



Bethel 2025 Summer Day Camp Program

FAMILY APPLICATION PACKET



Housed @ Bethel Lutheran Church
5658 N Denver Ave
Portland OR 97217
Email: ydic@bethelpdx.org
Web: www.bethelpdx.org/summer-program/
BLC Phone: 503-285-4919

2025 Summer Day Camp Program @ Bethel Youth Drop-In Center

Program overview: Bethel Youth Drop-In Center celebrates 30+ years of providing a safe place for kids in the neighborhood of Bethel Lutheran Church in North Portland. The Center, a partnership between the congregation and neighborhood families, offers an opportunity for children to learn, play, make friends and explore the community. While housed at a church, the program is secular, offers no religious instruction, and welcomes children of all backgrounds.

Program dates: June 30 through August 8, MTWTF, 8:30 AM to 5:30 PM

Ages served: Children entering first through sixth grades in Fall 2025

Registration: Family registration opens **March 1 2025!** Download a packet via the QR code shown. Email **Director Elizabeth DeLozier** at ydic@bethelpdx.org to submit your packet or to request more information.

Cost & content: Thanks to our Drop-In partners, this program of STEM projects, games, reading, crafts, city excursions, and two meals daily is available for only \$200 per week for the first child and is discounted for additional children. Families needing assistance may confer with the Director to enroll children on a sliding scale (\$200 to \$25).





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Please note: This Family Packet collects information for one to three children. If you are enrolling only one child or two children, leave the extra pages blank.

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Information for PARENT/GUARDIAN #1:

Name of parent/guardian #1: _____

Preferred pronouns: _____

Home address: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Email: _____

Information for PARENT/GUARDIAN #2:

Name of parent/guardian #2: _____

Preferred pronouns: _____

Home address: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Email: _____

Information for EMERGENCY CONTACT:

Name of emergency contact: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Information for ALTERNATE DROP-OFF-PICK-UP PERSONS:

Name of alternate #1: _____

Phone numbers of alternate #1: _____

Name of alternate #2: _____

Phone numbers of alternate #2: _____

Name of alternate #3: _____

Phone numbers of alternate #3: _____

Bethel Youth Drop-In Center: 2024 Summer Day Camp Weekly Tuition

The staff and directors of Bethel Youth Drop-In Center believe all neighborhood children should have the opportunity to attend our Summer Day Camp Program. We know families have different abilities to pay, so we offer a voluntary five-tiered pricing program to better meet all financial needs.

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

You choose the pricing tier appropriate to your family's needs and income. Consider selecting the highest price you can afford because that choice allows more children to participate in our Summer Day Camp! Thank you for this gift to the neighborhood!

Please note: Enrollment and tuition payment happens on a **week-to-week basis. We do not offer daily enrollment or tuition.**

Tier 1: This option is closest to the true cost of camp and reflects discounts based on gifts made to the Center by Bethel Lutheran congregation, fundraising events, individual donors, and granting agencies.

Tier 2: This option includes a slightly greater assistance.

Tiers 3, 4, and 5: These options include more highly subsidized rates for families who need 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 packet. 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 |

NOTE: 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 experience during Summer Drop-In.

Bethel Youth Drop-In Center: Program Fee Agreement

The Summer Drop-In Program fee is **\$200** per week, per child, for a full day's activities (8:30 AM to 5:30 PM) and a healthy breakfast, lunch, and afternoon snack. Payment is expected on Monday of each week. **Please note: Enrollment and tuition payment happens on a week-to-week basis. We do not offer daily enrollment or tuition.**

Bethel provides a sliding scale for our tuition and offers additional discounts for multiple children. **If you request a reduced tuition rate, please complete the Financial Assistance Application, found below, in addition to this Program Fee Agreement.**

Note that tuition assistance is determined on an individual basis without regard to race, religion, physical ability, ethnic background, or sexual orientation. Total family assistance may be limited according to the amount of assistance funds available to the Center.

Name of Child #1:

Child's birthday (Month, Day, Year):

Fee appropriate for first child enrolled: _____ \$200 _____ \$150 _____ \$100 _____ \$50 _____ \$25

Name of Child #2:

Child's birthday (Month, Day, Year):

Fee appropriate for this additional child: _____ \$150 _____ \$100 _____ \$50 _____ \$25 _____ \$15

Name of Child #3:

Child's birthday (Month, Day, Year):

Fee appropriate for this additional child: _____ \$150 _____ \$100 _____ \$50 _____ \$25 _____ \$15

TOTAL weekly tuition payment: I (we) understand our weekly fee for the Bethel 2024 Summer Day Camp Program will be \$_____, payable Monday of each week that my child or children are enrolled in camp. You may pay earlier than Monday morning, and you may pay for several weeks at a time. We accept payment via Venmo as well as by check or cash. For Venmo payment, use the QR code below (user is @BethelLutheran-Church, confirmation digits 6064). If you are paying by check or cash, please hand that directly to Camp staff at the morning sign-in. Please do not ask your child to transfer payment.

Please provide at least one signature of a parent/guardian below.

Parent//guardian's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

Center director signature: _____

Date: _____

Bethel Youth Drop-In Center: Financial Assistance Application

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

Name of Child #1: _____

Fee appropriate for first child enrolled: _____ \$200 _____ \$150 _____ \$100 _____ \$50 _____ \$25

Name of Child #2: _____

Fee appropriate for this additional child: _____ \$150 _____ \$100 _____ \$50 _____ \$25 _____ \$15

Name of Child #3: _____

Fee appropriate for this additional child: _____ \$150 _____ \$100 _____ \$50 _____ \$25 _____ \$15

Name of parent/guardian #1: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Email: _____

Name of parent/guardian #2: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Email: _____

Gross monthly household income (salaries, wages, commissions): \$ _____

Additional monthly assistance income (alimony, TANF, SNAP, etc.): \$ _____

Number of people living in household: _____

Number of days each month that we experience food insecurity: _____

Weekly fee that I can pay based on this household income: \$ _____

Additional work and skills that I can offer in exchange for assistance:

Please provide at least one signature of a parent/guardian below.

Parent//guardian's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

Bethel Youth Drop-In Center: Household Information for Statistics

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 so that funding continues. The Center will not release information identifying any individual or family. We will use the information you give us ONLY for compiling statistics about groups that the Center serves.**

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

How many children (18 years old or younger) are in your family? _____

What are the ages of these children? _____

How many of these children are enrolled in the Bethel 2024 Summer Day Camp? _____

Do any of your children attending the Bethel 2024 Summer Day Camp have special needs? _____

If so, please briefly describe these needs: _____

How many adults are in your household? _____

What is their employment status (full-time or part-time) of each of these adults? _____

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 race of the head(s) of household?

____ African American ____ Asian ____ Caucasian ____ Native American ____ Pacific Islander
____ Other

Does any head of household identify as Hispanic? _____

Which range describes your total yearly household income?

____ under \$10,000
____ \$10,000 to \$19,999
____ \$20,000 to \$29,999
____ \$30,000 to \$39,999
____ \$40,000 to \$49,999
____ over \$50,000

Does your family struggle with food scarcity? _____

Does your family struggle with housing insecurity? _____

Information for **CHILD #1** enrolled in the Summer Program:

Child's name: _____

Child's preferred pronouns: _____

Home street address: _____

City/State/Zip: _____

Best phone contact: _____

Child's Birthday (Month, Day, Year): _____

School child will attend Fall 2024: _____

Child's grade in Fall 2024: _____

Child's T-shirt size: _____

Child's flip-flop or sandal size: _____

Child's interests: _____

Child's allergies: _____

Child's food restrictions: _____

Child's medical info we need to know (there is also a Medical Release Form below):

Student Pledge for **CHILD #1** [pledges for additional children are below]

I will treat myself and others with respect.

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

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

I will not bring anything to sell.

I will not litter.

I will respect other people no matter what color their skin is, what they believe, how they look, what they can do, how they identify themselves, or where their family comes from.

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

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

I understand that if these 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.

Child's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

PARENT/GUARDIAN Pledge

As a parent/guardian of a child or children attending the Bethel Youth Drop In Center's Summer Day Camp, I pledge to support the Center in its work.

I will abide by the decisions of the staff regarding the operation of the center 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.

When I drop off my child, I will **always** drop off an appropriate car seat or booster.

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

Parent//guardian's signature: _____

Date: _____

Medical Release for **CHILD #1** attending Bethel Summer Day Camp

In the event of an emergency or any situation requiring medical or surgical care for my child, [write name of child] _____, I, as parent/guardian, grant the staff of Bethel Youth Drop-In Center, permission to authorize medical care as recommended by a licensed physician. I agree to pay all the costs involved in such an emergency medical treatment. I understand that every attempt will be made to contact me, the parent/guardian, ahead of treatment. I release and discharge the Bethel Youth Drop-In Center and its representatives from any liability whatsoever in exercising this permission.

Name of Child #1:

Child's Birthday (Month, Day, Year):

Child's food allergies:

Child's drug allergies:

Date of child's last tetanus shot:

Child's current medications:

Child's other medical information:

Physician's name:

Physician's phone:

Insurance company:

Policy Number:

Name of parent/guardian #1:

Home phone:

Cell phone:

Work phone:

Email:

Name of parent/guardian #2:

Home phone:

Cell phone:

Work phone:

Email:

Medical Release for CHILD #1 (continued from previous page)

Please provide at least one signature of a parent/guardian below.

Parent//guardian’s signature: _____

Date: _____

Parent//guardian’s signature: _____

Date: _____

Photo/Video Release for **CHILD #1** attending Bethel Summer Day Camp

Please complete only **ONE** of the permission options below.

PERMISSION TO PHOTOGRAPH

As parent/guardian, I grant permission to the Bethel Youth Drop-In Center and its staff and agents to photograph or videotape my child, [write name of child] _____ during Bethel 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 may use these photos in its newsletter, post them on its website, include them in grant applications, and display them in the Bethel building.

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

Please provide at least one signature of a parent/guardian below.

Parent//guardian's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

REQUEST NOT TO PHOTOGRAPH

As parent/guardian, I request that my child, [write name of child] _____, NOT be photographed by staff or the Center's agents during Summer Drop-In activities. I DO NOT grant permission for any such photograph to be included in promotional activities.

Please provide at least one signature of a parent/guardian below.

Parent//guardian's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

Field Trip Release for **CHILD #1** attending Bethel Summer Day Camp

Please complete only **ONE** of the two release options below.

GENERAL FIELD TRIP RELEASE:

As parent/guardian, I grant permission to Bethel Youth Drop-In Center and its agents, to transport my child, [write name of child] _____, away from the Center for occasional Summer Program activities and field trips, including but not limited to park outings, swimming excursions, neighborhood walks, public transportation, library visits, berry picking, etc.

Please provide at least one signature of a parent/guardian below.

Parent//guardian's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

REQUEST FOR INDIVIDUAL FIELD TRIP RELEASES:

As parent/guardian, I request a separate release for each field trip including my child, [write name of child] _____. I understand that my child **must** deliver my signed release form to Center staff on the day of the outing in order to participate in field trips and excursions.

Please provide at least one signature of a parent/guardian below.

Parent//guardian's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

Information for **CHILD #2** enrolled in the Summer Program:

Child's name: _____

Child's preferred pronouns: _____

Home street address: _____

City/State/Zip: _____

Best phone contact: _____

Child's Birthday (Month, Day, Year): _____

School child will attend Fall 2024: _____

Child's grade in Fall 2024: _____

Child's T-shirt size: _____

Child's flip-flop or sandal size: _____

Child's interests: _____

Child's allergies: _____

Child's food restrictions: _____

Child's medical info we need to know (there is also a Medical Release Form below):

Pledge for **CHILD #2**

I will treat myself and others with respect.

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

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

I will not bring anything to sell.

I will not litter.

I will respect other people no matter what color their skin is, what they believe, how they look, what they can do, how they identify themselves, or where their family comes from.

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

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

I understand that if these 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.

Child's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

Medical Release for **CHILD #2** attending Bethel Summer Day Camp

In the event of an emergency or any situation requiring medical or surgical care for my child, [write name of child] _____, I, as parent/guardian, grant the staff of Bethel Youth Drop-In Center, permission to authorize medical care as recommended by a licensed physician. I agree to pay all the costs involved in such an emergency medical treatment. I understand that every attempt will be made to contact me, the parent/guardian, ahead of treatment. I release and discharge the Bethel Youth Drop-In Center and its representatives from any liability whatsoever in exercising this permission.

Name of Child #1:

Child's Birthday (Month, Day, Year):

Child's food allergies:

Child's drug allergies:

Date of child's last tetanus shot:

Child's current medications:

Child's other medical information:

Physician's name:

Physician's phone:

Insurance company:

Policy Number:

Name of parent/guardian #1:

Home phone:

Cell phone:

Work phone:

Email:

Name of parent/guardian #2:

Home phone:

Cell phone:

Work phone:

Email:

Medical Release for CHILD #2 (continued from previous page)

Please provide at least one signature of a parent/guardian below.

Parent//guardian’s signature: _____

Date: _____

Parent//guardian’s signature: _____

Date: _____

Photo/Video Release for **CHILD #2** attending Bethel Summer Day Camp

Please complete only **ONE** of the permission options below.

PERMISSION TO PHOTOGRAPH

As parent/guardian, I grant permission to the Bethel Youth Drop-In Center and its staff and agents to photograph or videotape my child, [write name of child] _____ during Bethel 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 may use these photos in its newsletter, post them on its website, include them in grant applications, and display them in the Bethel building.

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

Please provide at least one signature of a parent/guardian below.

Parent//guardian's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

REQUEST NOT TO PHOTOGRAPH

As parent/guardian, I request that my child, [write name of child] _____, NOT be photographed by staff or the Center's agents during Summer Drop-In activities. I DO NOT grant permission for any such photograph to be included in promotional activities.

Please provide at least one signature of a parent/guardian below.

Parent//guardian's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

Field Trip Release for **CHILD #2** attending Bethel Summer Day Camp

Please complete only **ONE** of the two release options below.

GENERAL FIELD TRIP RELEASE:

As parent/guardian, I grant permission to Bethel Youth Drop-In Center and its agents, to transport my child, [write name of child] _____, away from the Center for occasional Summer Program activities and field trips, including but not limited to park outings, swimming excursions, neighborhood walks, public transportation, library visits, berry picking, etc.

Please provide at least one signature of a parent/guardian below.

Parent//guardian's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

REQUEST FOR INDIVIDUAL FIELD TRIP RELEASES:

As parent/guardian, I request a separate release for each field trip including my child, [write name of child] _____. I understand that my child **must** deliver my signed release form to Center staff on the day of the outing in order to participate in field trips and excursions.

Please provide at least one signature of a parent/guardian below.

Parent//guardian's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

Information for **CHILD #3** enrolled in the Summer Program:

Child's name: _____

Child's preferred pronouns: _____

Home street address: _____

City/State/Zip: _____

Best phone contact: _____

Child's Birthday (Month, Day, Year): _____

School child will attend Fall 2024: _____

Child's grade in Fall 2024: _____

Child's T-shirt size: _____

Child's flip-flop or sandal size: _____

Child's interests: _____

Child's allergies: _____

Child's food restrictions: _____

Child's medical info we need to know (there is also a Medical Release Form below):

Pledge for CHILD #3

I will treat myself and others with respect.

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

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

I will not bring anything to sell.

I will not litter.

I will respect other people no matter what color their skin is, what they believe, how they look, what they can do, how they identify themselves, or where their family comes from.

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

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

I understand that if these 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.

Child's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

Medical Release for **CHILD #3** attending Bethel Summer Day Camp

In the event of an emergency or any situation requiring medical or surgical care for my child, [write name of child] _____, I, as parent/guardian, grant the staff of Bethel Youth Drop-In Center, permission to authorize medical care as recommended by a licensed physician. I agree to pay all the costs involved in such an emergency medical treatment. I understand that every attempt will be made to contact me, the parent/guardian, ahead of treatment. I release and discharge the Bethel Youth Drop-In Center and its representatives from any liability whatsoever in exercising this permission.

Name of Child #1:

Child's Birthday (Month, Day, Year):

Child's food allergies:

Child's drug allergies:

Date of child's last tetanus shot:

Child's current medications:

Child's other medical information:

Physician's name:

Physician's phone:

Insurance company:

Policy Number:

Name of parent/guardian #1:

Home phone:

Cell phone:

Work phone:

Email:

Name of parent/guardian #2:

Home phone:

Cell phone:

Work phone:

Email:

Medical Release for CHILD #3 (continued from previous page)

Please provide at least one signature of a parent/guardian below.

Parent//guardian’s signature: _____

Date: _____

Parent//guardian’s signature: _____

Date: _____

Photo/Video Release for **CHILD #3** attending Bethel Summer Day Camp

Please complete only **ONE** of the permission options below.

PERMISSION TO PHOTOGRAPH

As parent/guardian, I grant permission to the Bethel Youth Drop-In Center and its staff and agents to photograph or videotape my child, [write name of child] _____ during Bethel 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 may use these photos in its newsletter, post them on its website, include them in grant applications, and display them in the Bethel building.

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

Please provide at least one signature of a parent/guardian below.

Parent//guardian's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

REQUEST NOT TO PHOTOGRAPH

As parent/guardian, I request that my child, [write name of child] _____, NOT be photographed by staff or the Center's agents during Summer Drop-In activities. I DO NOT grant permission for any such photograph to be included in promotional activities.

Please provide at least one signature of a parent/guardian below.

Parent//guardian's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

Field Trip Release for **CHILD #3** attending Bethel Summer Day Camp

Please complete only **ONE** of the two release options below.

GENERAL FIELD TRIP RELEASE:

As parent/guardian, I grant permission to Bethel Youth Drop-In Center and its agents, to transport my child, [write name of child] _____, away from the Center for occasional Summer Program activities and field trips, including but not limited to park outings, swimming excursions, neighborhood walks, public transportation, library visits, berry picking, etc.

Please provide at least one signature of a parent/guardian below.

Parent//guardian's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

REQUEST FOR INDIVIDUAL FIELD TRIP RELEASES:

As parent/guardian, I request a separate release for each field trip including my child, [write name of child] _____. I understand that my child **must** deliver my signed release form to Center staff on the day of the outing in order to participate in field trips and excursions.

Please provide at least one signature of a parent/guardian below.

Parent//guardian's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

Information for CHILD #4 enrolled in the Summer Program:

Child’s name: _____

Child’s preferred pronouns: _____

Home street address: _____

City/State/Zip: _____

Best phone contact: _____

Child’s Birthday (Month, Day, Year): _____

School child will attend Fall 2024: _____

Child’s grade in Fall 2024: _____

Child’s T-shirt size: _____

Child’s flip-flop or sandal size: _____

Child’s interests: _____

Child’s allergies: _____

Child’s food restrictions: _____

Child’s medical info we need to know (there is also a Medical Release Form below):

Pledge for **CHILD #4**

I will treat myself and others with respect.

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

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

I will not bring anything to sell.

I will not litter.

I will respect other people no matter what color their skin is, what they believe, how they look, what they can do, how they identify themselves, or where their family comes from.

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

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

I understand that if these 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.

Child's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

Medical Release for **CHILD #4** attending Bethel Summer Day Camp

In the event of an emergency or any situation requiring medical or surgical care for my child, [write name of child] _____, I, as parent/guardian, grant the staff of Bethel Youth Drop-In Center, permission to authorize medical care as recommended by a licensed physician. I agree to pay all the costs involved in such an emergency medical treatment. I understand that every attempt will be made to contact me, the parent/guardian, ahead of treatment. I release and discharge the Bethel Youth Drop-In Center and its representatives from any liability whatsoever in exercising this permission.

Name of Child #1:

Child's Birthday (Month, Day, Year):

Child's food allergies:

Child's drug allergies:

Date of child's last tetanus shot:

Child's current medications:

Child's other medical information:

Physician's name:

Physician's phone:

Insurance company:

Policy Number:

Name of parent/guardian #1:

Home phone:

Cell phone:

Work phone:

Email:

Name of parent/guardian #2:

Home phone:

Cell phone:

Work phone:

Email:

Medical Release for CHILD #4 (continued from previous page)

Please provide at least one signature of a parent/guardian below.

Parent//guardian’s signature: _____

Date: _____

Parent//guardian’s signature: _____

Date: _____

Photo/Video Release for **CHILD #4** attending Bethel Summer Day Camp

Please complete only **ONE** of the permission options below.

PERMISSION TO PHOTOGRAPH

As parent/guardian, I grant permission to the Bethel Youth Drop-In Center and its staff and agents to photograph or videotape my child, [write name of child] _____ during Bethel 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 may use these photos in its newsletter, post them on its website, include them in grant applications, and display them in the Bethel building.

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

Please provide at least one signature of a parent/guardian below.

Parent//guardian's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

REQUEST NOT TO PHOTOGRAPH

As parent/guardian, I request that my child, [write name of child] _____, NOT be photographed by staff or the Center's agents during Summer Drop-In activities. I DO NOT grant permission for any such photograph to be included in promotional activities.

Please provide at least one signature of a parent/guardian below.

Parent//guardian's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

Field Trip Release for **CHILD #4** attending Bethel Summer Day Camp

Please complete only **ONE** of the two release options below.

GENERAL FIELD TRIP RELEASE:

As parent/guardian, I grant permission to Bethel Youth Drop-In Center and its agents, to transport my child, [write name of child] _____, away from the Center for occasional Summer Program activities and field trips, including but not limited to park outings, swimming excursions, neighborhood walks, public transportation, library visits, berry picking, etc.

Please provide at least one signature of a parent/guardian below.

Parent//guardian's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____

REQUEST FOR INDIVIDUAL FIELD TRIP RELEASES:

As parent/guardian, I request a separate release for each field trip including my child, [write name of child] _____. I understand that my child **must** deliver my signed release form to Center staff on the day of the outing in order to participate in field trips and excursions.

Please provide at least one signature of a parent/guardian below.

Parent//guardian's signature: _____

Date: _____

Parent//guardian's signature: _____

Date: _____