



Little Lambs Children's Center Presents: *A Summer of God and Arts 2022*

May 31, 2022-August 5, 2022

Location: 8116 Killearn Plaza Circle Ste 104, Tallahassee, FL, 32312

AGES: 5-11

Directions:

1. Complete Form for each child (Billing email is required)
2. Email form to info@littl lambschristianchildcare.com
3. Look for an email confirmation and invoice details.

Participants Information

Child's Name: _____

Nickname: _____ Birth date: ____/____/____

Gender: Male Female

Child Lives with: Mother & Father Mother Father Grandparent
 Other _____

Street Address: _____

City _____ State _____ Zip Code: _____

School: _____

Local Church: _____

Mother/Guardian #1 Name: _____

Email: _____

Cell Phone: _____

Work Phone: _____

Father/Guardian #2 Name: _____

Email: _____

Cell Phone: _____

Work Phone: _____

Emergency Contact (In case we cannot reach you)

Name: _____

Relationship _____

Cell Phone: _____

PICK- UP POLICY

1. Please list the **additional** people who have permission to pick up your child.
2. Everyone on your list will need to have identification with them.
3. We are not allowed to release a camper to a minor.

I give permission for the people listed below to pick up my child.

	NAME PHONE NUMBER OF FRIEND/FAMILY	RELATIONSHIP TO CHILD
1		
2		
3		
4		

Please make sure your "pick-up list" is acquainted with our pick-up policies. Parent/Legal Guardian will be responsible for all late fees.

Parent/Guardian Signature: _____ Date: _____

General Camp Rules

- **Conduct:** As a Christian organization, Little Lambs Children’s Center expects a high standard of conduct and dress. Little Lambs reserves the right to ask campers to change improper clothing and dismiss anyone for misconduct (no refund will be made). Tobacco, drugs, alcohol, profanity, disrespect, bullying, fighting, unbiblical remarks, and gestures will not be accepted.
- Campers are discouraged from bringing cell phones and other electronics. Staff may confiscate any electronics which create a distraction from camp activities.
- Dress shall always be modest. The following are specifically not permitted:
 1. Shorts above the knee (they must be to the knee)
 2. Midriff, see-through, or low neckline shirts
 3. Clothing with inappropriate words or images
 4. Bikini-style swimwear (male or female)
- The only relationship permitted between campers is friendships.
- **Meals:** Campers are required to bring their lunches and two (2) snacks. Parents are encouraged to make well-balanced food selections.

I agree to the above and Little Lambs’ Statement of Faith, as stated on their website:

Parent/Guardian Signature: _____ Date: _____

Camp Week Selection

Select the week(s) you are registering your child for camp.
(Attend as many weeks as you would like)

Non – Refundable Registration fee \$60.00 / family
Weekly Camp - 7:30 a.m. – 5:30 p.m. - \$160.00 PER WEEK

May 31 - June 3

July 11 - 15

June 6 – 10

July 18 – 22

June 13 – 17

July 25 – 29

June. 20 – 24

Aug. 1 - 5

June 27 - Jul. 1

Package Discount – Register for at least seven (7) weeks by March 1, 2022 to receive the 7-week package discount: \$50 off the total bill.

Billing Email: _____

Name: _____

******* PLEASE READ BEFORE SIGNING *******

Upon registration, the registration fee (\$60) and the first week are due. I will be billed thirty (30) days in advance to pay each week. If the payment is not collected within seven (7) days of the invoice date, my child may lose their spot or be dismissed from the camp.

Parent/Guardian Signature: _____ Date: _____

Refund Policy

I understand that there is NO REFUND for late arrival or early departure from camp or if the camper is dismissed due to disciplinary action. I am responsible for all weeks in full once an invoice has been sent. If an invoice is not paid in full within three days of being sent, my child may lose their spot.

Parent/Guardian Signature: _____ Date: _____

Restrictions and Instructions Special Instructions or Considerations for Minor Illness

Unless specific instructions are provided below, camp health care staff will treat minor illnesses (headache, insect bite, etc.) with over-the-counter medications. If the child continues to show symptoms, parents will be notified.

Will your child require any special assistance while at camp?

Physical Activities to be Limited or Restricted while at Camp:

Anything else you think the medical staff should know:

Immunization and Allergy

Are required public school immunizations up to date? Yes No

Does your child have any allergies? Yes No

Allergy Type: Food Environmental Drug

Allergic reaction details, date, and description:

Does your child require an EpiPen? Yes No

Please provide details:

Photo Release

Select the space below to grant or not grant permission for your child's photos to be used in the manner below.

	Grant	Do not Grant
Use still photos in promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
Use still photos on the company's website and Facebook page	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Signature: _____ Date: _____

COVID-19 POLICY

By registering my child for Summer Camp, I understand that I agree to all the health and safety protocols put in place. I understand there is no guarantee that my child or myself will not become ill while in camp. I AGREE to notify staff IMMEDIATELY of any new illness symptoms while attending camp.

What we are REQUIRING:

- Campers who have had Covid-19 symptoms or exposure and/or a positive Covid-19 test within ten (10) days before their week at camp are to stay home and inform us.

I, _____, am agreeing to register my child for Summer Camp.

Parent/Guardian Signature: _____ Date: _____