

Turnaround Christian Center's Day Camp Registration Form

3028 West Point Road, LaGrange, GA 30240 706.845.0073 or 706.845.0073(Fax)
www.turnaroundcc.org

Monday – Friday ♦ from 7:30am – 5:30pm* Ages 5-12
\$25 Registration Fee Per Child

(A 4% convenience charge will be added to any debit/credit card uses)

Snack Bar Will Be Open for purchases during Breakfast, Lunch & for Snack Times

Transportation To & From Facility Must Be Arranged By Parent

♦ See the Guidelines Sheet for specific dates and holiday exclusions

*FREE Child Care is from 7:30am – 9:00am & from 4:00pm – 5:30pm for Registered Participants

Personal Information

Camper's Name _____ Previously Attended a Camp At TCC ___ Yes ___ No

Address _____

City _____ State _____ Zip _____ Birthdate _____

Current Age: ___ Sex: ___ Male ___ Female

Parent's Name(s) _____

Home Phone () _____ - _____ Work Phone () _____ - _____ Other Phone () _____ - _____

Email Address: _____

Referred By: _____ School Name: _____

Normal Drop Off Time: _____ Normal Pick-up Time ♦: _____ *Status: ___ Full-Time ___ Part-Time ___ Daily

♦ If anyone other than parent/guardian is to pick-up camper, facility management must be notified prior to pick-up time.

*Full-Time = 5 days per week Part-Time = 3 or more days per week

Other Info: _____

Medical Information & Health History

Medical Allergies: _____

Mental Limitations: _____

Physical Limitations: _____

Current Medication: _____

Family Physician's Name: _____ Phone # () _____ - _____

Insurance ___ Yes ___ No Company Name: _____

List Any Activities Day Camper is **NOT ALLOWED** To Participate In: _____

This Form Must Be Signed In Order To Be Valid

THIS HEALTH HISTORY IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND THE PERSON LISTED ABOVE HAS PERMISSION TO ATTEND TURNAROUND'S DAY CAMP(S) AND PARTICIPATE IN ACTIVITIES UNLESS STATED OTHERWISE ABOVE AT THE FACILITY AT 3028 WEST POINT ROAD IN LAGRANGE, GEORGIA.

I HEREBY AUTHORIZE THE EXECUTIVE STAFF AND/OR DESIGNATED PROFESSIONALS TO ADMINISTER EMERGENCY MEDICAL ASSISTANCE IF I CANNOT BE REACHED.

I ACCEPT RESPONSIBILITY FOR PAYMENT OF EXPENSES INCURRED AS A RESULT OF MEDICAL TREATMENT. I FURTHER RELEASE FROM ANY LIABILITY, COVENANT WORD OF FAITH MINISTRIES AKA TURNAROUND CHRISTIAN CENTER, ITS OWNER'S, STAFF AND/OR LEADERSHIP IN THE EVENT OF ANY ACCIDENT AT THE ABOVE FACILITY. I ALSO UNDERSTAND THAT DUE TO THE NATURE OF THIS FACILITY, OTHER GROUPS AND/OR INDIVIDUALS COULD ALSO USE THE FACILITY DURING CAMP HOURS. I UNDERSTAND AND REALIZE THAT THE CAMP THEME AND DEVOTION TIMES ARE BASED ON BIBLICAL CHRISTIAN MORALS AND VALUES.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: ___/___/___