



# 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 3– August 16, 2024**

**7:30 a.m. to 6:00 p.m.**

**Ages 6 to 12**

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

**Deadline May 25 – Limited enrollment, early registration recommended**

**\$20 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 June 1st \_\_\_\_\_

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

Daytime Phone No.: \_\_\_\_\_ Cell \_\_\_\_\_ 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 also give consent to the Jubilee media team, and its partners, 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)

**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 \_\_\_\_\_

**Behavioral Assessment**

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

Describe Behavioral Issues \_\_\_\_\_

The Jubilee Summer Camp is not a therapeutic program and child behavior will be assessed for admission.

**PARENT OR GUARDIAN AGREEMENT & AUTHORIZATION**

I, as parent or guardian of a camper, understand Jubilee takes reasonable precautions to ensure 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 \_\_\_\_\_

**DIVISION OF LICENSING PROGRAMS  
DEPARTMENT OF SOCIAL SERVICES  
CHILD REGISTRATION FORM (Model)**

Child	Nickname	Date of Birth	Sex
Address		Home Phone	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

**PARENT(S)/GUARDIAN(S)**

Father	Place Employed	Business Phone
Home Address		Home Phone
Mother	Place Employed	Business Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician	Phone	
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

## AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. \*\*
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

## SIGNATURES

\_\_\_\_\_  
*Parent(s) or Guardian(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Administrator of Center*

\_\_\_\_\_  
*Date*

Date Child Entered Care: \_\_\_\_\_ Date Left Care: \_\_\_\_\_

\*\* If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

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## OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

<b>Place of Birth</b>	<b>Birth Date</b>	<b>Birth Certificate Number</b>	<b>Date Issued</b>
<b>Other Form of Proof</b>		<b>Date Documentation Viewed</b>	<b>Person Viewing Documentation</b>

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

\_\_\_\_\_  
*Date*

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

**032-05-252/11 (06/05)**