

CONTRACT

HOURS OF OPERATION/ LATE FEES

SUMMER CAMP HOURS

MONDAY-FRIDAY 7:30AM-3:30PM. DROP OFF NO EARLIER THAN 7:30AM. PICK UP NO LATER THAN 3:30PM. IF YOUR CHILD IS PICKED UP AFTER 3:30 THE EXTENDED DAY WEEKLY FEE OF \$25 WILL APPLY. ALL LATE FEES MUST BE PAID BEFORE THE FOLLOWING WEEK.

COST & PAYMENTS

THERE IS A ONE TIME NON-REFUNDABLE REGISTRATION FEE OF \$40 FOR EACH CHILD. SUMMER CAMP PAYMENTS ARE FOR WEEKLY COMMITMENTS ONLY. THE COST FOR SUMMER CAMP IS \$75 PER CHILD PER WEEK, INCLUDES FIELD TRIPS, BREAKFAST AND LUNCH. WE OFFER AN EXTENDED DAY TILL 6PM FOR \$25 PER CHILD. THERE ARE NO DISCOUNTS. FEES CANNOT BE PRORATED. ALL MONEY MUST BE PAID BEFORE SUMMER CAMP SERVICES ARE OFFERED. IN THE EVENT THAT YOU PAY FOR A PARTICULAR WEEK AND YOUR CHILD WILL NOT BE ATTENDING THAT WEEK; YOU MUST CALL 48 HOURS IN ADVANCE AND NOTIFY THE CAMP. IF YOU DO NOT CALL WITHIN THAT TIME, YOUR MONEY WILL NOT BE REIMBURSED.

UNIFORM

A ONE ACCORD SUMMER CAMP SHIRT MUST BE PURCHASED FOR FIELD TRIPS AND OTHER OFF CAMPUS ACTIVITIES. THE COST PER SHIRT IS \$13. THE ONE ACCORD SUMMER CAMP SHIRT MUST BE WORN ON ALL FIELD TRIPS IN ORDER TO ATTEND. ALL CHAPERONES ATTENDING THE TRIP MUST ALSO BUY A SHIRT.

NO FAULT

CHILDREN ARE ALLOWED TO BRING GAMES AND TOYS OF THEIR OWN. HOWEVER, THIS IS DONE AT THEIR OWN RISK. THE SUMMER CAMP WILL NOT BE HELD RESPONSIBLE FOR ANY LOST, STOLEN, OR DAMAGED PROPERTY. TOY GUNS, KNIVES, OR ANYTHING ELSE THE CAMP CONSIDERS DISTASTEFUL WILL NOT BE PERMITTED.

DISMISSAL

PARENT DISRESPECT IS NOT TOLERATED AND WILL RESULT IN THE CHILD'S DIMISSAL WITHOUT REFUND.

PARENT INITIAL X _____

STANDARD OF CONDUCT TO BE READ AND UNDERSTOOD BY CHILD AND GUARDIAN

THE CHILD'S ATTITUDE, CONVERSATIONS, AND BEHAVIOR REFLECT THE CHARACTER OF THE INSTITUTIONS FROM WHICH HE DIRIVES HIS TRAINING. THIS FORM REFLECTS ONE ACCORD CHRISTIAN SUMMER CAMP'S ATTEMPT TO SECURE CHILDREN WHO WOULD BEST ADJUST TO THE PROGRAM CHARACTERIZED BY HIGH STANDARDS OF PERSONAL CONDUCT.

CHILDREN ARE EXPECTED TO ABIDE BY THESE STANDARDS OF CONDUCT THROUGHOUT THEIR ENROLLMENT. CHILDREN FOUND TO BE OUT OF HARMONY WITH THE CAMP'S IDEALS OF WORK AND LIFE MAY BE INVITED TO WITHDRAW WHENEVER THE ADMINISTRATION DETERMINES THAT IT IS NECESSARY. IF SUCH A SITUATION ARISES ALL MONEY PAID WILL BE FORFEITED TO THE CAMP AND WILL NOT BE REIMBURSED. WE ONLY ADMIT CHILDREN WHOSE ATTITUDES INDICATES A DESIRE TO ATTEND A CHRISTIAN CAMP.

1. NO FIGHTING, LYING, STEALING, OR CHEATING
2. NO PROFANITY, NAME CALLING, OR TEASING
3. NO ARGUING OR DISRESPECTING ANY CHILD OR EMPLOYEE WHETHER VOLUNTEER OR NOT

AS A MEMBER OF ONE ACCORD CHRISTIAN SUMMER CAMP, I PLEDGE TO UPHOLD THE RULES AND GUIDELINES STATED IN THE STANDARD OF CONDUCT. I WILL MAINTAIN BEHAVIOR WHICH EXEMPLIFIES COURTESY, KINDESS, MORALITY, AND HONESTY. I WILL STRIVE NOT TO BE OF UNQUESTIONABLE CHARACTER IN DRESS, CONDUCT, AND AREAS OF LIFE. I AGREE TO ABIDE BY THE STANDARDS OF CONDUCT AND OTHER REGULATIONS EXPECTED OF EACH CHILD WHILE I AM ATTENDING ONE ACCORD CHRISTIAN SUMMER CAMP AND I WILL NOT GIVE PERMISSION TO CHILDREN, PARENTS, OR FACULTY THAT I AM NOT IN HARMONY WITH THE GOALS, AIMS, AND STANDARDS OF ONE ACCORD CHRISTIAN SUMMER CAMP.

PARENT INITIAL X _____

CHILD'S INITIAL X _____

PERMISSION & RELEASE

CHILD'S NAME _____ DOB _____

CHILD'S NAME _____ DOB _____

CHILD'S NAME _____ DOB _____

PARENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

CHILD'S PHYSICIAN _____

PHONE # _____

MAY WE CALL ANOTHER PHYSICIAN? _____

ANY KNOWN ALLERGIES? _____

IN CASE OF EMERGENCY NOTIFY:

NAME _____

NUMBER _____

FULL NAME OF PERSON (S) PERMITTED TO REMOVE

CHILD/REN: _____

I HEREBY GIVE PERMISSION FOR MY CHILD(REN) TO PARTICIPATE IN ALL FIELD TRIPS AND ACTIVITIES. I UNDERSTAND THAT ALL PRECAUTIONS WILL BE TAKEN TO PREVENT ACCIDENTS AND THAT SIMPLE FIRST AID WILL BE ADMINISTERED WHEN NECESSARY. I ALSO UNDERSTAND THAT ONE ACCORD CHRISTIAN SUMMER CAMP WILL DO THEIR BEST FOR THE SAFETY OF MY CHILDREN IN THEIR CARE AND WIIL NOT BE NEGLECTED.

I/WE ASSUME ALL RESPONSIBILITY AND WAIVE ANY AND ALL CLAIMS FOR COMPENSATION FOR ACCIDENTAL INJURY BY MY CHILD WHILE PARTICIPATING IN FIELD TRIP ACTIVITIES AND IN CARE OF THE STAFF AND VOLUNTEERS AND HEREBY AGREE TO IDENTIFY AND HOLD HARMLESS ALL STAFF MEMBERS AND VOLUNTEERS AGAINST ANY AND ALL CLAIMS THAT MAY ARISE FROM INJURY TO ANY CHILD WHILE PARTICIPATING IN THIS PROGRAM. I HAVE READ AND UNDERSTOOD AND HEREBY AGREE TO THE FOLLOWING: PERMISSION AND RELEASE, CAMP CONTRACT, AND THE STANDARD OF CONDUCT.

PARENT SIGNATURE X _____

DATE _____