

Releases & Authorizations

Medical Release

I understand that in the event of an emergency and the child care center is unable to contact me or the persons named above, without liability to the child care center, the doctor named herein or the doctor or emergency service most quickly available will be called. In the event hospitalization is considered necessary the hospital most easily accessible will be used. I understand that every effort will be made to reach me or the above listed person before this authority is used by the child care center. I also agree that the church, child care center, or its employees will not be held liable for any accidents that may occur on campus.

Child's Doctor _____ Phone _____

Insurance Provider _____

Explain any special physical conditions or allergies which would prevent your child from participating in any physical activities:

Field Trip Authorization: I hereby authorize Government Street Baptist Child Development Center to take my child on field trips, approved by the Director, during the child's enrollment in the center. I understand that these field trips may entail transporting my child in private vehicles or by public conveyance to various places, public parks, swimming facilities, or other points of interest. I will not hold Government Street Baptist Church, the Child Development Center, or their employees, responsible in case of an accident. In addition, I agree to sign any other waivers attached from places we may visit that require their own signed documents. _____ yes _____ no _____ initial

Media Authorization: I give permission to Government Street Baptist Church to use photographs and /or videos on media outlets for purposes such as outreach or advertisement. This includes but is not limited to, Government Street Baptist Church website, Government Street Baptist Summer Camp, Church, and CDC Facebook pages, newsletters, and advertisements. _____ yes _____ no _____ initial

Affidavit: I assume all financial responsibility for my child's summer camp fees at Government Street Baptist Child Development Center and understand that all fees are due in advance on Monday or the first day the camper attends camp for the week. You may choose to schedule your payments to be automatically deducted from your bank account or charged to your Visa, MasterCard, American Express or Discover Card on the Friday of the week attended. If you do not wish to set up recurring payments, you will still be able to pay by cash or check, however, a secondary form of payment must be on file, for if payment is not received by close of business on Thursday, your account will be charged on Friday of the week attended. A \$10 late fee will be assessed to my account each week that a balance remains. Accounts that are overdue by Monday the following week will necessitate the child being dismissed from the summer camp program. Because of our financial obligations to prepay our vendors, the *REGISTRATION FEE IS NON-REFUNDABLE*. I, also, understand that the child care facility is available from 7:00 AM. to 5:00 PM. If my child is not picked up by 5:00 PM., a late pickup fee of \$10 will be charged for the first 10 minutes, and \$10 for each additional five minutes thereafter. _____ yes _____ no _____ initial

I agree that the above information is true and complete and that I have read and understand all affidavits and statements as described in the above application and I have received, read and agree to the summer camp guidelines.

_____ yes _____ no _____ initial

Parent's or Guardian's Signature _____ Date: _____