



MOUNT OLIVE BAPTIST CHURCH CAMP PIGGYBACK

June 24, 2019 – August 23, 2019

8:00am - 6:00pm

REGISTRATION FORM

CHILD'S NAME _____ AGE _____ GRADE _____ SEX _____
(Next Term)

ADDRESS _____ CITY/STATE/ZIP CODE _____

RACIAL BACKGROUND _____ ETHNIC BACKGROUND _____

MOTHERS NAME _____ FATHERS NAME _____

HOME ADDRESS _____ HOME ADDRESS _____

HOME PHONE _____ HOME PHONE _____

BUSINESS PHONE _____ BUSINESS PHONE _____

CELL PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____ EMAIL ADDRESS _____

PLEASE LIST PERSONS AUTHORIZED TO ASSUME RESPONSIBILITY FOR THE CHILD IF PARENT IS NOT AVAILABLE:

NAME _____ NAME _____

RELATIONSHIP _____ RELATIONSHIP _____

ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____

Please indicate the weeks your children will attend MOBC Camp Piggy Back. Your child must register for at least two weeks unless other arrangements have been made with the Director.

Note: We will be closed on July 4th and July 5th for Independence Day.

_____ June 24, 2019

_____ July 29, 2019

_____ July 1, 2019

_____ August 5, 2019

_____ July 8, 2019

_____ August 12, 2019

_____ July 15, 2019

_____ August 19, 2019

_____ July 22, 2019

T Shirt Size: Child: S M L XL Adult: S M L XL XXL

Please send payments to Gerri Craig, at Mount Olive Baptist Church, 260 Central Ave., Hackensack, NJ 07601

Cash CK MO Amt _____



MOUNT OLIVE BAPTIST CHURCH CAMP PIGGYBACK EMERGENCY INFORMATION AND RELEASE CARD

CHILD'S NAME _____

AGE _____

HOME ADDRESS _____

PARENTS NAME _____

TELEPHONE _____

ADDRESS _____

DOCTOR'S NAME

NAME _____

ADDRESS _____

TELEPHONE _____

PLEASE LIST ANY SPECIAL ILLNESS OR ALLERGIES

***PLEASE PROVIDE YOUR CHILD'S IMMUNIZATION RECORD WITH THE REGISTRATION**

IS THERE ANYTHING ELSE THAT YOU WOULD LIKE TO TELL US ABOUT YOUR CHILD THAT
WILL HELP TO MAKE SUMMER CAMP A POSITIVE EXPERIENCE _____

MY SIGNATURE BELOW AUTHORIZES CAMP PIGGYBACK TO TRANSPORT MY CHILD
_____ TO _____ IN CASE OF SERIOUS ACUTE
EMERGENCY. THE CENTER HAS PERMISSION TO ADMINISTER ROUTINE FIRST AID IF
NECESSARY.

Signature

ALTERNATE EMERGENCY CONTACT PERSON

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

TELEPHONE _____

TELEPHONE _____

MOBC Camp Piggyback

CONTRACT TERMS & AGREEMENT

BY COMPLETING AND SIGNING THIS APPLICATION I HEREBY DECLARE THAT ALL SUPPLIED INFORMATION IS CORRECT AND CURRENT. I ALSO AGREE TO THE FOLLOWING TERMS:

1. I understand and agree that the **\$85 registration fee is NON-REFUNDABLE** and is due ON THE DATE I RETURN THE REGISTRATION, IN ADDITION TO THE FIRST WEEK'S PAYMENT.
2. I understand and agree to pay \$145.00 every week to the *Mount Olive Baptist Church/Camp Piggyback*. I understand and agree that this fee is due **WEEKLY** at the beginning of every week regardless of my child's attendance in accordance with the following payment schedule:

Regular Payment Schedule

<i>With Registration Form</i>	\$230
<i>July 1, 2019</i>	\$145
<i>July 8, 2019</i>	\$145
<i>July 15, 2019</i>	\$145
<i>July 22, 2019</i>	\$145
<i>July 29, 2019</i>	\$145
<i>August 5, 2019</i>	\$145
<i>August 12, 2019</i>	\$145
<i>August 19, 2019</i>	\$145

3. I understand and agree that *Mount Olive Baptist Church/Camp Piggyback* will charge a fee of **\$30.00** for any returned checks.
4. I understand and agree that upon notification from *MOBC Camp Piggyback* of a returned check I will make payment within **48 hours**. I further understand that if I do not make payment my child will be suspended from the program until payment has been made.
5. I understand and agree that field trips will be at an extra fee upon my approval. I further understand that all field trip payments are due in accordance to the following:
 - All field trips must be paid two weeks in advance of the scheduled outing.
 - Field trips scheduled for weeks 3 and 4 must be paid by June 24th, 2019.
 - I understand that all campers are expected to participate in all field trips and that if my child is unable to attend I will make alternate arrangements for their care.
6. I understand and agree that *MOBC Camp Piggyback* will assess a \$10 late fee for every 15 minutes or part thereof if I am late picking up my child.
7. I understand that photos will be taken of camp activity and hereby give permission.

PARENT SIGNATURE

MOBC Camp Piggyback
CODE OF CONDUCT

1. *Student will treat people and property with kindness and respect.*
2. *Student will sit and listen attentively to all staff members.*
3. *Student will get permission to talk or to leave your seat.*
4. *Student will walk and not run in the building.*
5. *Student will do their best.*

Students who break the rules of the above Code of Conduct will be subject to the following consequences:

- *Loss/delay of their privileges of free time, field trip*
- *Loss of freedom of interaction. Student will be given timeout and asked to complete The Behavior Contract.*
- *Restitution. Student will repay the time wasted during recess or making amends for disrespecting and being unkind to others.*

In the case of serious offenses, the parent/guardian will be notified of the offense and a parental conference will be required.

Student's Signature

Date

Parent's Signature

Date