

APPLICATION FOR SUMMER DAY CAMP

Front Street United Methodist Church

136 S. FISHER STREET P.O. BOX 2597, BURLINGTON, NC 27216

(336) 227-6772

KATIE PORTER, DIRECTOR

afterschool@frontstreetumc.org

Thank you for your interest in our summer program!

Front Street Summer Day Camp is a program for students entering grades First through Eight during their ten-week summer break.

Summer Day Camp 2022 will run Monday through Friday, from 7:30 AM until 6:00 PM, starting Monday, June 13 and ending Friday, August 19.

Our program philosophy is to keep the excitement and adventure of summer by providing a safe, fun space and filled with play, weekly outings, and field trips for your child to thoroughly enjoy their summer! We are a ministry through Front Street United Methodist Church, and as such we operate under a commitment to Christian principles that include respect for the worth of all individuals. Staff members and students will be expected to relate in a respectful manner to each other to ensure that a safe, non-threatening environment is always maintained. We admit children into our program without regard for race or country of origin.

THE APPLICATION PROCESS:

1. Fill out an application for each child.
2. Turn in the application along with a registration and activity fee per child by **April 11, 2022**.
The fee for **Front Street UMC members** applications is **\$115.00**.
The fee for **non-members** applications is **\$125.00**.
This **fee is non-refundable** if you choose to withdraw your child after they have been accepted into the program.
Please make checks payable to **Front Street UMC** with your **child's name** in the **memo line**.
3. Applications can **be hand delivered to the church office at 136 South Fisher Street in Burlington or mailed to:**

**Front Street UMC Playschool
P.O. Box 2597
Burlington, NC 27216**

FEES & TUITION:

Please make all checks payable to **Front Street UMC** with your **child's name** in the **memo line**.

Registration and Activity Fee:

Due with application, no later than **Monday, April 11**

Front Street UMC Members: \$115 per child

Non-Members: \$125 per child

If we are unable to place your child in our program, we will refund your registration fee; however, if for any reason you decide to withdraw your child after he/she has been accepted into the program, you will forfeit your registration fee.

Tuition:

Full Summer (10 Weeks)

Total Payment: \$1600; Due **Monday, June 13**

Two Part Payment: \$850; Due **Monday, June 13** and **Monday, July 18**

Weekly Payment: \$180; Due on the Monday of each week

Half Summer (5 Weeks)

Weeks must be decided by registration date

Total Payment: \$850; Due the Monday of first week selected

Weekly Payment: \$180; Due on the Monday of each week

Summer	Payment		
	Total	Two Part	Weekly
Full (10 Weeks)	\$1600	\$850	\$180
Half (5 Weeks)	\$850	N/A	\$180

PRIORITY:

Space is limited for these programs and will be filled according to priority. This is done on a first come, first serve basis. If there are no more vacancies and we cannot accept your child into the program, your registration fee will be returned.

1. **FIRST PRIORITY** is given to church members and children of our staff. The purpose of this policy is to provide a place in our program for those church families who actively support the church with their prayers, presence, gifts, and service.

2. **SECOND PRIORITY** is given to returning students.

3. **THIRD PRIORITY** goes to siblings of returning students.

4. **FOURTH PRIORITY** goes to those not currently affiliated. We are pleased to note that we are generally able to accept most unaffiliated students.

NOTIFICATION:

You will be notified by either mail or email **by May 1** as to whether we were able to accept your child into our program.

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KATIE PORTER, DIRECTOR AFTERSCHOOL@FRONTSTREETUMC.ORG

Name of Child: _____
(Last) (First) (Middle) To be called

Sex: _____ Birthdate: _____ Grade: _____ Returning Child

Full Address: _____

About the Family

Parent 1 Name: _____ Cell Phone: _____

Email Address: _____ Where Employed: _____

Business Phone: _____

Parent 2 Name: _____ Cell Phone: _____

Email Address: _____ Where Employed: _____

Business Phone: _____

Preferred Email Address: Parent 1 Parent 2

Names and ages of siblings/others living in home:

Information about your child

Does your child have any special needs (inexperience or immaturity in given area, deep fears, problems, etc.) that we should know about? Please explain: _____

Does your child have physical ailments or allergies of which we should be notified? Yes No

If yes, please explain: _____

Child's special talents, interest, or hobbies _____

Child's experience and skill level:

Swimming _____

Emergency Information

Name of child's doctor: _____

Office Phone: _____

Name of child's dentist: _____

Office Phone: _____

Hospital Preference: _____

Phone: _____

Insurance Carrier: _____

Policy Number: _____

In case of sickness or an emergency, and neither parent can be contacted, call:
(Must be local)

Name: _____

Phone: _____

Name: _____

Phone: _____

Summer Day Camp staff has my permission to administer one appropriate dose of acetaminophen if needed for fever and if parents cannot be reached.

I hereby grant permission to the Summer Day Camp authorities present during any emergency or accident involving my child _____, to obtain the service of a physician and/or to transport my child to a hospital. I also grant permission to the physician to treat my child unless I am present and request otherwise or unless I later request otherwise.

Parent's Signature

Date

Pick Up Information

The following persons have my permission to pick up my student without my sending a note or calling Summer Day Camp staff.

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Parent's Signature

Date

Field Trip Permission

_____ has my permission to go on all field trips and to play in unfenced play areas when supervised by Summer Day Camp staff.

Parent's Signature

Date

Summer Options (Select One)

Full (10 Weeks)

Half (5 Weeks)

Weeks for Half Summer (Select 5)

June 13 – June 17

June 20 – June 24

June 27 – July 1

July 5 – July 8

July 11 – July 15

July 18 – July 22

July 25 – July 29

August 1 – August 5

August 8 – August 12

August 15 -August 19

Payment Options (Select One)

Full Summer:

Full (\$1600)

Two Part (\$850)

Weekly (\$180)

Half Summer:

Full (\$850)

-

Weekly (\$180)

FOR OFFICE USE ONLY:

Date Registration Received _____

\$ _____ (Cash _____ Check # _____ Dated _____)

Tuition \$ _____