

# Camp Zion 500



## Revvin' Up For Summer!

# Application for Admission

June 1 – July 31

7:00 am – 6:00 pm

Core activities from 8:30 am – 3:30 pm

**Zion Lutheran Church & School**

**Camp Coordinator: Priscilla Scrimshire 214-538-9375**

6121 E. Lovers Lane, Dallas, Texas 75214

Phone: 214-363-1630; Fax: 469-899-8876

[www.ziondallas.org](http://www.ziondallas.org)

*Zion Lutheran School admits students of any race, color, or national or ethnic origin.*



# Camp Zion 2017

June 1 – July 31

2 years to entering 1st grade

7:00 am to 6:00 pm

## ENROLLMENT APPLICATION

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Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parents' names \_\_\_\_\_

Mother's phone (\_\_\_\_) \_\_\_\_\_ Father's phone (\_\_\_\_) \_\_\_\_\_

### PARTY ASSUMING FINANCIAL RESPONSIBILITY FOR APPLICANT:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

We, the undersigned do hereby certify this information to be complete and factual, do hereby agree to fulfill all financial obligations, and agree to adhere to the policies and regulations as required by Zion Lutheran School.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

During the week campers will learn fun facts, play games, do art projects, learn Bible stories, and much more! In addition, we will have several exciting performers/exhibits coming on campus for our campers. Mondays and Thursdays are usually "Splash Days" for the kids so please be sure to send them with the correct outside attire. We will provide sunscreen. Chapel will be on Wednesdays at 8:45am. Thursdays we will have gymnastics instruction provided by Daycare Gymnastics. Tuesdays and Fridays are reserved for our "special events" where we try to have something a little different and fun planned for the kids to do.

## Due April 28!

After April 28, a late fee of \$25 will be assessed.



# **CAMP ZION 2017**

## **EMERGENCY PROCEDURE & MEDICAL RELEASE**

I, \_\_\_\_\_ certify that my child is in good health and can participate in all normal activities of the group and that I have noted any exceptions below.

I understand that reasonable measures will be taken to safeguard the health and safety of the boys/girls and that I will be notified as soon as possible in case of emergency. However, in the event of sickness or accident, I will not hold the group leaders of Zion Lutheran School responsible. In the case of sickness, or accident, after reasonable attempts to reach us or an emergency contact person fail, we, the undersigned parents of \_\_\_\_\_, minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital services that may be rendered to said minor under the general special instructions of any licensed qualified physician, whether such treatment is rendered at the office of a physician or licensed hospital. It is understood that consent is given in advance of any specific diagnosis or treatment being required but is given to encourage chaperones of Zion and said physician to exercise his best judgment as to the requirements of such diagnosis or treatment. I authorize the calling of the physician and/or the providing of other medical services at my expense.

\_\_\_\_\_ Date

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

***In case of emergency, contact parents at (please list parent contact in priority order):***

**Parent's Name:** \_\_\_\_\_ Circle One: Father Mother

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Work Place: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ Circle One: Father Mother

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Work Place: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Please explain any medical information (allergies, prior medication conditions, etc.) which might be helpful below.**

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*Individual(s) to notify in case of emergency if parents cannot be reached. Please mark the box if the individual(s) is/are also authorized to pick up child.*

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Name	Phone	Driver's License Number	Relation
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Name	Phone	Driver's License Number	Relation
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Name	Phone	Driver's License Number	Relation
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Name	Phone	Driver's License Number	Relation
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*Physician Information:*

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Name	Address	Phone Number
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*Preferred Emergency Room Information:*

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Name	Address
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**The State of Texas requires all Early Childhood centers to publish the  
State's Licensing Standards for Discipline and Guidance.  
Parents must acknowledge these Standards with their signature.**

- ◆ Discipline must be:
  - (1) Individualized and consistent for each child;
  - (2) Appropriate to the child's level of understanding; and
  - (3) Directed toward teaching the child acceptable behavior and self-control.
- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
  - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
  - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
  - (3) Redirecting behavior using positive statements; and
  - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
- ◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
  - (1) Corporal punishment or threats of corporal punishment;
  - (2) Punishment associated with food, naps, or toilet training;
  - (3) Pinching, shaking, or biting a child;
  - (4) Hitting a child with a hand or instrument;
  - (5) Putting anything in or on a child's mouth;
  - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
  - (7) Subjecting a child to harsh, abusive, or profane language;
  - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
  - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read Camp Zion 2017 discipline and guidance policy.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Camp Zion 2017 Parent Nutritional Agreement**

Child's Name: \_\_\_\_\_

I, the parent, am providing some of my child's meals/snacks from home and understand that Camp Zion is not responsible for its nutritional value or for meeting my child's daily food needs.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date





# CAMP ZION 2017

## Early Childhood Medical Statement

Summer 2017

Ages 2-6

\_\_\_\_\_ immunization record is current and on file at Zion Lutheran School.  
(Child's Name)

\_\_\_\_\_  
(Name and Phone Number of Licensed Physician)

has examined my child within the past year and has found him/her to be physically fit.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

.....  
**A doctor must sign this Medical Statement prior to the start of Camp Zion 2017.**

\_\_\_\_\_  
(Name and Phone Number of Licensed Physician)

I have examined \_\_\_\_\_ on \_\_\_\_\_

and have found him/her to be physically fit, in good health and able to participate in all the activities at Zion Lutheran School.

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Date)

\*If you are unable to have your doctor personally sign the form at this time, please request that they fax Zion Lutheran School a form provided by the doctor's office in its place (469-899-8876).



# **CAMP ZION 2017**

## **Parent Consent**

### **Walks and Water Play**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

We, the undersigned parents/guardians of the above named participant, grant permission for the participant to participate in school-sponsored activities on campus. ***I am willing to have my child take part in water activities and in walking trips on campus.***

We have been advised of the nature and extent of the activities that may take place and represent to you that the participant is physically and mentally able to participate in those activities.

We understand that the activity does present the risk of injury, or even death, to the participant, and we have advised the participant of those possibilities. We represent to you that we and the participant assume the risk of any such injury or death, and hold you, your agents, employees, and representatives harmless from any liability for injury or death to the participant while engaged in this activity, and agree to indemnify and defend you against any claim or liability asserting against you for any such injury or death to participant.

We also hold you, your agents, employees, and representative harmless from all liability to any other person or entity arising as a result of the conduct of the participant in this activity and agree to defend and indemnify you, your agents, employees, and representatives against any claim or liability arising as a result of such conduct.

If we are not personally present at these activities in which the participant is to participate, so as to be consulted in the case of necessity, you are authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and well being of the participant.

We understand and agree that neither Zion Lutheran School, nor Zion Lutheran Church, is financially responsible for any medical treatment necessary for the participant, agree to hold them harmless from any claims for such expenses.

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

***THIS FORM MUST BE SIGNED AND RETURNED. ONLY THOSE WHO RETURN THIS FORM  
CAN BE GRANTED PERMISSION TO PARTICIPATE.***



# CAMP ZION 2017 ATTENDANCE

CHILD \_\_\_\_\_ AGE \_\_\_\_\_

Your child's application and \$100 enrollment fee are **due no later than Friday, April 28.**

**After April 28, a late fee of \$25 will be assessed.**

Please deliver the application and enrollment fee, reservation forms, and payments to the School Office.

## Please choose one of the following options:

\_\_\_\_\_ Option A: 5-days (M-F)    \_\_\_\_\_ Option B: 3-days (M-W-F)    \_\_\_\_\_ Option C: 2-days (Tu-Th)

<u>Options:</u>	<u>Days:</u>	<u>Amount:</u>
A) Monday through Friday	5 days	\$225/week
B) Monday-Wednesday-Friday	3 days	\$135/week
C) Tuesday-Thursday	2 days	\$ 90/week

**Your June schedule is due by May 19; the June payment is due June 1.**

**Your July schedule is due by June 16; the July payment is due July 1.**

Select your desired weeks on the calendars below.

CHILD'S NAME \_\_\_\_\_

AGE \_\_\_\_\_

**June 2017**

Mon	Tues	Wed	Thurs	Fri
			June 1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

**July 2017**

Mon	Tues	Weds	Thurs	Fri
3	4	5	6	7
	Closed No School No Camp			
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

**CHILDREN MUST HAVE A RESERVATION TO ATTEND.**

**CHILDREN MUST HAVE A RESERVATION TO ATTEND.**