

**Camp Manna REMOTE LEARNING – SCHOOL YEAR
Registration Form 2020/ 2021**

For Office Use, ONLY

Camper Name: _____

Address _____

City, State, Zip _____

Camper lives with: Both Parents Father Mother
 Other _____

Please list #1 beside which contact we should try first
Father's Name _____

Cell Phone # _____

Home/Work Phone # _____

Mother's Name _____

Cell Phone # _____

Home/Work Phone # _____

Parent E-mail _____

(enter email you want your invoices & receipts sent to)

Grade entering in Fall 2020 _____ Gender M F

Age at date of Camp _____ Birth date ____/____/____

First time camper at Camp Manna? yes no

School child attends _____

Please Indicate which option you are enrolling in

- 5 Day - Remote Learning w/ Advance Pickup
- 5 Day - Remote Learning without Pickup
- 5 Day -3 Remote Learning 2 After School Care A day or B day
- 5 Day -1 Remote Learning 4 After School Care (K-2nd Graders)
- 4 Day - After School Care ONLY - (K-2nd Graders)
- 3 Day - Remote Learning w/ Advance Pickup A day or B day
- 3 Day - Remote Learning without Pickup A day or B day
- 1 Day - Remote Learning w/ Advance Pickup
- 1 Day - Remote Learning without Pickup

*****IMPORTANT*** All Payment is MONTHLY based. Payment is Due 1st week of the month. Payment will be late after the 7th of each month and a LATE fee will be applied.**

T-Shirt Size

Youth: Youth S (5-7) Youth M(8-10) Youth L (11-12)
Adult: Adult S Adult M Adult L

Pick Up/Emergency Contact Information

List People who are authorized to pick up your child other than parents/guardian already listed on form. ID may be required to verify names on list.

Name: _____ Relation _____

Phone: _____ or _____

Name: _____ Relation _____

Phone: _____ or _____

Name: _____ Relation _____

Phone: _____ or _____

Name: _____ Relation _____

Phone: _____ or _____

PICK UP / DROP OFF LOCATIONS

- @ **CAMP MANNA** OPEN at 7:30 am , CLOSE at 6:00pm
- MOCKSVILLE Pick Up Site** -TBD
at Davie County Public Library 7:45-8:00 am and 5:15-5:30 pm
- ADVANCE Pick UP Site**
at Bermuda Quay Shopping Center 7:45-8:00 am and 5:15-5:30 pm

DISCLAIMER: We take daily photos of game time, free time, crafts and fun activities around the camp. We post them daily to Facebook (we DO NOT tag anyone). If you DO NOT wish for your child's photo to be taken please check this box.

I DO NOT wish for my child's photo to be on your Facebook page

BEHAVIORAL CONTRACT

Disruptive Behavior will NOT be tolerated. We are working hard to create a peaceful learning environment and will immediately dismiss any student who cannot follow the structure of our day.

I understand that my behavior (my child's behavior) will impact their ability to stay enrolled in the remote learning childcare option at Camp Manna. _____ Parent Initials
_____ Camper Initials

MEDICAL INFORMATION AND WAIVER

Please list medical, physical, emotional, mental or behavioral conditions
Bee Stings Yes No Has never been stung
Peanuts/NUTS Yes No explain: _____
Food/OTHER Allergies Yes No yes, explain: _____

ADD ADHD
 behavioral, mental, emotional or physical conditions or disabilities: _____
 Asthma Inhaler (must be given to camp staff)
 Other Allergies or illnesses: _____

NONE: I certify my child has none of the above conditions and realize that failing to disclose important health information can be harmful to my child during a day of camp recreation.

Daily Medication: If your camper will need medication, inhaler or epi-pen during their camp day you MUST sign a medication release form (contact our office or print off website). All medications are kept in camp medic area (including inhalers and epi-pens).

INSURANCE INFORMATION / PARENTAL CONSENT

I hereby grant permission of _____ (camper's name) to attend Camp Manna Ministries, Inc. In my capacity as parent or guardian, I hereby waive 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 give my consent for my child to be transported to and from the camp facility by means of Camp Manna Van and/or Activity bus. 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 _____