

Music Arts Drama Dance (M.A.D.D.)

2019 Worshipping Arts Spring Camp

DRJ Ministries and Beulah Grove Community Resource Center, Inc.

Program Summary Sheet

Grades K-5 to 9th Grade

April 8-12, 2019

Mission: *To educate, develop and empower*

This spring break camp is designed to assist students who have an interest in music, arts, dance and/or drama in developing their gifts within a structured environment.

Program Hours: 7:00 a.m. - 5:30 p.m. (Monday through Friday)

**Program Site: Beulah Grove Administrative Building of Opportunity
1434 Poplar Street
Augusta, GA 30901**

Cost:

Please understand no refunds of any kind will be given. This rule applies whether tuition is paid in full or weekly. No exceptions.

REGISTRATION FEE: \$50.00 before January 31, 2019;

\$65.00 beginning February 1, 2019

Fees include: breakfast, lunch, and a snack in the afternoon

Payments can be made with: Cash, Credit, Debit, and Money Order

No Personal checks accepted

Registration forms may be picked up at the Beulah Grove Community Resource Center located at 1446 Lee Beard Way, Augusta, GA 30901. For additional information, questions and/or concerns, please contact Lillie Ann Williams (lwilliams@development-corp.org) or at 706-722-4999.

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Program Information

*Please read each statement and initial each line below. Your initial signifies that you have **read** and **understand** the information.*

Child's Name: _____

_____ Registration fee is due upon registration.

_____ Tuition is due by Monday, April 8, 2019. A \$10 late fee will be assessed to all accounts not paid on time.

All Payments can be made with cash, debit, or credit

No Personal checks are accepted

_____ All students must be picked up by 5:30 PM. A \$1.00 per minute late fee will be assessed starting 5:31 PM. All late fees will be added to your child's tuition statement.

_____ **NO REFUNDS** will be given if your child is dismissed from the program for any reason. **NO REFUNDS** of any kind will be given.

I have read and understand the terms above.

Parent's Signature

Date

Print Name

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Registration Form

Date of Application: _____ Number of Children in Camp Program: _____

Child's Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Age: _____

Date of Birth: ____ / ____ / ____ Gender: Male / Female

Name of Parent(s) or Legal Guardian(s): _____

Place of Employment: _____ Position: _____

Home Phone: _____ Work Phone: _____ Pager #: _____

Cellular Phone: _____ Email Address: _____

Emergency Contact Person Other Than Parent or Legal Guardian:

Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Pager #: _____

Cellular Phone: _____

Religious Background:

Church Currently Attending: _____

Pastor's Name: _____

Does your child have any physical, emotional, or developmental handicaps that might need special attention (Yes / No) If yes, please describe: _____

Child Release Information: Please list below the names of person authorized to pick up your child. Please print clearly. If additional names are necessary, complete on a plain sheet of paper with the title: Additional Child Release Information. All persons listed need picture identification.

Name: _____

Relationship to child: _____

Telephone Number: _____

Name: _____

Relationship to child: _____

Telephone Number: _____

Name: _____

Relationship to child: _____

Telephone Number: _____

Name: _____

Relationship to child: _____

Telephone Number: _____

If you agree and understand the policies stated above please sign:

Parent's Signature: _____

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Medication Information & Release

Child's Name: _____ D.O. B. ____ / ____ / ____

Name of Doctor: _____ Office Phone: _____

Hospital Preference: _____ Insurance Company: _____

Policy No: _____

Name of Medication	Amount to Give	Time to Issue
_____	_____	_____
_____	_____	_____

Health History: (Please check all that apply.)

- Asthma
- Bronchitis
- Migraines
- Ear Infections

Please list any other allergies or diseases that apply to your child. _____

Recommendations & Restrictions: _____

May your child have aspirin? Yes No

May your child have non-aspirin medicine? Yes No

Does your child have ADD/ADHD? Yes No If so, is he/she on medication? Yes No

Please list any medical problems that your child has that we need to be aware of: _____

I, the parent/guardian of this child, have completed this medical information sheet to the best of my knowledge. I understand that DRJ Ministries and/or Beulah Grove Resource Center is in no way liable for any injuries or medical conditions that may occur.

Parent/Guardian Signature: _____ Date: _____

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Permission Slip

Child's Name: _____

1. Photo/Video/ Web Release Form:

The DRJ Ministries and Beulah Grove Community Resource Center requests your permission to photograph and/or interview your child/children for the sole purpose of promoting the Worshipping Arts Spring Camp. From time to time, the television and newspaper reporters may want to interview, videotape, create PowerPoint presentations and/or photograph your child/children. As a part of advertisement pictures will be placed on the DRJ Ministries and Beulah Grove Community Resource website. Please note that these stories and newscasts may also appear on the internet.

If permission is given, you will be granting the unlimited right of the DRJ Ministries and Beulah Grove Community Resource Center and the news media, if applicable, to utilize and produce photograph, likenesses or the voice of your child/children **in any legal manner**.

Yes, permission is given to photograph video and/or interview my child.

No, permission is **NOT** given to photograph video and/or interview my child.

3. Bible Study Participation:

The *Worshipping Arts Spring Camp* respects your right of denomination and religion. However, please be aware that Bible Study Classes will be offered to our students with the permission of their parents/guardians.

****Please note that if your child is unable to attend Bible Studies Class or any field trips, he/she will be placed in another class until class and/or field trip is completed and then he/she will be returned to her/his proper class.****

Yes, my child to attend Bible Study Class.

No, my child can not to attend Bible Study Class.

I have read and understand the terms to this agreement.

Parent's Signature: _____ Date: _____

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Registration Packet Check List

Please utilize this form as a tool to ensure that your registration packet is complete. Each item listed is essential for registering your child for this summer program.

No applications will be accepted without all requested documents.

No Exceptions!!

Child's Name: _____

- Each form is thoroughly filled out and signed. Incomplete applications are not accepted.**
- \$ 50 registration fee if paying by January 31, 2019; \$ 65 registration fee beginning February 1, 2019**
- Parent has read and understands all guidelines for the Spring Break Summer Camp.**

I have read and reviewed the above information and guidelines of Worshipping Arts Spring Camp and understand and acknowledge all instructions.

Parent's Signature: _____ Date: _____

Application Received by: _____ Date: _____