



# MOBC CAMP PIGGYBACK

July 5, 2022 – August 19, 2022

8:00am - 5:30pm

## 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 4<sup>th</sup> Independence Day.**

\_\_\_\_\_ July 5, 2022

\_\_\_\_\_ August 1, 2022

\_\_\_\_\_ July 11, 2022

\_\_\_\_\_ August 8, 2022

\_\_\_\_\_ July 18, 2022

\_\_\_\_\_ August 15, 2022

\_\_\_\_\_ July 25, 2022

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 \_\_\_\_\_

**MOBC 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 **\$75 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 \$160.00 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>	<i>\$235</i>
<i>July 5, 2022</i>	<i>\$160</i>
<i>July 11, 2022</i>	<i>\$160</i>
<i>July 18, 2022</i>	<i>\$160</i>
<i>July 25, 2022</i>	<i>\$160</i>
<i>August 1, 2022</i>	<i>\$160</i>
<i>August 8, 2022</i>	<i>\$160</i>
<i>August 15, 2022</i>	<i>\$160</i>

3. I understand and agree that *Mount Olive Baptist Church/Camp Piggyback* will charge a fee of **\$25.00** 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 or

Absolutely no payments will be accepted on the day of the outing. Additionally, 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.

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*PARENT SIGNATURE*

# MOBC Camp Piggyback

260 Central Avenue  
Hackensack, NJ 07601  
201-489-6888  
201-489-6597(FAX)

## PERMISSION SLIP

I GIVE PERMISSION FOR MY CHILD \_\_\_\_\_  
TO PARTICIPATE IN FIELD TRIPS AND GIVE CONSENT FOR THE ABOVE NAMED  
CHILD TO BE TAKEN OFF THE PREMISES WITH AUTHORIZED PERSONNEL OF  
MOUNT OLIVE BAPTIST CHURCH CAMP PIGGYBACK PROGRAM.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

***In the event serious acute emergencies and the above persons cannot be reached, the following consent will be used:***

*I, the Parent/Guardian of \_\_\_\_\_ give my permission in case of serious medical emergency for a qualified medical doctor to administer any treatment and/or medication to my child.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that although the students will be supervised by Camp Piggyback staff, I do assume the risk in my son's/daughter's participation in the event. I acknowledge that I will not seek to have the Mount Olive Baptist Church Camp Piggyback held liable in the event that any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of my son's/daughter's participation in the field trip. This release of liability includes accident, injury, loss, or damages to the student, as well as, to other individuals or property which may result from the student's participation in the event. I hereby release and agree to hold harmless Mount Olive Baptist Church, Camp Piggyback, its officials, agents and employees, from any claims arising out of my son's/daughter's participation in the event(s).*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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.*

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*Student's Signature*

*Date*

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*Parent's Signature*

*Date*