



Brazosport Christian School Summer Camp 2021

Summer Camp is from June 1 - August 6
Camp will be closed June 28 - July 2

\$160 per week for each child
\$80 for each additional sibling

For more information please contact
Jennifer Theriot at 281.755.1239 or visit
the front office for a registration packet.

Brazosport Christian School Summer Camp 2021 Agreement

Name of Child: _____ Grade: _____

Name of Parent or Guardian: _____

Family Address: _____

Parent phone number(s): _____

Child must bring a sack lunch and snack daily.

Summer camp will be 9 weeks long for children in PK3 through 6th grade.

\$160 per week (please check off the week or weeks your child will be attending.)

\$50 per day for drop ins (please circle the day/days they will be attending for each week.)

Payment is due on Monday of every week. A \$10 fee will be charged if payment is late.

\$5 late pick up charge will be added if child is picked up after 5:30 PM.

Week 1 – June 1-4 _____

Drop in week 1 – M T W TH F

Week 2 – June 7-11 _____

Drop in week 2 – M T W TH F

Week 3 – June 17-21 _____

Drop in week 3 – M T W TH F

Week 4 – June 24-28 _____

Drop in week 4 – M T W TH F

*****CLOSED JUNE 28 – JULY 2*****

*****CLOSED*****

Week 5 – July 5-9 _____

Drop in week 5 – M T W TH F

Week 6 – July 12-16 _____

Drop in week 6 – M T W TH F

Week 7 – July 19-23 _____

Drop in week 7 – M T W TH F

Week 8 – July 26-30 _____

Drop in week 8 – M T W TH F

Week 9 – Aug 2-6 _____

Drop in week 9 – M T W TH F

Total contract amount for selected schedule: \$ _____

By signing below I acknowledge my agreement to pay the above sum whether or not my child is able to attend all selected dates. I recognize that my child missing any selected dates above does not excuse my payment commitment and I will provide payment on the Monday that it is due.

Signature: _____ Date: _____

EMERGENCY AUTHORIZATION			
Grade:	DOB:	Student Name:	
As Legal Guardian of the child(ren) listed, I authorize administration of: (check the boxes to authorize administration)			
<input type="checkbox"/> Acetaminophen <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Benadryl <input type="checkbox"/> Throat Lozenge <input type="checkbox"/> Antacid			
As Legal Guardian of the child(ren) listed, I authorize: (must check appropriate boxes below)			
<input type="checkbox"/> Designated BCS employees/assigns, in the event of an emergency and in my absence, to make decisions that are normally reserved for the child's parent/guardian and to act as they judge to be in the best interest of my child(ren). I agree to forever hold harmless BCS employees/assigns, attending physician(s) and medical and emergency personnel for any liability, injury, loss or cost suffered as a result of decisions made and acted upon in good conscience and according to medical knowledge available at the time. I understand that I am responsible for all expenses associated with my child(ren)'s medical/emergency needs.			
<input type="checkbox"/> Designated BCS employees/assigns to administer medicines listed on the Emergency Authorization Form as they deem necessary and I hold harmless BCS employees/assigns for any liability related to the administration of these medications.			
<input type="checkbox"/> Designated BCS employees/assigns to administer first aid and/or CPR as they judge necessary.			
<input type="checkbox"/> Designated BCS employees/assigns to call emergency services as they judge necessary, to choose a hospital for treatment, to transport my child to that hospital, and to work with physicians, emergency workers and other medical personnel in the perceived best interest of my child.			
<input type="checkbox"/> The attending physician or medical personnel to administer blood or blood products to my child(ren).			
EMERGENCY CONTACT & PICK UP LIST			
<i>If listed below, the person(s) listed will be on both the EMERGENCY CONTACT & PICK UP list.</i>			
Name:		Relationship:	
Home:	Cell:	Work:	
Address:	City:	State:	Zip:
Name:		Relationship:	
Home:	Cell:	Work:	
Address:	City:	State:	Zip:
Name:		Relationship:	
Home:	Cell:	Work:	
Address:	City:	State:	Zip:
Name:		Relationship:	
Home:	Cell:	Work:	
Address:	City:	State:	Zip:
Name:		Relationship:	
Home:	Cell:	Work:	
Address:	City:	State:	Zip:

Signature of Custodial Parent/Legal Guardian	Date	Signature of Custodial Parent/Legal Guardian	Date
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