

CAMP MANNA MINISTRIES

AFTER- SCHOOL CARE FORM 2011

CAMP FEES

Registration Fee: \$15.00

*A * Non-Refundable * \$15 registration fee is
required at time of registration*

Weekly Fee: *(due Friday of the week before. Cash and/or
check accepted.)*

\$50/week - 5 day week

\$35/week - 3 day week

**Mocksville Drop Off Fee: An additional \$5/week
will be added for the Mocksville drop off service**

MEDICAL INFORMATION AND WAIVER

Check any allergies the camper has:

Bee Stings Yes No Has never been stung

Peanuts Yes No Other Nuts: _____

Penicilin Yes No

Other Allergies: _____

Type of Reaction _____

Treatment Given: _____

List any specific activities to be restricted or any physical or
mental limitations we should be aware of: _____

INSURANCE INFORMATION/PARENTAL CONSENT

Name of Guardian with Insurance: _____

Medical Insurance Co. _____

Policy Number _____

Group Number _____

I hereby grant permission of _____
(student's name) to attend Camp Manna After School Program. In my
capacity as parent or guardian, I hereby wave any rights that I, or said
minor child, may have to sue Camp Manna Ministries, Inc or any of their
employees, as a result of any and all injuries, damages, or losses
sustained by the mentioned minor child while participating in the camp
program. I affirm that the individual is in good health and suffers from no
illness, disability or condition that may or may not require taking
medication on a regular basis unless that condition is disclosed and
approved. Furthermore, the undersigned has no knowledge of any reason
that the applicant cannot participate in camp recreation activities. I hereby
authorize emergency medical treatment to be performed by camp staff
and/or attending physicians at a local clinic or hospital, to my child, in my
absence. In my capacity as a parent and/or guardian and on behalf of the
applicant, I hereby release Camp Manna Ministries and its staff from any
and all liability from injury or illness, mental or physical, suffered by the
applicant during or related to camp.

Signature of Parent / Guardian

Date

Photo Release: By initialing this page, I hereby release the right to Camp
Manna to use pictures and/or video taken of my child during After School
Care recreational times to be used for promotional purposes including, but
not limited to, newspaper ads, brochures, newsletters, website, etc.

_____ Parent's Initials

PICK UP INFORMATION

**Please list Names of Persons authorized to pick up
your child.**

Mail Completed Form and Fee To:

Camp Manna Ministries

243 Gibson Way

Mocksville, NC 27028

336.284. CAMP, www.campmanna.org

info@email.campmanna.org

Student's Name: _____

Address _____

City, State, Zip _____

Student lives with: Both Parents Father Mother
 Other

Father's Name _____

Contact Phone # _____

Contact Phone # _____

Mother's Name _____

Contact Phone # _____

Contact Phone # _____

Parent E-mail _____

Grade entering in Fall 2011 _____ Gender M F

Age _____ Birth date ____/____/____

School child attends _____

Please indicate which service you will be needing:

- 5 day week Afterschool Care
- 3 day week Afterschool Care
- Christmas Camp#1 - Dec 19-21" mini camp"
- Christmas Camp#2 - Dec. 26-30
- Spring Break Camp

Mocksville Drop off (\$5/week fee)

- Check Here if you plan to use Pick-Up