



Mount Pleasant Baptist Church

2516 Squirrel Hill Road ▪ Herndon, VA 20171

Phone: (703) 793-1196 ▪ Fax: (703) 793-1197

www.mtpleasantbaptist.org

Pastor: Rev. Dr. James L. Graham, Jr.

Christian Camp

The C.R.O.S.S.

APPLICATION FOR ENROLLMENT

Child's Name: _____
Last First Middle

Birth Date: _____ Age: _____ Gender: _____ Grade this Fall: _____

Child's Social Security Number: _____ T-Shirt Size: **S M L XL**

Home Address: _____

City: _____ State: _____ Zip: _____

Does your child have any special academic needs? Yes No If yes, please explain. _____

(Registration)
Payment Schedule: Session-1 Due: March 3 Session-2 Due: April 21

Registration Fee: \$25.00 per session (Non – refundable)

Date Received: _____ Check #: _____

Payment Schedule:	<input type="checkbox"/> Session-1 Due: April 3 June 25 thru July 20 6:30 a.m. to 6:00 p.m. (M-F) \$575.00	<input type="checkbox"/> Session-2 Due: May 5 July 23 thru August 17 6:30 a.m. to 6:00 p.m. (M-F) \$575.00
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Date Received: _____ Date Received: _____
Check #: _____ Check #: _____

Please make checks payable to: *Mt. Pleasant Baptist Church*
(Note Area: *Christian Camp/Child's Name*)

Family Information (Confidential)

Father's Name: _____
First Middle Last

Employer: _____ Work Phone: _____

Pager#: _____ Cell Phone: _____

Email Address: _____

Mother's Name: _____
First Middle Last

Pager#: _____ Cell Phone: _____

Email Address: _____

Marital Status of Parents: Married Separated Divorced Other _____

Persons Authorized to pick up child/children:

- 1. _____
Name Relationship Phone#
- 2. _____
Name Relationship Phone#
- 3. _____
Name Relationship Phone#

In signing the application form; parents enroll their children with the understanding that the administration may request the withdrawal of any child/children at any time, if in the administration's opinion that the child, and /or parents,/guardian does not uphold a spirit of willing compliance with the overall MPBCCC philosophy.

"I have read and agree to cooperate with the standards and policies of Mount Pleasant Baptist Church Christian Camp."

Signature: _____ **Date:** _____
(Parents must sign for application to be processed. A non-refundable fee must accompany this application.)

MT. PLEASANT BAPTIST CHURCH'S CHRISTIAN SUMMER CAMP MEDICAL/EMERGENCY INFORMATION:

In the event of an emergency, Mt. Pleasant Christian Camp will attempt to contact a child's parent/guardian. However, in the event that we are unable to reach you, we will contact one of the alternate emergency contacts on your list.

1. Please list names and phone number of parents/guardians.

Mother's Name	Home Phone	Business Phone	Cell/Pager
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Father's Name	Home Phone	Business Phone	Cell/Pager
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Guardian's Name	Home Phone	Business Phone	Cell/Pager
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2. In case of accident or illness, I request that MPBCCC contact me. If MPBCCC is unable to reach me, the following persons will be responsible for my child's transportation and care.

Name	Relationship	Home phone	Business phone
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Name	Relationship	Home phone	Business phone
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3. In case of an emergency requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature authorizes MPBCCC to obtain medical care deemed necessary for your child in the event that you cannot be located immediately.

<i>Physician's Name</i>	<i>Physician's Phone</i>	<i>Health Insurance Provider</i>
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<i>Phone Number</i>	<i>Policy Holder's Name</i>	<i>Policy Number</i>
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4. Does your child have a history of:

- Fainting with exercise? Yes No _____
- Losing consciousness after an injury? Yes No _____
- Seizures? Yes No _____
- Diabetes? Yes No _____
- Heart problems (chest pain, murmur etc.)? Yes No _____
- Allergies (food, medicine, pollen etc.)? Yes No _____
- Does your child carry an inhaler? Yes No _____
- Does your child have ear problems? Yes No _____
- Does your child wear glasses? Yes No _____
- Had any previous surgery? Yes No _____

5. Does your child take any medications regularly? Yes No

- 1) Medication: _____
Dosage: _____
- 2) Medication: _____
Dosage: _____

I/we authorize and consent to any life saving treatment, and hospital care that, in the best judgment of a licensed physician or dentist is deemed advisable. I/we agree to assume the financial responsibility for all expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

Parent/Guardian Signature

Date