Turnaround Christian Center's Day Camp Registration Form

3028 West Point Road, LaGrange, GA 30240 706.845.0073 or
706.845.0073(Fax) or phyllis@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: ____

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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: ___/___/____