

ACTIVITIES/POLICIES CONSENT and EMERGENCY RELEASE for

Summertime Day Camps

@ St. Matthew Episcopal Church, Browns Point

June 2023 – August 2023

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Non-Binary: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
(If same as Street Address, write "Same as Above")

Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
(If same as Street Address, write "Same as Above")

Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Names of Persons other than Parents/Guardians permitted to bring or remove your child:

Table with 3 columns: NAME, RELATIONSHIP, PHONE. Includes three empty rows for data entry.

PERMISSION TO ENGAGE IN SUMMERTIME PRESCHOOL ACTIVITIES

I/We, the parents/legal guardians of the child named above understand that the Summertime Day Camps @ St. Matthew is an active indoor/outdoor program for youth ages 3-10(ish). The program includes, but is not limited to, spiritual and social development, artistic expression, scientific discovery and plenty of play. Permission is hereby granted by the undersigned for our child to participate in all Summertime Day Camps activities. I/We take full responsibility for the actions of my/our child and relieve all adults and St. Matthew Episcopal Church of any liability in conjunction with these activities. \_\_\_\_\_(Initial)

RESTROOM POLICY

I/We, understand that my child must be fully toilet-trained in order to participate in the Summertime Day Camps. I/We also give permission for the teaching staff to help my child in the restroom if needed in accordance with Safeguarding policies and procedures. \_\_\_\_\_(Initial)

FOOD POLICY

My/Our child may eat camp-provided snacks, treats, and cooking projects including (but not limited to) crackers, cheese, fruit, vegetables, etc. I/We will provide a lunch for my/our child each day and update my child's teacher about all food sensitivities and allergies. (Please list any known allergies to date in the section below) \_\_\_\_\_(Initial)

PHOTOGRAPHIC IMAGE/MEDIA RELEASE

I/We give permission for the child named above to be photographed and/or motion recorded during any Summertime Day Camps activity and for the images and/or recordings to be published, reproduced, or distributed by St. Matthew Episcopal Church in all outlets, including, but not limited to, television, newspapers, internet/social media, school and church publications, and promotional materials without liability or limitation on my or my minor's part. I understand that names of children are never shared in any media. Furthermore, such use shall be without payment of fees, royalties, special credit, or other compensation. \_\_\_\_\_(Initial)

**PAYMENT POLICY**

I/We understand that tuition is required to secure a space for my child. Credit Card payments may be made via the St. Matthew "Online Giving" portal at [www.neighborhoodparish.org](http://www.neighborhoodparish.org) under the category "Summertime Day Camps" or by check payable to St. Matthew Episcopal Church with the memo "Summertime Day Camps". \_\_\_\_\_(Initial)

**CANCELLATION POLICY**

I/We understand that if my/our child needs to disenroll from a week of the program for any reason that notification must be given to [stmsummertimedaycamps@gmail.com](mailto:stmsummertimedaycamps@gmail.com) no fewer than 14 days prior to the week beginning to receive a full refund *minus a \$50 cancellation fee per week cancelled*. Late notification will result in forfeiture of tuition for that/those weeks. \_\_\_\_\_(Initial)

**LATE PICK-UP POLICY**

I/We understand that I/we will be charged a late pick-up fee of \$1 per minute for every minute past 1 PM if your child is not picked up by 1:05 PM. \_\_\_\_\_(Initial)

**EMERGENCY MEDICAL CONSENT and RELEASE**

When I/we cannot be contacted, I/we authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my/our child by a licensed physician, health care provider, hospital or aid care attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my/our child's health. I/We waive my/our right of informed consent to such treatment. I/We also give my permission for my/our child to be transported by ambulance or aid car to an emergency center for treatment. \_\_\_\_\_(Initial)

**COVID 19/INFECTIOUS DISEASE LIABILITY WAIVER**

If you or your child(ren) are attending an in-person gathering at St. Matthew of any kind, it is assumed you are doing so out of your own free-will and that you bear all risks and liability associated with disease contraction and transmission. St. Matthew assumes no liability for any disease contraction or transmission of any persons attending an in-person gathering on the property of St. Matthew Episcopal Church. If you or your child(ren) are not fully vaccinated against COVID 19 or any other disease with available booster shots, you are strongly encouraged to receive the vaccines available to you. \_\_\_\_\_(Initial)

**COVID 19/INFECTIOUS DISEASE MITIGATION**

For all people who attend in-person gatherings at St. Matthew, staying home when sick is essential to preventing spread to others. All attendees and staff members who have COVID-like symptoms, including symptoms of other infectious diseases, are to stay home and seek medical evaluation as needed, including testing for COVID and other respiratory infections before coming to the property of St. Matthew Episcopal Church. Masks are strongly encouraged for all VBS participants but are not required. \_\_\_\_\_(Initial)

**EMERGENCY INFORMATION**

In case of emergency, please contact in order of **preference** and/or **ability**:

NAME	RELATIONSHIP	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

My/Our child has the following allergies, medical conditions and/or physical limitations and/or is taking the following medications (if none, write that here):

\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

Physician Address: \_\_\_\_\_

By signing below, I/we acknowledge that I/we agree to all the above initialed items.

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Signature of parent/guardian

Date

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Signature of parent/guardian

Date

**Email: [stmsummertimedaycamps@gmail.com](mailto:stmsummertimedaycamps@gmail.com) + Phone: 253-927-9808**