FBC - HI-DEF SUMMER CAMP 2023



*Camp Dates & Time:

June 5, 2022 - July 28, 2023 - 7:30a.m. - 5:30p.m.

*Registration & Activities Fee:

\$150 (non-refundable; secures your spot with completed application)

*Weekly Tuition:

\$90

*Ages

Pre- K to 6th Grade (5yrs-12yrs)

*Mandatory Parent Orientation:-

May 24, 2023 at 5:00PM

*ALL PARENTS ARE REQUIRED TO SIGN UP ON THE SUMMER CAMP REMIND APP

"OUR GOAL IS TO BRIDGE THE LEARNING GAP"

SIGN UP TODAY & PAY SPACE IS LIMITED!!!

HI-DEF CHILDREN & YOUTH MINISTRY FIRST BAPTIST CHURCH BROAD 2835 BROAD AVE. MEMPHIS, TN 38112 (901) 323-2429



DATES: JUNE 5 - JULY 28, 2023

GRADES: PRE-K -6th (Ages 5-12)

REGISTRATION FEE: \$150

WEEKLY TUITION: \$90

"OUR GOAL IS TO BRIDGE THE LEARNING GAP"

PAY & SIGN UP TODAY, SPACE IS LIMITED!!!



FIRST BAPTIST CHURCH-BROAD

CAMP INFORMATION:

❖ DATES: JUNE 5th −JULY 28th

❖ TIMES: 7:30 AM- 5:30 PM

GRADES: PRE-K -6^{TH} (5yrs-12yrs)

❖ DESCRIPTION: A SAFE, FUN, STRUCTURED, AND CHRISTIAN ENVIRONMENT THAT OFFERS OPPORTUNITIES FOR CHILDREN TO LEARN, EXPLORE AND DISCOVER, THROUGH READING, CREATIVE WRITING, MATHEMATICS, FREE PLAY, PERFORMING ARTS AND MUCH MORE...

COST & REGISTRATION FEES:

*REGISTRATION & ACTIVITIES FEE: \$150 (one time; Non-Refundable)

*WEEKLY TUITION: \$90 PER CHILD

CAMPACTIVITIES:

- *Bible Study
- *Sports
- *Play Fitness
- *Performing Art
- *Learning Labs- Math, Science, and Basic Computer Skills
- *Arts & Crafts
- *Drama
- *Literacy/BookNook
- *Junior Achievement
- *Conflict Resolution
- *AND MORE...



Hi-DEF Children & Youth Camp Emergency Information Form

Please complete this form for your child. This is for use in an emergency, for on site or off site events. Please contact Children's & Youth Ministry Administrative Assistant when you need to update this form. All forms are updated yearly.

Date completed: _____

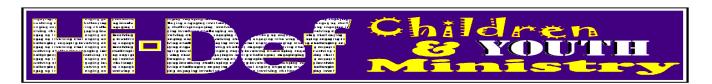
Street number or Box City State Zip Business Address Phone(_) Street number or Box City State Zip Second Parent/Guardian or Emergency Contact Cell () Home Address Phone(_)	~~
Parent/Guardian	3e
Street number or Box	
Business Address Street number or Box City State Zip Cell () Home Address Business Address Street number or Box City State Zip Phone() Business Address Street number or Box City State Zip Phone() Business Address Street number or Box City State Zip Phone() If they are not available in an emergency please notify: Name Relationship Phone() Health Information: Please list last date for following shots: Polio Tetanus Measles DPT Series Allergies Medications (Instructions if necessary) Physical or dietary restrictions *Does Your child have or has ever had an I.E. P/504? Yes or No (if yes please explain) Name of family physician Phone () After Hours () Hospital Preference Phone () After Hours ()	
Street number or Box	
Home Address	
Street number or Box City State Zip Phone(_) Street number or Box City State Zip If they are not available in an emergency please notify: Name	
Business Address Street number or Box City State Zip If they are not available in an emergency please notify: Name	
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Name of family physicianPhone ()After Hours () Hospital Preference	
Hospital Preference	
Hospital Preference	
Insurance Information:	
Name of Medical/Hospital Insurance Carrier Phone()	
Address Street number or Box City State Zip	
Policy Number Group Number	
? My child does not currently have health insurance.	
Emergency Authorization: In the event I cannot be reached in an emergency, I hereby give permission to the	e physician
selected by the First Baptist Church-Broad adult in charge to hospitalize, secure proper treatment for, and to	order
injection and or anesthesia and /or surgery for the child named above. I give my permission for this form to	be
photocopied and kept on file for on and off site events.	,
Witness to Signature Date	



AUTHORIZATION PICK UP FORM

CHILDRENS INFORMATION:

Name_	Relationship
Name_	Relationship
Name_	Relationship
PARENT/GUARDIAN INFORMATION:	
Name:	Home Address:
Home Phone:	Cell Phone:
Relationship to Child:	
EMERGENCY CONTACTS:	
Name:	Relationship:
Address:	Phone:
Name:	Relationship:
Address:	Phone:
WHO IS AUTHORIZED TO PICK UP YO	UR CHILD/ CHILDREN?
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
	ALL children. Anyone that is NOT listed on this authorization If you plan to have someone not listed on this form pick up Hi-DEF Staff and update your form.
Signature of Parent or Guardian	 Date



FINANCIAL AGREEMENT

CHILD'S NAME:	CHILD'S NAME:
CHILD'S NAME:	
COST:	
<u> </u>	e: \$150 (one time; non-refundable)
*Weekly Tuition: \$90	Alle (Mandau)
*Tuition must be prepaid wee *FEES MUST BE PAID PR	
*PLEASE NOTE:	ON 10 El MOEEMEL 1
*Registration fees are only	equired for four weeks when your child begins the first week of camp. prorated if your child begins after the first week. stments for sick days or vacation time.
Returned Checks:	
*A fee of \$38.00 will be char	
*Post-dated checks will NOT	be accepted.
Voluntary Withdrawal:	
*At any point a parent may	withdraw a child from camp. Refunds will NOT be given.
Involuntary Withdrawal:	
*Non-Payment of tuition	
*Failure to follow policies a	nd camp rules to address specific concerns
Lack of I arent cooperation	to address specific concerns
I have read and agree to the terms a and agree to abide by the financial p	nd conditions as stated in this application/agreement. I have read, understand policies as outlined above.
Signature of Parent or Guardian	Date



SIGN IN/OUT INFORMATION:

Signing in camper(s)

*A parent/authorized person MUST sign in children.

Signing out camper(s)

- *Photo Identification must be presented to pick up **ALL** children.
- *Anyone that is **NOT** listed on authorization sheet will not be able to pick up your child.
- *If you plan to have someone not listed on the authorization form to pick up your child, please make arrangements with Hi-DEF Staff prior to pick up.

ATTIRE:

- *Active Sports Wear & Closed Toe Shoes
- * Camp T-shirt MUST be worn for all field-trips

MEALS:

Breakfast and afternoon snack will be provided daily. Parents are to provide lunch and reusable water bottle. Drink and vending machines are available on site. Please send correct change. **Purchases are allowed at PM snack time only.**

MEDICAL INFORMATION:

Hi-DEF staff does **NOT** administer medication. Parents are advised to give children medication before or upon arrival to camp if scheduled. However, if administered upon arrival, parents are required to **wait at least 20 minutes before leaving**.

Make sure **ALL** Health information is **CURRENT**. If an emergency occurs, we will use the information provided on the application.

MEDICAL EMERGENCY PROCEDURE:

If your child is injured and requires more than basic first aid, the following steps will be taken:

- *Staff will notify parent/guardian and depending on severity of injury, 911 will be called.
- *If parent/guardian is not available, the emergency contact listed on the registration form will be contacted.
- *If no one on the registration form can be contacted and it is imperative that the child be immediately transported for care, Hi-DEF staff will accompany the child.
- *Paramedics will transport the child to the nearest hospital.

**FIELD TRIPS: We will have in-house field trips. However, parents will receive timely notification of any scheduled field trip(s) outside of the building and are encouraged to attend whenever possible. Parental consent forms MUST be completed for EACH field trip.



Adapted from the guidelines of the CDC with the American Campus Association (10/21).

High vaccination coverage is needed for all persons attending/ participating with camp. Prevention strategies are important guiding principles for school-age and young-based camp. Covid-19 protocol will be implemented to combat secondary spread between staff members, campers, and their families.

Protocols are as follows:

- Masking is optional
- No cohorts
- No QR questions
- Temperature checks will be doe 2-3 times a week
- Hand hygiene
- Sanitizing classrooms
- Isolation room

These strategies are critical for prevention of COVID-19 outbreaks in congregate settings and youth camps.

<u>ALL</u> staff members and campers should/will be fully vaccinated before camp arrival.

ILLNESS:

For the health and wellness of **ALL** children and staff members, we ask that parents **do not** bring sick children to camp! If your child becomes ill during camp he/she will be brought to the Youth Office, a parent or guardian will be notified, and asked to pick up the child ASAP.

DISCIPLINE:

Should a disciplinary problem arise, staff will respond immediately to the situation. Discipline may include:

- 1. A verbal warning/redirection
- 2. "Reflection Time" with support in the classroom
- 3. Removal from classroom for reflection with support and reset
- 4. Parent Call and write up/ behavior modification needs
- 5. Parent Conference with plan of action (POA)
- 6. Suspension
- 7. Expulsion

Suspension is definite when a child presents unacceptable behavior that causes continued disruption in a classroom setting or camp activities on or off site. For the safety of all children and staff members, the following behaviors **will NOT be tolerated** and disciplinary action will be taken **immediately**:

- *Foul and sexually suggestive language/behavior
- *Damage and/or theft to other's property
- *Bringing weapons and/or illegal items to camp
- *If a child deliberately harms another child and / or staff person

The Staff will complete disciplinary forms. A copy of the form will be available and the concerns will be discussed with the parent/guardian the same day. **No refunds** will be given if your child is removed from the camp for ongoing documented disciplinary reasons.

CAMP WITHDRAWAL INFORMATION:

Campers will be withdrawn from camp for the following reasons:

- *Non-Payment of tuition fee
- *Failure to follow policies and camp rules
- *Lack of parent cooperation to address specific documented concerns

PLEASE NOTE: ALL PARENTS ARE REQUIRED TO ATTEND MANDATORY ORIENTATION PRIOR TO CHILDREN STARTING CAMP (NO EXCEPTIONS!)

Signature of Parent or Guardian	Date	_
		(Rev: 4-23)