



Summer Leadership Camp **KINGDOM EXPLORERS**



JUNE 23- AUGUST 15

Registration Fee: \$100.00
(Swimming and T-Shirt included)

Time: 8:00 AM – 3:30 PM

Before Care: 7:30 AM – 8:00 AM
After Care: 3:30 PM – 6:00 PM
Available for \$25 per wk /per child

Cost: \$125.00 per week (one child)
\$200.00 per week (two children)
\$300.00 per week (three children)

Bridge of Hope
Summer Leadership
Camp!

Empowering the
next generation!!

ENROLL NOW!!!

Contact Shenneca A. Tilghman:

215-232-6004 ext 122

Or

STilghman @brighthousebaptist.org

Swimming, Trips,
Bible Study, Science Shows,
Arts & Crafts, & much more!



Bridge of Hope Summer Leadership Camp

Bright Hope Baptist Church
1601 N. 12th Street Philadelphia, PA 19122
Phone: 215.232.6004 Fax: 215.232.3448
www.brighthousebaptist.org
Dr. Kevin R. Johnson, Senior Pastor

Dear Parent/Guardian:

Train a child in the way he should go, and when he is old he will not turn from it. *Proverbs 22:6*

Thank you for your interest in our 2014 Bridge of Hope Summer Leadership Camp. Attached you will find the application for your completion. It is very important that you read each page and fill out all the necessary information. All **youth registration forms and fees** (\$100) are due by May 26, 2014 for enrollment. Please check that each required document is completed based on the application checklist.

Application Checklist

- Part 1: General Information
- Part 2A: Parent Commitment Form for *Day Camp*
- Part 2B: Parent Commitment Form for *Before/After Camp Care*
- Part 3: Field Trip Permission
- Part 4: Tuition and Attendance

Applications can be dropped off at the Bright Hope Baptist Church main office. If you have any questions please feel free to call (215) 232 – 6004 or contact Sis. Shenneca Tilghman via email at Stilghman@brighthousebaptist.org.

Join us as we “*Dare to Imagine*” our youth being enriched and edified to lead us into the next 100 years of Christian witness and ministry. For, it has not yet been revealed what we shall be, but we know that when He is revealed, we shall be like Him, for we shall see Him as He is.
1 John 3:2

Sincerely,

Bridge of Hope Summer Camp Staff





Bridge of Hope Summer Leadership Camp

Youth Registration Form

Bright Hope Baptist Church
 1601 N. 12th Street Philadelphia, PA 19122
 Phone: 215.232.6004 Fax: 215.232.3448
 Dr. Kevin R. Johnson, Senior Pastor

Part 1: General Information/ Program Involvement

YOUTH PROFILE

First Name	M.I.	Last Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
School Name	D.O.B: ____ / ____ / ____		Age on Last Birthday: _____ yrs.	
Street Address		City:	State:	Zip Code:
Select Camp Level: <input type="checkbox"/> Level I (K- 2) <input type="checkbox"/> Level II (3-5) <input type="checkbox"/> Level III (6-8)			Grade in Spring 2013:	

FAMILY PROFILE

Parent / Guardian 1	First Name	M.I.	Last Name	Relationship to Youth:
	Street Address			Zip Code
	Home Phone	Work Phone	Cellular Phone	
	Email:			

Parent / Guardian 2	First Name	M.I.	Last Name	Relationship to Youth:
	Street Address			Zip Code
	Home Phone	Work Phone	Cellular Phone	
	Email:			

What do you hope your child(ren) will gain from their participation in the Bright Hope Summer Leadership Camp?

EMERGENCY INFORMATION

Emergency Contact (MUST BE DIFFERENT FROM PARENT / GUARDIAN LISTED)	First Name	Last Name	
	Daytime Phone	Cellular Phone	Relationship to Youth

Health Insurance <input type="checkbox"/> None	Carrier	Health Insurance Phone#	
	Identification Number	Group Number	

Authorization (Parent Guardian 1)

I hereby authorize the Bright Hope Baptist Church employees, agents, and youth workers to transport my child to a medical facility in case of an emergency.

Signature of Authorization Date

MEDICAL HISTORY

Is the youth currently taking medication? Yes No

If yes, please explain:

Does the youth have any behavior issues that may be of concern? Yes No

If yes, please explain: _____

Are there any factor(s) that would prevent the youth from full participation in daily activities? Yes No

If yes, please explain: _____

Check, giving approximate dates. Write "N/A" for all that does not apply. DO NOT LEAVE BLANK.

Allergies Diseases

<input type="checkbox"/> Ear Infections _____	<input type="checkbox"/> Hay Fever _____	<input type="checkbox"/> Chicken Pox _____
<input type="checkbox"/> Rheumatic Fever _____	<input type="checkbox"/> Ivy Poisoning etc _____	<input type="checkbox"/> Measles _____
<input type="checkbox"/> Convulsion _____	<input type="checkbox"/> Insect Stings _____	<input type="checkbox"/> German Measles _____
<input type="checkbox"/> Diabetes _____	<input type="checkbox"/> Penicillin _____	<input type="checkbox"/> Mumps _____
<input type="checkbox"/> Behavior _____	<input type="checkbox"/> Other Drugs _____	<input type="checkbox"/> Asthma _____

Name Past Illnesses _____ Contagious Illnesses _____

Operations or Serious Injuries (Dates) _____

Hospitalization (Dates) _____

Chronic or Recurring Illness _____

To be restricted? _____

Physician's Name	Physician's Phone Number
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PART 2A

DAY CAMP: PARENT COMMITMENT

I agree that during the time my child (ren) is enrolled in the **Bridge of Hope Summer Leadership Camp**, I will try to:

- Volunteer;
- Participate in parent workshops or meetings;
- Do my part to help make the church a caring and nurturing learning environment;
- Ensure that my child (ren) is in attendance on a daily basis.

Signature of Parent / Guardian

Date

DAY CAMP: PROGRAM INVOLVEMENT INFORMATION

- Day Camp Date: June 23 – August 15th
- Day Camp Schedule: 8:00am – 3:30pm (including breakfast, snack and lunch)
- Day Camp Field Trips: Fridays

DAY CAMP: YOUTH RELEASE INFORMATION

Is the youth permitted to walk home alone? Yes, my child is permitted to walk home alone.
 No, my child will have an escort. *(list escorts below)*

Escort 1	Name	Phone Number	Relationship to Youth
Escort 2	Name	Phone Number	Relationship to Youth
Escort 3	Name	Phone Number	Relationship to Youth

Additional Youth Release Information / Comments:

PART 2B

BEFORE/AFTER CAMP CARE: PARENT COMMITMENT

I agree that during the time my child (ren) is enrolled in the **Bridge of Hope After Camp Care**, I will try to:

- Volunteer;
- Participate in parent workshops or meetings;
- Do my part to help make the church a caring and nurturing learning environment;
- Ensure that my child (ren) is in attendance on a daily basis.

Signature of Parent / Guardian

Date

BEFORE/AFTER CAMP CARE: PROGRAM INVOLVEMENT INFORMATION

- Before/After Camp Care Dates: June 23 – August 15th
- After Camp Care Schedule: 3:30pm – 6:00pm (snack)
- Before Camp Care Schedule: 7:30am – 8:00am

AFTER CAMP CARE: YOUTH RELEASE INFORMATION

Who Will Pick Up Your Child From After Camp Care?

Escort 1	Name	Phone Number	Relationship to Youth
Escort 2	Name	Phone Number	Relationship to Youth
Escort 3	Name	Phone Number	Relationship to Youth

Additional Youth Release Information / Comments:

PART 3

FIELD TRIP PERMISSION

Trips are scheduled to enhance the academic program, enhance social skills and further awareness of the area's cultural amenities. Please complete information below and return to program staff as soon as possible.

Does your child know how to swim? Yes No

I, _____, have enrolled my child, _____, in the **Bridge of Hope Summer Leadership Camp**. I hereby give consent for my child to partake in the following activities that may take place during the program's regular daily hours:

- Take supervised walks
- Swimming Pool trips
- Go to nearby playgrounds
- Take afternoon trips to nearby areas such as theme parks, i.e., Clementon Park
- Eat meals/snacks purchased by the program or group leader

I also give permission that, in the event of an emergency, injury or illness, staff members in charge of the trip may authorize and obtain medical treatment for my child.

Signature of Parent / Guardian

Date

PART 4

FEES AND ATTENDANCE FORM

\$100 Registration Fee (per youth, due at time of registration)

\$125 Weekly Day Camp Fees for **One Child**

\$200 Weekly Day Camp Fees for **Two Children**

\$300 Weekly Day Camp Fees for **Three Children**

\$25 After Camp Care Fees (per youth)

- I understand that payments for any fees will be taken by cash, check or money order (made out to Bridge of Hope CDC)
- ***I understand that the registration fee (\$100) will serve as a security deposit, and is non refundable.***
- I understand that cancellations for any week, for any reason, within 7 days of the program week is nonrefundable nor transferable under any circumstances.
- I understand that the Day Camp and After Camp Care fees are due the week (Monday) before the week of attendance.
- I understand that the Day Camp fees include breakfast, snack and lunch.
- I understand that the After Camp Care fees include snack.
- I understand that all cancellations prior to 7 days before the program week must be received in writing. Confirmations of the receipt of cancellation notice will be sent to you by return mail / E-mail. If you do not receive a confirmation for cancellation, program has not yet received your cancellation notice and no refund will be given. Bright Hope Baptist has the right to cancel any program due to unforeseen circumstances.
- I understand that no refunds are given if a child leaves early for any reason.

I have read, I understand, and I agree to abide by these policies.

Signature of Parent / Guardian

Date