Camp

## June 10th - August 16th



Annual Enrollment Form

Pastor Chris & Charlene Cunningham
9201-A Southern Pine Blvd. Charlotte, NC 28273

Pastor Chris & Charlene Cunningham slwcenter.org | 704-583-3343 Email: admin@slwcenter.org

Open House: Sunday June 2, 2024 at 3:00 P.M.

Children are not allowed to attend Soldier's Summer Camp if a parent is not in attendance at Open House.

We reserve the right to adjust the Summer Program at any time This includes, but not limited to the daily schedule and field trips

The 2024 Soldier's Summer Enrichment Camp Enrollment Agreement Contract includes details of the agreement between your family and Soldier's Summer Enrichment Summer Camp (Spirit of Liberty Worship Center). Please review the contents of this document in its entirety.

Returning Families Soldier's Summer Camp 2024 is a ten-week Summer Camp program. Payments for any week/s your child does not attend is required. Accounts from the previous year must be current before re-enrollment is allowed. Families with accounts in collections are not allowed to enroll campers.

A Nonrefundable Registration Fee of \$160.00 per child is due along with the submission of the completed and signed Enrollment Agreement Contract for each camper. Enrollment is not complete until the signed Enrollment Agreement Contract and the nonrefundable nontransferable registration fee is received.

A place on the enrollment roster will be confirmed via email only when the camper's account is current, registration fee has been paid and the Enrollment Agreement Contract has been fully completed, signed and accepted by Spirit of Liberty Worship Center. Enrollment is on a first come basis.

Campers are not permitted to attend Summer Camp until the contract is executed and all required fees are made to Spirit of Liberty Worship Center. Note: If your child has special needs such as dietary restrictions, require medication to be administered or any other special needs, additional documents are required.

#### Weekly Tuition: \$120.00 per child (\$110.00 for each additional child)

Weekly Tuition at Soldier's Summer Enrichment Summer Camp includes the following: Daily nutritious breakfast, lunch and snack, activities, field trips and arts & crafts.

Weekly tuition fees are due Fridays by 6:00 P.M. A late fee of \$15.00 per day, per camper will be accessed for all late payments received after 6:00 P.M. This includes the weekly tuition for the week(s) any camper will not be in attendance. Debit and credit card payments are accepted and are also due by 6:00 P.M. on Fridays. Any card payments received after 6:00 P.M. on Fridays is subject to the late fee and will be charged. If a payment is more than 2 days past due, the camper may be terminated from the program. Weekly Tuition Payments for Weeks 1 through 9 are due no later than the Friday prior for each Camp Session, however Tuition Payment for Week 10, the last week of Summer Camp (August 15th - August 19th) is due no later than Sunday July 31, 2024.

Due to the additional processing charges for debit/credit card payments, there is an additional fee for all debit/credit card payments. Payments submitted via debit/credit card will be charged additional fees. To avoid additional fees, please submit payments via cash, check or money order.

Anti-Bullying: Soldier's Summer Camp is a place where all Campers feel safe, accepted, protected, and have a sense of belonging. Bullying, fighting, and name calling is never tolerated. Our Staff, Campers and Parents will work in collaboration to prevent all forms of bullving through education and the establishment and maintenance of policies and programs designed to eradicate bullying. Campers are subject to termination at any time for any of the above mentioned.

Please complete the corresponding pages and return them to our office to start the enrollment process. If you have any questions about this agreement, please contact the church office at (704) 583-3343 or email Pastor Chris Cunningham (pastorchris@slwcenter.org) or Pastor Charlene Cunningham (pc@slwcenter.org)

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#### SECTION 1: ATTENDANCE SCHEDULE

☐ Week 1: June 10 <sup>t</sup>	h - June 14 <sup>th</sup>	Week 6: July 15 <sup>th</sup> -	Week 6: July 15 <sup>th</sup> - July 19 <sup>th</sup> Week 7: July 22 <sup>nd</sup> - July 26 <sup>th</sup>		
☐ Week 2: June 17 <sup>t</sup>	<sup>h</sup> - June 21 <sup>st</sup>	☐ Week 7: July 22 <sup>nd</sup> -			
☐ Week 3: June 24 <sup>th</sup> – June 28 <sup>th</sup> ☐ Week 4: July 1 <sup>st</sup> - July 5 <sup>th</sup>		☐ Week 8: July 29 <sup>th</sup> -	☐ Week 8: July 29 <sup>th</sup> – August 2 <sup>nd</sup>		
		☐ Week 9: August 5 <sup>th</sup> - August 9 <sup>th</sup>			
☐ Week 5: July 8 <sup>th</sup> -	July 12 <sup>th</sup>	☐ Week 10: August 1	2 <sup>th</sup> - August 16	<b>S</b> th	
o assumes the financy the obligation set for	pardian of the child or children ial obligations, I (we) understanth in this contract. I also give the off site for all field trips, and are.	nd and agree to the payn my child permission to lea	nent plan for Su ave the premise	mmer 2024. I (we) agree s of Soldier's Summer	
rent / Legal Guardian	Signature:			_ Date:	
	SECTION 2: EI	NROLLMENT INFORMATION			
ld's Name:					
First		Middle	l	_ast	
Month Day			evei: Faii	24 Grade Level	
me Address:		City	State	Zip	
ther's Name:		Place of Emplo	yment:		
	Home:				
ail Address:	Homo/Doroonal)		(Work)		
(Home/Personal)			(VVOIK)		
her's Name:	P	lace of Employment:			
dress:	Home:				
dress:					
dress:(If different	Home:				

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Emergency Contact Name:		Cell:
Other Persons permitted to pi		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
SECTION 3: SPE	CIAL NEEDS, MEDICAL INFORMATION	AND PARTICIPATION IN MEALS
My Child has special needs:		
Does your child have any allergies to me	edication, foods, poison ivy, bee stings, hay fe	ever, or ANY other allergies? If so, please explain.
Does your child have any dietary restriction child's Licensed Physician is required.	ctions? Yes No If yes, please list	restrictions below. Additional documentation from you
	prepared and served by Soldier's Summer ( akfast prior to arriving at camp)	Camp? nch: Yes: No: (My child will bring a nutritious lunch)
	ial needs, or require special accommodation	ons for any reasons while attending school and/or
Does your child take any medicine reg documentation from your child's Licens		e and give instructions on administering. Additional
Name of Health Care Provider:		

#### **SECTION 5: T-SHIRT INFORMATION**

INSURANCE ID NUMBER

RESPONSIBLE PARTY

I give you permission to treat my child at the nearest medical facility. Yes \_\_\_\_

GROUP NUMBER

ADDRESS

If yes, please list any available insurance information below.

INSURANCE CARRIER

PHONE NUMBER

Campers are required to wear the 2024 Soldier's Summer Camp T-Shirt daily and will receive (5) T-Shirts. T-Shirt costs are included in the registration fee. However, if a child is not in proper Soldier's Camp attire, the staff will issue the child a Soldier's Camp T-Shirt. A fee of \$7.00 will be added to the balance of the following week's tuition. Please check the size T-shirt for your child below. \*Extra shirts payment must be included with Registration Fee.

Child Size: Small:	Medium:	Large:			# of Extras:	(\$10.00 per additional shirt)
Adult Size: Small:	Medium:	Large:	X Large:	2X Large:		

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#### **SECTION 4: MARKETING WAIVER**

This signed contract is also a Marketing Release Agree	ment per terms described below	w unless I/we notify Spirit o	f Liberty Worship Cen	ter in writing.
I hereby permit the taking and use of photographs, aud	io, video of my child(ren) at Spi	rit of Liberty Worship Cente	r (Soldier's Camp) to l	ne used in the

finished product of any publication, display, transmission, website, media account, advertising materials, newsletters or brochures and release Spirit of Liberty Worship Center from any liability. I also relinquish any right to examine and approve the completed materials prior to publication.

		SECTION 5: LIABILITY WAIVER
	fully and sign below in the desigr n order for your child to attend t	nated spaces. If any of the content is unclear, please ask for clarification before signing. Waiver form the summer camp.
I give my child		permission to attend Soldier's Camp 2024 whose principal office and operating site is
Spirit of Liberty V	Norship Center 9201-A Southern F	Pine Blvd Charlotte, NC 28273 beginning June 12, 2024 through August 16, 2024.
By signing this wa	aiver, I agree not to hold Spirit of I	Liberty Worship Center or any of its Board Members, Camp Counselors or Administrators legally
responsible for a during any other		nt that could result in the injury to my child during the transportation process for camp activities or
I have reviewed t	he list of activities that are planned	d for the camp and do give my child permission to participate in any or all activities.
	is a Christian Camp and the doctrier the information that is taught.	ines being taught are from the Holy Bible. I have knowledge of the doctrines and waive any right to
I understand that	Spirit of Liberty Worship Center,	its Board Members, Camp Counselors nor Administrators cannot be held responsible for the loss of
	· .	it is the advice of the Ministry that all expensive items such as electronics, computerized toys, and my child to bring such items, I assume total responsibility for them in case of loss or damage.
By signing below	, I agree that I have read and do fu	ully understand the contents of this waiver form and consent to abide by the content.
ne terms of this cor nmediately due an nderstand my bala esponsibility). (If le	ntract, including but not limited to d payable at the option of Soldier ance will go to a collection agency gal actions are taken to recover a	wment for Ten Weeks of Summer Camp). After acceptance of enrollment of my child/children; failure to fulfil making the required payments, will constitute default, and all weekly tuition payments and fees shall becond is Summer Camp (Spirit of Liberty Worship Center). If my account/balance is not paid as outlined, I was for payment, and all court costs and legal fees will be assumed by me (the person assuming financial any portion of my financial responsibility, I can be and will be required to pay court costs and/or legal fees). egal guardian, I shall follow all policies outlined.
arent/Guardian	Signature:	Date:
	son assuming Financial Res	sponsibility: Date: financial responsibility is not the parent or legal guardian indicated above.)
ignature of Wit	ness:	Date:
	То Ве	e Completed By Camp Administrative Office or Director
	Barria I	2024 Soldier's Summer Camp Enrollment Status
ccepted:	Denied:	Initial: Date: