

Child's Name: _____

Current Grade: _____

T-Shirt Size (check one)

- YXS YS YM YL
 AS AM AL AXL A2XL

Mandatory Parent Orientation Meeting

6/3 @10:00 a.m. or 6/4 @ 12 p.m.

Camp Flourish
JUNE 5th – JULY 28th



ENROLLMENT PACKET
SUMMER OF 2017

Enrollment Checklist

(For Office Use Only)

- Completed & Signed Enrollment Application
- Signed Program Policies(Signed Transportation & Media Authorization/Late Pick Up)
- Release of Participation Form
- Authorization For Emergency Medical Care
- Child's Health Statement
- Meal Substitution Form
- Submitted Full Payment:
- Rec'd Child's VBC Shirt

Notes:

PLEASE READ FULLY!

Dear Parents,

We are excited to extend the opportunity for your child(ren) to attend Camp Flourish 2017 Summer Vacation Bible Camp (VBC). **Please remember the new name is Flourish and all checks should be made out to Flourish and please note our new DVN number below as well. Please note the DVN for the preschool remains the same!**

The camp will be located at Gibson School located at 9926 Fonda Dr., St. Louis, MO 63137 which is only 2 minutes from our church. Preschool (2yr olds – Pre-Kindergarten) will still be housed at our church. If your child is going into Kindergarten in Fall 2017, they will still be with our Pre-Kindergarten class at the church and will have to pay the preschool rate for the summer.

The theme for this summer's camp is "Teaching Children to Pray." We will study the Lord's Prayer in detail to better understand God and how to talk to Him. In addition, we will offer the following classes: Art, Fun with Math & Reading, Cooking, Junior Achievement, Recreation, Wacky Science, Money Management, Self Esteem & Communication, Music, Weekly Field Trips and More.

Our 8 week VBC is still at an incredible price of only \$450/child plus a nonrefundable \$50 registration fee (the registration fee is \$20/child for those families receiving State Assistance). The registration fee must be paid upon registration as it holds your child's spot. Registration begins February 6, 2017.

You may make installment payments for your remaining tuition starting in February through May; however, **the total fee must be paid by May 19th.** You may pick up a registration package or print out a form on our website www.Flourishmo.com and mail or drop off your completed registration package along with the registration fee to Third Presbyterian Church, 9990 Lewis & Clark Blvd, St. Louis, MO 63136, Monday – Friday, 9 a.m. – 5 p.m. Cash, Checks, or Money Orders only. To pay by credit card is an additional processing fee.

Our camp operates from 7:30 a.m. - 4 p.m. Before and After Care is available for an additional fee. Before Care is from 6:30 a.m. - 7:30 a.m. and cost \$5 per week/child. Aftercare is from 4 p.m. – 6:00 p.m. and cost \$15 per week/child.

VBC is offered to children who are **currently** in grades Kindergarten through 8th grade. **If you are interested in our preschool, please contact Rhea Irvin at 314-868-9600 for more information.**

State Assistance: If you receive State Assistance, please notify your case worker that our **CAMP DVN is 002560723 and our PRESCHOOL DVN is still 002172367** and you would like to begin service on June 5th. There are no additional fees for Before/After Care. However, you will be responsible for any sliding fees as determined by the MO Dept. of Social Services. All fees are due the Thursdays prior to the week of service, with a grace period extending through close of business on Fridays. A \$10/day late fee is assessed on any unpaid balance Monday morning at 6:30 a.m. and \$5/day for every day the fee is not paid. We must receive a Child Care Provider Notice from the MO Dept. of Social Service prior to your child's first day of camp.

Attendance at one of the Informational Parent Meetings is required to fully enroll your child(ren) and failing to attend will result in your child's immediate withdrawal from the program. The meetings are Saturday, June 3, 2017 at 10:00 a.m. and Sunday, June 4, 2017 at 12 p.m. at Third Presbyterian Church 9990 Lewis & Clark Blvd. In this meeting, we will review the parent handbook, where to drop off your child at Gibson, how

to reach us for emergencies, handout your child's camp T-shirt, camp menu, review the scheduled field trips, and introduce our staff.

Each year we offer an optional field trip to Six Flags. This year the field trip is scheduled for June 27th (leaving at 9:45 a.m. – returning at 6:30 p.m.). The Vacation Bible Camp will provide lunch at no additional cost. All other cost will be at the parent's expense. The tickets this year costs \$32 and transportation cost is \$7. Parents are encouraged to attend, however, they must provide their own transportation and lunch. **(NOTE: All preschoolers MUST have a parent attend in order to participate in this field trip)**

Since all Vacation Bible Camp staff will be attending the field trip there will be no staff remaining on site the day of this field trip. Therefore, **ALL NON-PRESCHOOL PARENTS** will need to secure other care for those campers not attending the field trip. **Camp is open to Preschoolers ONLY.**

Some campers have Six Flags Season passes or have received a free ticket from school and therefore they only need to submit \$7 to cover the cost of transportation. Their pass or ticket needs to be given to their teacher by Monday, June 26, 2017.

In order to finalize our plans we need the permission slip AND \$39 per child for the field trip **returned by June 16, 2017**. It will be assumed that if the permission slip AND money is NOT received from the camper by the deadline then that camper has elected not to attend the field trip.

We look forward to seeing you and your family soon. If you have any questions, please do not hesitate to contact Kristen Davis at kris10ld@sbcglobal.net or 314-868-9600.

Respectfully,

Kristen L. Davis

Please keep this informational page for your records

Camp Flourish 2017 Fees

Registration Fees

# of Children	Cash/Check Registration Fee	Credit Card Registration Fee
1	\$50	\$ 51.5
2	\$100	\$ 103.0
3	\$150	\$ 154.5
4	\$200	\$ 206.0
5	\$250	\$ 257.5

* No discount on registration Fees

Camp Fees

# of Children	Camp Fee Discount	Cash/Check Camp Fee	Credit Card Camp Fee
1		\$450	\$463
2	10%	\$855	\$881
3	20%	\$1,215	\$1,251
4	30%	\$1,530	\$1,576
5	40%	\$1,800	\$1,854

For discount, all children must permanently reside in the same household

Before & After care Fees

Weekly Fees/Child*	
Before Care \$5/Week	After Care \$15/Week

*Before and After Care fees must be paid by the Thursday before services are needed.

NEW PRESCHOOL FEES

Preschool fee is \$120/week. No fees for Before & After Care

Additional \$10 if not potty trained

Registration Fee \$50 (State Assistance \$20)

Preschool State Payment(If you receive State Assistance please notify your case worker that our DVN number is 002172367 and you would like to begin service on June 5th.

All camp fees must be received in full by 5/19/17.

Payment Methods:

Cash

Credit Card (We use Paypal and they charge a processing fee so please add to your payment)

Check (Make Checks Payable to Third Presbyterian Church for preschool & Flourish for camp)

Camp State Payment(If you receive State Assistance please notify your case worker that our DVN number is 002560723 and you would like to begin service on June 5th.

*** Registration fees are non-refundable**

*** Tuition fees are non-refundable after 5/26/17**

Registration Packet & Payment can be dropped off on weekdays 9am-5pm

Please keep this informational page for your records

Flourish – Payment Due Form

Name of Child(ren) Registering(Please list all children):

Name of Child	Tuition	1 st week Before/AfterCare	Total Due

Total Due: _____

Payment type: Cash Check: # _____ Money Order # _____

Credit Card Info: (please print)

Name on Card: _____

Address: _____
#, Street, City, State, Zip code

Credit Card #: _____

Expiration Date: _____

3 Digit Code on Back of Card (CVV, CVC): _____

Mailing Address

Third Presbyterian Church
Attn: Kristen Davis
9990 Lewis & Clark Blvd.
St. Louis, MO 63136

Flourish
 YOUTH PROGRAM
 PARTICIPANT ENROLLMENT FORM

CHILD'S NAME	SEX	AGE	BIRTHDATE	T-SHIRT SIZE	CURRENTGRADE
ADDRESS	CITY		STATE	ZIP CODE	
PARENT/GUARDIAN CONTACT INFORMATION					
MOTHER / GUARDIAN NAME			HOME PHONE		
ADDRESS <input type="checkbox"/> CHECK HERE IF SAME AS THE CHILD)			CELL PHONE		
EMPLOYED BY / SCHOOL ATTENDING			E-MAIL ADDRESS		
ADDRESS (INCLUDE CITY, STATE, ZIP CODE)			BUSINESS PHONE NUMBER		
FATHER / GUARDIAN NAME			HOME PHONE		
ADDRESS <input type="checkbox"/> CHECK HERE IF SAME AS THE CHILD)	CITY	ZIP	CELL PHONE		
EMPLOYED BY / SCHOOL ATTENDING			BUSINESS PHONE NUMBER		
ADDRESS (INCLUDE CITY, STATE, ZIP CODE)			E-MAIL ADDRESS		
EMERGENCY CONTACTS (TWO REQUIRED)					
NAME		HOME PHONE		CELL PHONE	
ADDRESS (INCLUDE CITY, STATE, ZIP CODE)				RELATIONSHIP	
NAME		HOME PHONE		CELL PHONE	
ADDRESS (INCLUDE CITY, STATE, ZIP CODE)				RELATIONSHIP	
SCHOOL LUNCH PROGRAM (We receive scholarships for field trips based on students qualifying for free school lunch)					
Does your child(ren) qualify for free or reduced school lunch?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO			

TRANSPORTATION & MEDIA AUTHORIZATION

I hereby give permission for my child to participate in field trips and other outings scheduled by Flourish/Third Church (TPC). I hereby release, hold harmless and absolve Flourish/Third Church, its officers, staff, sponsors, vendors, and all others who have participated in the planning, organizing and implementing of the activity, be they individuals or organizations, single or collectively, from responsibility, loss, cost, damage and liability for or by reason of any illness, injury, death, misadventure, harm, loss, or inconvenience suffered or sustained as a result of participation by my child in the activity.

I, agree that Flourish/TPC may use any photographs taken of my child for marketing or other communications including but not limited to brochures, website, video, flyers, and newspapers. Flourish/TPC may also use any works created by my child for promotional activities. This includes drawings, crafts, or written words.

Parent/Guardian (legal) PRINT _____

Signature _____

Date ____/____/____

Late Pick Up Policy:

1. Parents are notified of expected drop-off and pick-up times for their child at the time of enrollment.
2. Parents who fail to pick up the child at the agreed upon time create a hardship for employees and the Afterschool Program incurs additional costs for providing child care services.
3. If a parent fails to abide by the agreed upon pick-up and drop-off time, the parent will be assessed a late pick-up fee for each day a child remains at the center beyond the agreed upon time. This policy applies to all enrollees.
4. Late fees will be assessed on the following basis:
 - a. Parents will be given a maximum of 1 late day during the course of the summer without a fee assessment to allow for unexpected emergencies. Parents are expected to notify the center of their anticipated late arrival to retrieve their child. After 1st late day, fees will be as follows:
 - b. 1 to 5 minutes.....\$10.00 per child
 - c. 6 to 15 minutes.....\$15.00 per child
 - d. 16 to 30 minutes.....\$30.00 per child
 - e. Over 30 minutes.....\$1.00 per minute

*The Division of Family Service and/or the Moline Acres will be notified if any child is not picked up by 6:30 p.m. Excessive late arrivals may result in termination from the program.

5. Any fees for late pick-up are due by CASH or MONEY ORDER at the time the child is picked up or at the time the child returns to the center for services.

I have read and agree to the terms and conditions of this policy.

Parent Signature _____ Date _____

RELEASE OF PARTICIPANT FORM

The following people are permitted to pick up my child, _____ from Flourish Summer Camp:

Name:	Relationship
Home #:	Cell #:
Driver's License #:	

Name:	Relationship
Home #:	Cell #:
Driver's License #:	

Name:	Relationship
Home #:	Cell #:
Driver's License #:	

Mother's Name (Printed)

Contact Number(s)

Father's Name (Printed)

Contact Number(s)

PARTICIPANT'S LAST NAME

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize

Flourish Summer Camp & Youth Program

to contact the following: **PHYSICIAN OR CLINIC** (Please list name and phone number of physician and / or clinic.)

NAME TELEPHONE

ADDRESS CITY STATE ZIP CODE

IN CASE OF EXTREME EMERGENCY, PARTICIPANT WILL BE TAKEN TO THE NEAREST HOSPITAL.

PREFERRED HOSPITAL (Please list name and phone number of hospital.)

NAME TELEPHONE

ADDRESS CITY STATE ZIP CODE

SPECIAL NEEDS

Please check all that apply:

- ADD / ADHD
- PTSD
- BIPOLAR
- MR / DD
- LD
- BD
- ODD
- AUTISM
- ED
- OTHER:

Does the participant have an IEP? Yes No

Is the participant a foster child? Yes No

Additional Information: _____

TRANSPORTATION AUTHORIZATION

I DO DO NOT Give permission for the facility to transport my child to and from the site.

ACKNOWLEDGEMENTS

- A) I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children.
- B) I have been informed that a copy of the licensing rules for group child care homes and child care centers is available at this facility for review.
- C) The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.
- D) When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.

PARENT / GUARDIAN SIGNATURE DATE

IDENTIFYING INFORMATION

CHILD'S NAME

BIRTH DATE

HEALTH STATEMENT (CHECK ONE)

My child is in good health, is able to participate in group care, and has no special health or medical requirements.

My child is able to participate in group care but has special health or medical requirements as listed below.

SPECIAL HEALTH OR MEDICAL REQUIREMENTS.

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

Please indicate the best action for items listed above:

Flourish
 YOUTH PROGRAM
MEDICAL FOOD SUBSTITUTION RECORD

YOU MUST FILL OUT & SIGN – PUT N/A IF THIS DOESN'T APPLY TO YOUR CHILD(REN) & SIGN

Authorization by a recognized medical authority is required for food substitutions for food service in At-risk youth centers. A recognized medical authority includes a physician assistant, or nurse practitioner. The recognized medical authority must specify, in writing, the food to be omitted from the patient’s diet and the food or choice of foods that may be substituted.

PATIENT’S NAME

MEDICAL DIAGNOSIS / REASON

SPECIAL ASSISTANCE / EQUIPMENT REQUIRED

FOOD SUBSTITUTION LIST

FLUID MILK	ALLOWED SUBSTITUTIONS	TEXTURE (e.g. CUT UP, GROUND MINCE, PUREE, LIQUIDITY)
MEAT & MEAT ALTERNATIVE (e.g. EGGS, CHEESE, PEANUT BUTTER, BEANS, YOGURT)	ALLOWED SUBSTITUTIONS	TEXTURE
BREAD, CEREAL OR WHOLE GRAIN PRODUCTS	ALLOWED SUBSTITUTIONS	TEXTURE
FRUIT & VEGETABLE OR JUICE	ALLOWED SUBSTITUTIONS	TEXTURE

Additional dietary concerns and/or required equipment or assistance needed:

I (medical authority) certify that the above patient must be provided a special diet or requires special accommodations as indicated above.

Signature	Title	Date
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