



# Summer Camp Application

1512 Florida Avenue  
Lynchburg, VA 24501  
Phone: 1-434-845-0433  
FAX: 1-434-845-4740  
E-mail: swilder@jubileefamily.org

**June 4 – August 14, 2018**  
**10 weeks - 7:30 a.m. to 6:00 p.m.**  
**Ages 6 to 13**

**\$30 per week – 1<sup>st</sup> Child (\$20 for each additional Child)**

**Deadline June 1, 2018 – Limited enrollment, early registration recommended**

**\$30 non-refundable deposit required to reserve space. Amount to be applied towards first week of camp.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

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

Home Phone \_\_\_\_\_ School \_\_\_\_\_ Rising (Grade) \_\_\_\_\_ Age as of 6/1/18 \_\_\_\_\_

Parent/Guardian: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_ Cell /Pager \_\_\_\_\_ E-mail \_\_\_\_\_

T-Shirt Size - \_\_\_\_\_ Child Small \_\_\_\_\_ Child Medium \_\_\_\_\_ Child Large \_\_\_\_\_ Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large \_\_\_\_\_ Adult XL

Emergency Contact other than parent/guardian:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone \_\_\_\_\_

I hereby give my child permission to participate in programs at the Jubilee Center and agree neither Jubilee nor its partners are responsible for any sickness or injury the applicant may receive while in attendance in the program. I am also aware that news cameras and other media may photograph my child, as they are often invited to cover programs to help raise awareness and promote Jubilee. I also hereby give Jubilee staff permission to review academic progress and disciplinary actions at my child's school.

*Your child must sign herself/himself in at Jubilee; however, if under 13, parent or designee must sign your child out. Parents are responsible for the arrival and departure of child. (Please read the back.) I also agree to the items indicated on the back of this form and shall sign the items that are applicable.*

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

*Jubilee Family Development Center sponsors family-oriented programs. It is open to all youth and their families in Region 2000. Jubilee provides a safe environment to all those who attend. Jubilee asks that everyone who attends the center follow the rules and regulations. We ask that everyone respects each person and the building. Anyone who does not follow the rules will be asked to leave.*

**Return to: 1512 Florida Ave. - Lynchburg, VA 24501 - Fax 434-845-4740 or swilder@jubileefamily.org**

**\*\*\*Must Bring – Immunization Records, Physical and Birth Certificate \*\*\***

**(if not already on file)**

**– Financial Assistance Available Through Lynchburg Department of Social Services –  
Contact 455-5614 for eligibility requirements**

**\*\*\* Social Services Authorization MUST be received prior to attendance. \*\*\***

**This information is required for certain government reporting on the clients that use the Jubilee Center.  
No individual information is reported, only collective numbers.**

**Gender:** Male or Female    **Race:** African-American    White    Hispanic    Asian    Other \_\_\_\_\_

**Parents Income:**

Less than \$10,000/ \$10,000-\$15,000/ \$15,000-\$20,000/ \$20,000-\$25,000/ \$25,000-\$30,000/  
\$30,000-\$40,000/ Above \$40,000

**How many people reside in your household?**    2    3    4    5    6    7    8    9    10    11    12

**Does a female head your household?**    Yes \_\_\_\_\_    No \_\_\_\_\_

**Does your child receive any counseling service?**    Yes    No    **If yes, provide information** \_\_\_\_\_

**Jubilee Therapeutic Summer Day Treatment Program**

**Is your child currently in a Day Treatment Program?**     Yes     No    **If yes, Agency Name** \_\_\_\_\_

**Case Worker** \_\_\_\_\_    **Has your child been discharged for the summer?**     Yes     No    **Would you like to**

**enroll your child in the Jubilee Therapeutic Summer Day Treatment Program?**     Yes     No

**Insurance information** \_\_\_\_\_    **Number** \_\_\_\_\_

**PARENT OR GUARDIAN AGREEMENT & AUTHORIZATION**

I, as parent or guardian of a camper, understand Jubilee takes reasonable precautions to insure the program and activities at Jubilee are conducted by qualified personnel in a safe and responsible manner. However, I further understand these activities involve certain risks which include, but are not limited to, field trips, fitness activities, ropes course, swimming and hiking. I, the undersigned parent or guardian of a camper, individually and on behalf of the camper, recognize these risks and agree to assume these risks by attending or allowing the camper to attend Jubilee and participate in these programs.

**MEDICATION INFORMATION:**

If your child requires any of the following medications, they MAY NOT attend Jubilee at any time unless you, the parent, are willing to come to the Center and administer the medications personally:

- a. Epi-Pen (Prescription)
- b. Breathing machines
- c. Any prescription medications
- d. Inhalers

**SUNSCREEN: (Written parental permission is required, in case of any adverse reactions. Please sign below for this permission.)**

Sunscreen must be non-prescription and SP15 or higher; must be in its original container and labeled with your child's name. (Children over nine years old may apply their own. Younger children may be assisted by a Staff member.) Prescription sunscreen must be applied by a parent.

\_\_\_\_\_  
**Parent Signature for Use of Non-Prescription Sunscreen**

**INSECT REPELLANT: (Written parental permission is required, in case of any adverse reactions. Sign below for this permission.)**

Repellant must be in its original container and labeled with your child's name. Non-prescription repellant may be applied by a Staff member according to the written instructions. Prescription repellants must be applied by a parent.

\_\_\_\_\_  
**Parent Signature for Use of Non-Prescription Repellant**

My child's swimming ability is: Please circle one

**POOR**

**GOOD**

**EXCELLENT**

**CANNOT SWIM!!**

No – I do not give my child, \_\_\_\_\_, permission to go swimming.

Yes – I do give my child, \_\_\_\_\_, permission to go swimming.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_