



## Getting to Know You

Tell us about your family and help us understand what's important to you as a parent. Give us some insight into your child and let us in on the special relationship you have with him/her. The more we know about your wants and needs, the richer we can make your child's experience.

### Parent Questions:

1. Tell us why your child is special.
2. What kinds of things do you and your child like to do together?
3. Is this your child's first summer camp experience?
4. What are your child's best and worst times of day?
5. How many siblings does your child have and what are their ages?
6. Use five words to describe your child (e.g., loud, quiet, serious, affectionate, stubborn, etc.)

### Child Questions:

1. Tell us your friend's names.
2. What are your favorite foods?
3. What's the name of your favorite book?
4. Do you have any brothers/sisters? What are their names?
5. Do you have any pets? What are their names?



Child's Name:

Imagine...ME! Summer Day Camp

---

# Imagine...ME!

## Summer Day Camp

### Enrollment Application

---



Parent Updates	_____	_____
	(initial)	(Date)
Parent Updates	_____	_____
	(initial)	(Date)
Parent Updates	_____	_____
	(initial)	(Date)

<b>For Office Use Only:</b>	
App Date	_____
Payment Date	_____

## Imagine...ME! Summer Day Camp

How did you hear about "Imagine...ME! Summer Day Camp"?

Mt. Peace    MMBBC    Brochure  
 Referral    Banner    \_\_\_\_\_

Child's Name \_\_\_\_\_  
(First Name) (MI) (Last Name)

Child's Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex M F Child's SSN # (Not Required) - -  
 Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_

Enrolling Parent/Guardian Name \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_ Driver's License # \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_ Extension # \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Work Hours \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_ Driver's License # \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_ Extension # \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Work Hours \_\_\_\_\_

Parents Marital Status: Married Divorced Single Primary Residence: Both Mother Father  
 Guardian \_\_\_\_\_

If divorced, who has legal custody? \_\_\_\_\_

May the non-custodial parent pick up the child? Yes No

Imagine...ME! Summer Day Camp must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody on such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.

The child will be released only to the people on this application and the following persons:

Name	Address	Phone
Name	Address	Phone

Enrolling Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Return application to:  
 Imagine...ME! Summer Day Camp  
 700 W. Sugar Creek Rd.  
 Charlotte, NC 28213  
 Phone (704) 596-7935  
 Fax (704) 596-1204

\$65 Registration Fee **must** accompany application.

Make checks payable to:  
 MMBBC  
 Note: Summer Camp



<b>For Office Use Only:</b>	
App Date	_____
Payment Date	_____

## Imagine...ME! Summer Day Camp

**Child's Name**

(First)

(Middle)

(Last)

**Child's Physician**

**Any Allergies or special needs**

**Hospital preference**

**Emergency contact other than parents**

**Name**

**Address**

**Phone**

**Imagine...ME! Summer Day Camp will be open from 7:50 AM to 6:00 PM for children ages 5-15.**

- I agree that I am enrolling for five days per week at \$65 per week.
- I agree to pay a registration fee at the time of enrollment. This enrollment fee is non-refundable.
- I agree to pay each week's tuition in advance
- I agree to pay a transportation fee. This transportation fee is non-refundable.
- I am aware that I will be charged a \$15 late fee for payments received after the specified tuition deadline of each week.
- I am aware that I will be charged a \$1 fee per minute for late pick-ups.
- Up to two additional electronic collection attempts and, if needed, by paper draft thereafter will be made to collect on returned checks. The maximum fee allowed by state law will be charged for all collection attempts.
- I am aware that I will received my Parent Handbook, containing additional policies and procedures at the Summer Camp Orientation Program

### Pick-up/Drop-off Policy

Children will only be released to persons authorized (in writing) for pick up by the child's parent(s)/guardian. At the beginning of camp each person who has authorization to pick up a child must physically bring in and show a photo ID before the child will be released into their custody. A copy of each ID will be kept on file in the church office and will only be used for camp purposes.

To ensure children's safety, Imagine...ME! Summer Day Camp keeps a file of names, addresses, and phone numbers of all persons allowed to pick up a child in case of an emergency. The file is based on information provided on enrollment forms. Only written notification to the Director will be accepted for any changes.

Anyone picking up a child must show proper identification before we can release a child. No one under sixteen years of age is permitted to pick up a child. There is no limit on the number of persons authorized but ID will be requested from anyone we do not know.

Only an authorized person may pick up the child and our staff is authorized and instructed to call the police should an unauthorized person attempt to take a child. All information in the child's file is considered confidential and is used only regarding the care of the child.