



2019 Consolidated Baptist Church Summer Enrichment Program Application June 10 – August 2

Participant Information:

Participant Name _____ DOB _____

Address _____ Phone _____

City, State, Zip _____ T-Shirt Size _____

Elementary School (2018-19) _____ Grade _____

**All Applicants Must Submit Report Card with Application*

\$35 Registration PLUS

June 10 - July 3 (\$345)

July 8 - August 2 (\$345)

June 10 - August 2 (\$675)

Daily Enrichment Academies (Choose One):

Noah's Ark STEM Academy

Grades K-5

As part of the Noah's Ark STEM Academy, students will combine their problem solving skills with their creativity to build some pretty amazing things! Egg drop vessels, stomp rockets, and bridge building are just a few examples of the hands on mechanics needed in the Maker's Space classroom. Don't like Science and Math? Bubbling mixtures, glow-in-the-dark masterpieces and fractions with food will make these two subjects a piece of cake!

Art on the Move Design Academy

Grades K-5

Design in Color and in Motion at the Art on the Move Design Academy. During this 8-week summer academy, students will Discover, Explore and Create with Popsicle sticks, bottle caps, paper towel rolls and more. Like to take pictures? Say "cheese" as we introduce Photography and Scrap booking to students who want to learn how to keep their favorite pictures in one place. Finally, we will explore art in motion through liturgical performance, exercise dance, and a host of ensemble activities.

AgDiscovery Science Academy

Grades 3-5

Our AgDiscovery Science academy is a unique opportunity for students to gain insight into the many different faces of Agricultural Science. During this 8-week summer academy, students will focus on plant, animal and food science as well as explore how each is relevant to everyday life. Getting dirty in the garden, cooking with Professor Popcorn and hanging out at the Kentucky Horse Park are all part of the AgDiscovery Science Academy

The Nature Academy

Grades K-5

It's A Bug's Life! Where the Wild Things Are, and Animal Planet aren't just movies you've seen. It's the environment you live in every single day. At The Nature Academy, participants become explorers as they investigate their natural surroundings and understand the relationship between wildlife and the ecosystem.



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Participant's Name _____ DOB _____

Parent/Guardian/Caregiver Information

Name(s) _____

Relationship to Participant _____

Child Resides with: _____ Both Parents _____ Mother _____ Father _____ Guardian

Primary Parent Address _____

Primary Home Phone _____ Primary Cell Phone _____

Primary Employer _____

Work Phone _____

Email _____

Secondary Parent Address _____

Secondary Home Phone _____ Secondary Cell Phone _____

Secondary Employer _____

Work Phone _____

Email _____

Emergency Contact Information/Authorization for Pick up (not listed above)

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Note: We cannot release your child to anyone other than those listed on this form. Individuals should be prepared to show ID. Only the signee of the application can make changes to this form.

Health/Medical Information

Insurance Provider _____ Policy Number _____

Family Physician: _____ Phone _____

List any medical/physical limitations/precautions (allergies, frequent exhaustion, recent surgery, accidents) etc. _____

If medication is taken on a daily basis, please alert Program Director. Forms will be given that ask for ***a Doctor's note, dosage and frequency of treatment. Medicine must be in the original container.***

Please list child's current medications _____

What is this medication being taken for? _____



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MEDICAL AUTHORIZATION AND CONSENT

In the event of an emergency, I consent to have my son/daughter/ward transported to the following hospital _____ in _____, KY.

I hereby authorize the Consolidated Summer Enrichment Program to act for me according to their best judgment in any emergency requiring medical attention for me and my son/daughter, or ward and/or to treat me/my child/ward for any injury/illness that I/he/she sustains during participation in any designated activity.

I understand that I am responsible for any costs incurred due to injuries received in participating in the above activity covering medical and dental expenses. I further accept responsibility that I and/or my son/daughter/ward is physically able to participate in the above activity.

Signature of Parent/Guardian _____ **Date** _____

PARENT/GUARDIAN AGREEMENT

I have read the Consolidated Summer Enrichment Program Parent Handbook and will comply with all the policies and procedures stated therein. I also agree to abide by the civility policy detailed in the parent handbook. I understand that failure to adhere to these policies may result in my child's termination from the program.

I understand that by signing this application, I am responsible for payment and will comply with payment deadlines as detailed in the parent handbook.

I have accurately stated all medical/health concerns and listed any and all medication my child may need. I understand that I must provide any medicine needed and sign a medical log each day. I understand that failure to accurately list medical concerns and/or provide an immunization record, is grounds for dismissal from the program.

Please check "No" if not giving the Consolidated Summer Enrichment Program permission to use child's photo in promotional literature. ___No

Signature of Parent/Guardian _____ **Date** _____

FIELD TRIP RELEASE

Consolidated Summer Enrichment Program will give advance notice concerning the location and the type of each individual field trip and any special items that may be needed. All Academy participants present the day of the field trip are required to attend. Please sign below to give _____ permission to attend offsite activities.

(Child's Name)

Parent/Guardian Signature _____ **Date** _____



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WAIVER AND RELEASE AGREEMENT

The undersigned being of lawful age and the parent/guardian of the undersigned participant having requested that their minor child participate in the Consolidated Summer Enrichment Program and related events and activities; and whereas the Consolidated Summer Enrichment Program are willing to let their minor child participate in the program, the undersigned do hereby waive, release, and discharge Consolidated Baptist Church and the Consolidated Summer Enrichment Program from any and all claims, actions, demands and unknown foreseen and unforeseen bodily/personal injuries and property damages and consequences thereof resulting from the activities of the Consolidated Summer Enrichment Program.

It is understood that for and in consideration of granting permission for their minor child to participate in the Consolidated Summer Enrichment Program that the undersigned hereby acknowledges that they have received a copy of the Consolidated Summer Enrichment Program handbook and have thoroughly familiarized themselves with its contents and agree to obey and abide by all the rules and regulations contained herein.

The undersigned fully declares that they have admonished their minor child to conduct themselves properly at all times and have advised their child that if he/she should believe that any of the facilities or equipment to be unsafe, to immediately advise his/her counselor of such conditions and refuse to participate further in the activity.

The undersigned acknowledges and understands the Consolidated Summer Enrichment Program provides only minimal medical expense benefits through an accidental death and dismemberment insurance policy for the Consolidated Summer Enrichment Program. Benefits provided under this policy are supplemental only to the extent of policy limits and comes into effect only after all primary funding sources available have been exhausted. Any deductible amounts will be the sole responsibility of the participant.

Consolidated Baptist Church itself will not provide any form of medical insurance and the Consolidated Baptist Church, its representatives, supervisors and employees will not be responsible for any expense incurred due to any injury to my child during participation in the program. Should the undersigned determine that I hereby assert that I fully understand and agree to these waivers and agreements.

Parent/Guardian Signature _____ Date _____