

Bethel Youth Drop-In Center Registration – Summer 2019

Personal information:

Name: _____ Male/Female (circle)

Address: _____ City/State/Zip _____

Birthdate: ____ - ____ - ____ Rising grade (fall 2019) _____ Name of School _____

Parent or guardian information:

Parent/Guardian 1

Parent/Guardian 2

| | |
|------------------------|--|
| Name | |
| Address (if different) | |
| City/State/Zip | |
| Home Phone | |
| Cell Phone | |
| Email Address | |
| Work Phone | |

In case of emergency in what order should we call parents/guardians and at what numbers?

If parents/guardians cannot be reached, who is an emergency contact? (Name, phone number and relationship to the child.)

Are there any allergies? _____

Food Restrictions? _____

Medical information which we should know about your child? _____

What are your child's interests? Types of games, activities, etc. _____

List of persons who do not have permission to pick up your child: _____

Child's T-Shirt size _____ Flip Flop Sandals size _____

Student Pledge

I will treat myself and others with respect.

I will respect the church building and other people's property.

I will use only the equipment and supplies as they were intended and put them away when I'm done.

I will not bring anything to sell.

I will not litter.

I will respect other people regardless of race, creed color, physical ability, gender identity, orientation, or family origin.

I will not bring anything into the Center that may be considered dangerous to myself or anyone else.

I will not bring any toys, cell phones, or other electronic devices.

I understand that if the safety and conduct rules are not followed, I will be sent home from the center. If this continues I may be asked not to return.

| | | | |
|-------------|------|-----------------|------|
| Participant | Date | Parent/Guardian | Date |
|-------------|------|-----------------|------|

Parent Pledge

As a parent/guardian of a child attending the Bethel Youth Drop In Center, I pledge to support the Center in its work.

I will offer emotional, volunteer and financial help as I am able to the children, the volunteers, and the staff.

I will abide by the decisions of the staff in regard to the operation of the center in order to provide a safe and developmentally appropriate atmosphere for the children.

I will freely bring my questions and concerns to the staff of the center.

I understand that I am responsible for transportation to and from the center.

In order to protect the health of all attendees I will keep my child home when he/she is ill.

| | |
|-------------------|------|
| Parent/Guardian 1 | Date |
|-------------------|------|

| | |
|-------------------|------|
| Parent/Guardian 2 | Date |
|-------------------|------|

Medical Release for Bethel Youth Drop-In Center

I understand that in the event of an emergency, or if any medical or surgical care becomes necessary for _____, I, the parent/guardian grant those in charge of the

(Child's Name)

Bethel Youth Drop-In Center, permission to authorize medical attention as recommended by a licensed physician, if I am unavailable. I also agree to pay all the medical costs involved in such an emergency treatment. Every attempt will be made to contact the parent/guardian. I release and discharge the Bethel Youth Drop-In Center and its representatives from liability whatsoever in exercising this permission.

Please Print

Child's Name: _____ Birthdate: _____

Parent/Legal guardian (primary contact) : _____

Address: _____ City/State/Zip _____

Primary phone contact: _____ Alternate phone number: _____

Work phone: _____

Alternate contact: _____ Alternate contact phone: _____

Physician name: _____ Phone: _____

Insurance Co. _____ Policy#: _____

If emergency transport is required please transport to: _____ Randall Children's Hosp. (Emanuel/Legacy Health System) _____ Doernbecher Children's Hospital (OHSU)

Allergies (include all drug and food allergies): _____

Date of last tetanus shot: _____

Please list any current medications your child is taking: _____

Any medical information about your child that may be pertinent: _____

Parent/guardian 1 Date

Parent/guardian 2 Date

Photo/Video Release Bethel Youth Drop-In Center

I, _____, give permission to the Bethel Youth Drop-In Center and its
(Parent/Guardian)
agents, to photograph or videotape my child, _____ during Bethel
(Child's Name)
Youth Drop-In Center activities.

I understand that this contract constitutes my permission to have my child photographed or videotaped for purposes of promoting the Bethel Youth Drop-In Center.

The photos or videos will be used for promotional use **ONLY** and will not be used for any other purpose. The Center will use photos in their local newsletter as well as for such purposes for applying or funding to keep the Center open. There will also be photographs hung in the Center for parents/guardian, children, and anyone visiting the building to see.

I release and discharge Bethel Youth Drop-In Center and its representatives involved, from any liability whatsoever in exercising this permission.

Parent/guardian Signature

Date

If you would prefer not to have your child photographed or videotaped, please sign below.

Parent/guardian Signature

Date

General Field Trip Release

I, _____, give permission to Bethel Youth
(Parent's/Guardian's Name)
Drop-In Center and its agents, to take my child, _____
(Child's Name)

from the Center for occasional and regular Bethel Youth Drop-In Center activities, including swimming, park outings, neighborhood walks, and trips on public transportation.

_____ I do not wish to sign a general field trip release, I wish to have a separate release for each field trip.

Parent/Guardian Signature

Date

Bethel Youth Drop-In Center 2019 Summer Camp Tuition Pricing (per week)

The Bethel Youth Drop-In Center believes all neighborhood children should have the opportunity to attend our summer day camp. We know families have different abilities to pay, so we offer a voluntary five-tiered pricing program to better meet all financial needs. Since you know your family's financial situation better than we do, you select the rate you can afford.

Reduced pricing doesn't change the quality camp experience your child receives!

Having the multiple payment options (tiers) listed below shows you the true cost of the Drop-In Center's programming (Tier 1) and gives you a range of possible payment plans in Tiers 1 through 5. The level you choose is up to you. Consider selecting the highest price you can afford because that choice helps more kids come to camp!

Tier 1: This option is closest to the true cost of camp.

Tier 2: This option is slightly subsidized for families needing a bit of support to make camp affordable.

Tiers 3, 4, and 5: These options are more highly subsidized rates; we can provide these lower payment options because of fundraising events and individual contributions from Drop-In Center supporters. Choose one of these rates if your family requires additional campership support.

We encourage all families to assist us in keeping our costs low by volunteering at least one evening during the summer to help with janitorial and clean-up work after campers have gone home.

Payment: A non-refundable deposit of \$20 is due with your registration. Payment for each week of camp is due by Monday morning of each camping week. You may pay earlier than Monday morning, and you may pay for several weeks at a time.

| Tier One | Tier Two | Tier Three | Tier Four | Tier Five* |
|-------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|
| First Child \$200 | First Child \$150 | First Child \$100 | First Child \$50 | First Child \$25 |
| Additional children from same immediate family \$150 per child | Additional children from same immediate family \$100 per child | Additional children from same immediate family \$50 per child | Additional children from same immediate family \$25 per child | Additional children from same immediate family \$15 per child |

*If you find your family situation falling outside these payment tiers, please speak with the Director. The Bethel Youth Drop-In Center has a policy of never turning a child away because the family is unable to pay. We want to work with you so that your child has a wonderful camping experience during Summer Drop-In.

Bethel Youth Drop-In Center Program Fee Agreement

Full Day Program Fees are **\$200** per week, per child. This fee includes all day care (8 am to 5:30 pm) and a healthy breakfast, lunch and snack.

Bethel can provide a sliding scale for our families and discount for multiple children. Please select the amount that you can pay for each child. Payment is expected on Monday of each week.

_____ **\$200** _____ **\$150** _____ **\$100** _____ **\$50** _____ **\$25**

Further tuition assistance, discounts for multiple children, and other work-trade options are available

If you require tuition assistance, please speak with the camp director.

Tuition Assistance is determined on an individual basis without regard to race, religion, physical ability, ethnic background or sexual orientation according to the amount of Tuition Assistance money available.

I (we) understand our weekly fee for the summer program will be: _____

Parent Signature

Date

Accepted:

Center Director Signature

Date

Bethel Youth Drop-In Center Financial Assistance Application

*** NOTE: ALL information contained in this application is confidential. ***

| | |
|-----------------|------------|
| CAMPERS NAME | Birth Date |
| MAILING ADDRESS | Grade |
| CITY/STATE/ZIP | |

PARENT/GUARDIAN INFORMATION

| | |
|----------------------------------|------------|
| PARENT/GUARDIAN NAME | Occupation |
| ADDRESS, IF DIFFERENT THAN ABOVE | Cell Phone |
| EMAIL ADDRESS | |
| PARENT/GUARDIAN NAME | Occupation |
| ADDRESS, IF DIFFERENT THAN ABOVE | Cell Phone |
| EMAIL ADDRESS | |

MONTHLY FAMILY INCOME

| | |
|-------------------------------------------------------------------------------------|----|
| GROSS MONTHLY INCOME (Salary, wages, commission) | \$ |
| ALL OTHER ASSISTANCE (Alimony, TANF, SNAP, etc.) | \$ |
| Please list the total number of people in your household living on the above income | |
| Amount I am able to contribute | \$ |
| I have skills/services I can contribute | |
| My family experiences food insecurity during the month. Please explain. | |

Bethel Youth Drop-In Center Household Information

The Bethel Youth Drop-In Center depends on a variety of sources for financial support. Many of our funders require that we submit statistics on the people we serve. Please help us gather this information. The Center will not release information about any individual or family; we will use the information you give us only for compiling statistics about groups the Center serves.

How did you hear about the Bethel Youth Drop-In Center? _____

How many children are in your family? _____ Ages? _____

How many use the Bethel Youth Drop-In Center? _____

Do any of your children (attending the Drop-In Center) have special needs? Briefly describe. _____

How many adults are in your household? _____

What is their employment status? _____ full time _____ part time

Which of the following best describes the head(s) of household?

Single Parent Two parents Grandparent(s) Foster Parent Other

Which of the following best describes the head(s) of household ethnicity?

African American Asian Caucasian Hispanic Native American

Pacific Island Other

Total annual household income:

under \$10,000 \$10,000 - \$19,000 \$20,000 - \$29,000

\$30,000 - \$39,000 \$40,000 - \$49,000 over \$50,000

Does your family struggle with food scarcity? _____

Does your family struggle with housing insecurity? _____

Bethel Youth Drop-In Center Summer Camp Weeks Attending Form

| Child's Name | Week 1 July 1 – July 5 | Week 2 July 8 – July 12 | Week 3 July 15 – July 19 | Week 4 July 22 – July 26 | Week 5 July 29 – Aug 2 | Week 6 Aug 5 – Aug 9 |
|--------------|------------------------------|-------------------------------|--------------------------------|--------------------------------|------------------------------|----------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Alternate Drop Off and Pick Up Persons

| | |
|----------------|----------------|
| 1. Name | 2. Name |
| Home Phone | Home Phone |
| Cell Phone | Cell Phone |
| 3. Name | 4. Name |
| Home Phone | Home Phone |
| Cell Phone | Cell Phone |

Yes, I am enrolling my 4th and/or 5th grader in the University of Portland Summer Learning Program. (Child must attend weeks 1 through 5 and Bethel pays tuition)

| Child's Name | Grade |
|--------------|-------|
| | |
| | |
| | |