



MOBC CAMP PIGGYBACK

June 25, 2018 – August 24, 2018

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 Holiday.

_____ June 25, 2018

_____ July 30, 2018

_____ July 2, 2018

_____ August 6, 2018

_____ July 9, 2018

_____ August 13, 2018

_____ July 16, 2018

_____ August 20, 2018

_____ July 23, 2018

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 \$140.00 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>\$215</i>
<i>July 2, 2018</i>	<i>\$140</i>
<i>July 9, 2018</i>	<i>\$140</i>
<i>July 16, 2018</i>	<i>\$140</i>
<i>July 23, 2018</i>	<i>\$140</i>
<i>July 30, 2018</i>	<i>\$140</i>
<i>August 6, 2018</i>	<i>\$140</i>
<i>August 13, 2018</i>	<i>\$140</i>
<i>August 20, 2018</i>	<i>\$140</i>

3. I understand and agree that *Mount Olive Baptist Church/Camp Piggyback* will charge a fee of **\$20.00** 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:
 - A. A trip deposit of \$125 due with the registration form and the balance of \$125 due on July 2, 2018 or
 - B. A trip deposit of \$28 due with the registration form and \$28 payable weekly beginning on July 2, 2018.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.

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.

Student's Signature

Date

Parent's Signature

Date