding and open communication between our family and TWOGCM Camps at The Word of God Christian Ministries, I will promptly bring any problems or areas of misunderstanding to the attention of TWOGCM Camps at The Word of God Christian Ministries administration in a professional manner.*

I have carefully read these Policies, Financial Regulations, and the Parental Agreement. I understand the procedures and the obligations and responsibilities that are required of parents and children. By enrolling a child in TWOGCM Camps at The Word of God Christian Ministries, I accept and agree to abide by the provisions set forth therein. I acknowledge receiving a copy of these policies. I understand all the procedures stated in TWOGCM Camps at The Word of God Christian Ministries financial Procedures apply to my summer camp account as well.

Signature of Parent/ Legal Guardian Responsible for Account _____

Date _____

(The name of the person who is responsible for the account will not be changed during the course of the student's enrollment except upon the death of the payer. Should death of the payer occur, the legal guardian of the student's estate is responsible).

TWOGCM Camps at The Word of God Christian Ministries reserves the right to make necessary changes without prior notice. The policies stated herein are subject to change after the date of publication through established due process. The camp will make every attempt to communicate such changes in writing.

PERMISSION TO PHOTOGRAPH

One completed form per family

I, _____, give permission to TWOGCM Camps at The Word of God Christian Ministries, news affiliates, and corporate sponsors to photograph and/or video my child while he/she attends camp.

I understand that these photographs and videotapes may be used for advertisement, training, and public relations campaigns.

(1) Child's Name: _____

(2) Child's Name: _____

(3) Child's Name: _____

(4) Child's Name: _____

Parents/Guardian Name: _____

Print Name: _____

Parents/Guardian Signature: _____ **Date** _____

2019 RELEASE FORM
One completed form per family

(1) Child's name:	Current Grade:
(2) Child's name:	Current Grade:
(3) Child's name:	Current Grade:
(4) Child's name:	Current Grade:
Number of other children enrolled in summer camp: _____ Home Phone: ()	
Mother's Name:	Work Phone: () Cell: ()
Father's Name:	Work Phone: () Cell: ()

I, _____, as custodial parent of one or more children who attend TWOGCM Camps at The Word of God Christian Ministries, do hereby authorize TWOGCM Camps at The Word of God Christian Ministries to release my child/children into the care and custody of the following person (s) until further written notice. I understand that the person(s) listed below may also be used as emergency contacts.

Name	Relationship	Phone Number

Comments:

Signature of mother/guardian	Date
Signature of father/guardian	Date

TWOGCM Camps at The Word of God Christian Ministries assumes no responsibility for releasing a child at any time to anyone on this release form. Either parent may pick up his/her child unless a legal court order states otherwise and is on file with this camp.