**Camp Manna is dedicated to**

**providing a quality**

**After-School Care Program.**

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We offer

Homework Help, Snack, Free Play, and

a Fun Christian Environment,

*canoeing, paddle boating, basketball, netting, archery, etc. will be open weather permitting on break days.*

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Our Staff is dedicated to providing a safe and caring environment.

We operate on an "as needed" basis. You only pay for the days your child attends. Paperwork must be turned in to our office before your child can attend.

**Daily/Weekly:** If you only need us on an "as needed" basis we ask that you call our office by 11:00 am if your child is planning to ride with us in the afternoons. You MUST contact the school and notify them that your child will be a Camp Manna Van Rider. If you pay our daily/weekly rate you will need to pay extra on early release days and teacher work days.

**Monthly:** If you plan on your child riding with us each afternoon, please notify us if your child is sick or will not be riding on a particular day. This will prevent our staff from having to find out from school personnel where your child is that afternoon. If you participate in the monthly pay, you will pay a set fee regardless of your child's attendance. However, this amount also covers all teacher workdays and early release days. Our monthly rate will save you money!! Check our website for full details.

**2016-2017 Rates:**

Camp Manna

**Registration Fee:**

**A one-time $15 registration fee is required to complete your new registration. ($15 per family)**

**![C:\Users\CampManna\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\8BYBGKK4\MC900134537[1].wmf]()**If you have previously been registered in our Afterschool care program you do NOT need to pay this fee. Thank you**!**

After-**School** Care

**&**

**Daily Rate:**

Teacher Work Days

**$10 per day - regular school day**

**$15 per day - early release day**

**$25 per day - teacher work day**

**Weekly Rate:**

**$50 per week - one child**

**$90 per week - 2 children**

**2 children per day is $20/day *(no discount)***

**Monthly Rate:**

**See website for monthly payment schedule**

***\*\* Pay per month and receive all workdays and early release days for no additional charge.***

**Hours:**

After school Hours: 3:00 - 6:00 pm

Early Release Hours: 1:00 - 6:00 pm

Teacher Workdays: 7:00am – 5:30pm

***CLOSE AT 5:30PM ON FRIDAYS***

Need a Mocksville Pickup? We run an afternoon Mocksville Drop- off at the Davie County Library from 5:30 - 5:45pm

**\*\*$5 extra per week for this Service \*\***

**Regular Pick up at the Camp...See hours Below**

Schools we currently pick up at:

Cooleemee Elementary

Cornatzer Elementary

Mocksville Elementary

William R Davie Elementary

South Davie Middle School

 (2016-17)

**~~~~~~~~~~~~~~~~~~~~~~~**

**RELAX, HAVE FUN, PLAY, GET HOMEWORK HELP!!**

**~~~~~~~~~~~~~~~~~~~~~~~**

***Join us After School, on early release days or Teacher workdays! It's affordable and it's a positive atmosphere***

Camp Manna is a non-profit organization dedicated to investing in the lives of youth. Our desire is to run a Christ-centered program that is upbeat and ever-changing. We will challenge each camper to walk closer to the Lord, focus on having a positive attitude and engage in fun and exciting activities. Your child will benefit from a caring and devoted staff and atmosphere, fun physical activity, and positive character building!!!

**CAMP MANNA MINISTRIES**

**2016-2017 Registration Form**

**SCHOOL YEAR ACTIVITES**

**(After school, teacher work days, and/or early release days) \*\* Separate Form must be completed for our**

**Summer Day Camp Program \*\***

**Student's Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student lives with: □ Both Parents □Father □Mother

 □Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please put "#1" beside contact number we should try first!**

**Father's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Contact Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother's Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent E-mail** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade entering in Fall 2016\_\_\_\_\_\_\_\_\_\_ Gender □ M □ F

Age \_\_\_\_\_\_\_\_ Birth date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

**School child attends :**

**□ Cooleemee Elem □ Mocksville Elem**

**□ Cornatzer Elem □ William R Davie**

**□ South Davie Middle**

**Mocksville Drop off ($5/week fee)**

**□ Check Here if you plan to use Drop Off**

 **An additional $5/week will be added for the Mocksville drop off service. This is an afternoon drop off service at the Davie County Library 5:30 - 5:45 pm.**

**MEDICAL INFORMATION AND WAIVER**

Check any allergies the camper has:

Bee Stings □ Yes □ No □ Has never been stung

Peanuts □ Yes □ No □ Other Nuts: \_\_\_\_\_\_\_\_\_\_

Other Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Reaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Illnesses/medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp Manna Release Form

I hereby grant permission of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student's name) to attend Camp Manna School Year Activities 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 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. 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**

**Please indicate which service you will be needing:**

**□ Full Time - Monthly Pay OR Weekly Pay**

**□ Part-Time - Weekly or Daily Pay**

**□ Teacher Work Days and/or Early Release**

**□ Spring Break Camp**

**\*\* If your child will be attending Teacher Workdays or Early Release Days Call our office the week prior (or earlier) to get them signed up!!**

**PICK UP INFORMATION**

**Please list Names of Persons authorized to pick up your child. (Anyone NOT listed on this form will not be allowed to pick your child up unless you have contacted us prior to their arrival.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important Information:**

Payment is due the first day of each week the student attends. We accept Cash, Check and/or Visa/MasterCard.

**We Close at 6:00 pm Mon- Thursday**

**And 5:30pm on Friday!**

Mail Completed Form and Fee To:

**Camp Manna Ministries**

**243 Gibson Way**

**Mocksville, NC 27028**

336.284.CAMP, *www.campmanna.org*

*info@campmanna.org*