

# ST. PETER M.B. CHURCH SUMMER ENRICHMENT CAMP

1580 W. RIDGEWAY STREET  
JACKSON, MISSISSIPPI 39213  
601-366-3713 or 601-366-9479

Rev. James A. Washington, Sr., Pastor

## **REGISTRATION:** Please Print or Type **Registration Fee is Non-Refundable**

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CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

GRADE CHILD WILL ENTER INTO THIS FALL \_\_\_\_\_

### **\*\*\*\*\* EMERGENCY CONTACT\*\*\*\*\***

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATION \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATION \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATION \_\_\_\_\_

### **\*\*\*\*\* AUTHORIZED TO PICK UP CHILD\*\*\*\*\***

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

### **REGISTRATION INFORMATION:**

\* A registration fee of \$50 (\$75 if late) must accompany this application.

\* The total cost of Summer Camp is \$520. Weekly and monthly payment options available.

**\*\*PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION (Form 121)**

**MEDICAL INFORMATION:**

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I hereby give my consent to the school to call Dr. \_\_\_\_\_ at the following number \_\_\_\_\_, or take my child to \_\_\_\_\_ Hospital's Emergency room for medical or surgical care should any emergency arise where such service is needed. I understand that a conscientious effort will be made to notify me before such action is taken if time permits. I understand that the cost of this care (ambulance/hospital) is my responsibility for payment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**FIELD TRIP PERMIT:**

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I give consent that my child \_\_\_\_\_ be permitted to participate on field trips with St. Peter M. B. Church Summer Program. I understand these field trips are a part of the summer program and that my child may be accompanied and transported by an employee/official of the program. I agree that the church or none of its employees will be held responsible for any injuries or damages occurring on any field trip. In the event a claim is made, I agree to limit such claims to my child's ratable share of any insurance proceeds, available on any policy held by the church whom such claim is made. I understand that if these terms are not acceptable, I may at any time transport and supervise my child on any field trip. I also understand that some field trips may incur separate costs that I am responsible for to cover admission and food.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

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**DISCIPLINARY INFORMATION:**

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Corporal punishment will be administered here at St. Peter Summer Camp as a last resort. This will be done at the discretion of the Coordinator/Pastor. This will be done only in the presence of another school official.

**PAYMENT AGREEMENT:**

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I understand that payments are due each Monday morning and payable by check or money order only. If a check is returned for any reason, your check writing privileges will be revoked. Payments may be made in advance for the coming week. Payment for a current week will not be carried to the next week. This policy is strictly enforced during the summer camp. I also understand that these payments are for the entire summer camp duration regardless of holidays/vacation. In the event of my child attends only one day during a week, I am responsible for their tuition for that entire week. I understand that it is not the responsibility of St. Peter to remind me when payments are due. Summer Camp days end at 5:30 p.m. a late payment of \$1 per minute per child will be charged if your child is not picked up by 5:30 p.m.

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Parent/Guardian

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Date

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Drivers License #

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Social Security #