

Child's Name: _____

Current Grade: _____
(for 2019-2020 school year)

T-Shirt Size (check one)

☐ YXS ☐ YS ☐ YM ☐ YL
☐ AS ☐ AM ☐ AL ☐ AXL ☐ A2XL

Mandatory Parent Orientation Meeting
5/30 @10:00 a.m.

Camp Flourish

JUNE 1st – JULY 24th



ENROLLMENT PACKET

SUMMER OF 2020

Enrollment Checklist

(For Office Use Only)

- ☐ Completed & Signed Enrollment Application
- ☐ Signed Program Policies (Signed Transportation & Media Authorization/Late Pick Up)
- ☐ Release of Participation Form
- ☐ Authorization For Emergency Medical Care
- ☐ Child's Health Statement
- ☐ Meal Substitution Form
- ☐ Submitted Full Payment:
- ☐ Rec'd Child's VBC Shirt

Notes:

Dear Parents,

We are excited to extend the opportunity for your child(ren) to attend Camp Flourish 2020 Summer Vacation Bible Camp (VBC).

VBC is offered to children who are **currently** in grades Kindergarten through 8th grade. **The camp will be located at Gibson School located at 9926 Fonda Dr., St. Louis, MO 63137 which is only 2 minutes from our church. Preschool (6 weeks – Pre-Kindergarten) will be housed at our church (9990 Lewis & Clark Blvd). If your child is going into Kindergarten in Fall 2020, they will still be with our Pre-Kindergarten class at the church and will have to pay the preschool rate for the summer. If you are interested in our preschool, please contact Marie Owens at 314-868-9600 for more information.**

The theme for this summer's camp is "Super Heroes of the Bible." We will explore the incredible faith and character of people in the Bible. In addition, we will offer the following classes: Fun with Math & Reading, Cooking, Junior Achievement, Art, Black History, Recreation, Wacky Science, Money Management, Engineering, Weekly Field Trips, and More.

Our 8 week VBC is still at an incredible price of only \$450/child plus a nonrefundable \$50 registration fee (the registration fee is \$20/child for those families receiving State Assistance). The registration fee must be paid upon registration as it holds your child's spot. Registration begins February 1, 2020.

All Registration and Tuition must be paid on our website – Flourishmo.org. Please see Camp Fees page for more details. You may make installment payments for your remaining tuition starting in February through May; however, **the total fee must be paid by May 18th.** You can fill the packet out online and email to Kristen@Flourishmo.org or print and fill out manually and drop off at Third Presbyterian Church, 9990 Lewis & Clark Blvd, St. Louis, MO 63136, Monday – Friday, 9 a.m. – 5 p.m or fax to 314-868-1128. However, the fee **MUST** be paid online.

Our camp operates from 7:30 a.m. - 4 p.m. Before and After Care is available for an additional fee. Before Care is from 6:30 a.m. - 7:30 a.m. and cost \$5 per week/child. Aftercare is from 4 p.m. – 6:00 p.m. and cost \$15 per week/child.

State Assistance: If you receive State Assistance, please notify your case worker that our **CAMP DVN is 002560723 and our PRESCHOOL DVN is still 002172367** and you would like to begin service on June 1st. There are no additional fees for Before/After Care. However, you will be responsible for any sliding fees as determined by the MO Dept. of Social Services. All fees are due the **Thursday prior to the week of service**, with a grace period extending through close of business on Fridays. **Please be prepared to pay 1st week sliding fee at the parent orientation or before.** A \$10/day late fee is accessed on any unpaid balance Monday morning at 6:30 a.m. and \$5/day for every day the fee is not paid. **We must receive a Child Care Provider Notice from the MO Dept. of Social Service prior to your child's first day of camp. Otherwise, you will be required to pay \$55 for them to start on June 1st.**

Attendance at the Parent Orientation Meeting is required to fully enroll your child(ren) and failing to attend may result in your child's immediate withdrawal from the program. The meeting is Saturday, May 30, 2020 at 10:00 a.m. at Third Presbyterian Church 9990 Lewis & Clark Blvd. In this meeting, we will review the parent handbook, where to drop off your child at Gibson, how to reach us for emergencies, handout your child's camp T-shirt, camp menu, review the scheduled field trips, introduce our staff, and answer any

questions.

Each year we offer an optional field trip to Six Flags. This year the field trip is scheduled for June 23rd (leaving at 9:45 a.m. – returning at 6:30 p.m.). The Camp will provide lunch at no additional cost. All other cost will be at the parent's expense. The tickets this year costs \$36 and transportation cost is \$6. Parents are encouraged to attend, however, they must provide their own transportation and lunch. **(NOTE: All preschoolers MUST have a parent attend in order to participate in this field trip)**. Some campers have Six Flags Season passes or have received a free ticket from school and therefore they only need to submit \$6 to cover the cost of transportation. Their pass or ticket needs to be given to the director by Monday, June 22, 2020.

Since all Vacation Bible Camp staff will be attending the field trip there will be no staff remaining on site the day of this field trip. Therefore, **ALL NON-PRESCHOOL PARENTS** will need to secure other care for those campers not attending the field trip. **Camp is open to Preschoolers ONLY.**

In order to finalize our plans, we need the permission slip AND \$42 per child for the field trip **returned by June 5, 2020**. It will be assumed that if the permission slip AND money is NOT received from the camper by the deadline then that camper has elected not to attend the field trip.

We look forward to seeing you and your family soon. If you have any questions, please do not hesitate to contact Kristen Davis at Kathy@Flourishmo.org or 314-868-9600.

Respectfully,

Kathy Kirk

Please keep this informational page for your records

Camp Flourish 2020 Fees

All Fees must be paid through our website (Flourishmo.org). To Pay Select Pay Registration/Tuition Button.

You can use a debit card, credit card, or any cash card, or direct withdrawal from your checking account.

No fee for direct withdrawals(ACH). All other payment methods will be charged a credit card processing fee.

So you must select cover fees to cover this charge.

Registration Fees

# of Children	Registration Fee
1	\$50
2	\$100
3	\$150
4	\$200
5	\$250

* No discount on registration Fees

Camp Fees

# of Children	Camp Fee Discount	Camp Fees(plus credit card processing fee)
1		\$450
2	10%	\$855
3	20%	\$1,215
4	30%	\$1,530
5	40%	\$1,800

For discount, all children must permanently reside in the same household

All camp fees must be received in full by 5/18/2020.

Before & After care Fees

Weekly Fees/Child*	
Before Care \$5/Week	After Care \$15/Week

*Before and After Care fees must be paid by the Thursday before services are needed.

Payment Methods:

All payments should be made on Flourishmo.org. Select Pay Tuition Button.

Camp State Payment(If you receive State Assistance please notify your case worker that our DVN number is 002560723 and you would like to begin service on June 1st.

*** Registration fees are non-refundable**

*** Tuition fees are non-refundable after 5/18/2020**

Registration Packet can be dropped off on weekdays 9am-6pm

Please keep this page for your records

Flourish
YOUTH PROGRAM
PARTICIPANT ENROLLMENT FORM

CHILD'S NAME	SEX	AGE	BIRTHDATE	T-SHIRT SIZE	CURRENT GRADE
ADDRESS	CITY		STATE	ZIP CODE	
SCHOOL CURRENTLY ATTENDING					
PARENT/GUARDIAN CONTACT INFORMATION					
MOTHER / GUARDIAN NAME			HOME PHONE		
ADDRESS <input type="checkbox"/> CHECK HERE IF SAME AS THE CHILD)			CELL PHONE		
EMPLOYED BY / SCHOOL ATTENDING			E-MAIL ADDRESS		
ADDRESS (INCLUDE CITY, STATE, ZIP CODE)			BUSINESS PHONE NUMBER		
FATHER / GUARDIAN NAME			HOME PHONE		
ADDRESS <input type="checkbox"/> CHECK HERE IF SAME AS THE CHILD)	CITY	ZIP	CELL PHONE		
EMPLOYED BY / SCHOOL ATTENDING			BUSINESS PHONE NUMBER		
ADDRESS (INCLUDE CITY, STATE, ZIP CODE)			E-MAIL ADDRESS		
EMERGENCY CONTACTS (TWO REQUIRED)					
NAME		HOME PHONE		CELL PHONE	
ADDRESS (INCLUDE CITY, STATE, ZIP CODE)				RELATIONSHIP	
NAME		HOME PHONE		CELL PHONE	
ADDRESS (INCLUDE CITY, STATE, ZIP CODE)				RELATIONSHIP	
SCHOOL LUNCH PROGRAM (We receive scholarships for field trips based on students qualifying for free school lunch)					
Does your child(ren) qualify for free or reduced school lunch?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		

On and Off Campus Medical Treatment

I understand that in the event my child requires medical treatment while under the supervision of FLOURISH/TPC staff, reasonable efforts will be made to contact me or my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the Flourish/TPC staff or any adult counselor acting on behalf of FLOURISH/TPC, to consent to x-ray examination, medical, dental or surgical diagnosis, treatment; and hospital care either as an outpatient or in any hospital, including transportation by ambulance. I have completed my child's Health Statement, and consent to this information being shared with others for the safety and well-being of my child.

Parent Signature _____ Date _____

Field Trip and Athletic Event Participation

I hereby give permission for my child to participate in field trips and athletic events organized by Flourish/Third Presbyterian Church (FLOURISH/TPC). I hereby release, hold harmless and absolve FLOURISH/TPC, its officers, staff, sponsors, vendors, and all others who have participated in the planning, organizing and implementing of the activity, be they individuals or organizations, single or collectively, from responsibility, loss, cost, damage and liability for or by reason of any illness, injury, death, misadventure, harm, loss or inconvenience suffered or sustained as a result of participation by my child in the activity.

Parent Signature _____ Date _____

Media Use Permission

Permission is granted to Flourish/Third Presbyterian Church (FLOURISH/TPC) to use my/our student's name, created materials, or likeness in any marketing or other communications from the school, including but not limited to brochures, flyers, handouts, yearbooks, newspapers, social media, and websites. This permission includes both photographed and video representations. In addition, FLOURISH/TPC may release my student's photograph and/or name to any newspaper or magazine for publicity and/or recognition purposes. Permission shall remain in effect unless revoked and communicated to FLOURISH/TPC in writing.

Parent Signature _____ Date _____

Flourish
YOUTH PROGRAM
RELEASE OF PARTICIPANT FORM

The following people are permitted to pick up my child, _____ from Flourish Summer Camp:

Name:	Relationship
Home #:	Cell #:

Name:	Relationship
Home #:	Cell #:

Name:	Relationship
Home #:	Cell #:

Name:	Relationship
Home #:	Cell #:

Mother's Name (Printed)

Contact Number(s)

Father's Name (Printed)

Contact Number(s)

PARTICIPANT'S LAST NAME			
AUTHORIZATION FOR EMERGENCY MEDICAL CARE			
<p>I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.</p> <p>If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize</p>			
Flourish Summer Camp & Youth Program			
to contact the following: PHYSICIAN OR CLINIC (Please list name and phone number of physician and / or clinic.)			
NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE
IN CASE OF EXTREME EMERGENCY, PARTICIPANT WILL BE TAKEN TO THE NEAREST HOSPITAL.			
PREFERRED HOSPITAL (Please list name and phone number of hospital.)			
NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE
SPECIAL NEEDS			
Please check all that apply: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> ADD / ADHD <input type="checkbox"/> PTSD <input type="checkbox"/> BIPOLAR <input type="checkbox"/> MR / DD _____ </div> <div style="width: 50%;"> <input type="checkbox"/> LD <input type="checkbox"/> BD <input type="checkbox"/> ODD </div> <div style="width: 50%;"> <input type="checkbox"/> AUTISM <input type="checkbox"/> ED <input type="checkbox"/> OTHER: </div> </div>		Does the participant have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the participant a foster child? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Information: _____	
TRANSPORTATION AUTHORIZATION			
I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT Give permission for the facility to transport my child to and from the site.			
ACKNOWLEDGEMENTS			
A) I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children. B) I have been informed that a copy of the licensing rules for group child care homes and child care centers is available at this facility for review. C) The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs. D) When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.			
PARENT / GUARDIAN SIGNATURE ▶		DATE	

Flourish
YOUTH PROGRAM
CHILD'S HEALTH STATEMENT

IDENTIFYING INFORMATION

CHILD'S NAME

BIRTH DATE

HEALTH STATEMENT (CHECK ONE)

☐ My child is in good health, is able to participate in group care, and has no special health or medical requirements.

☐ My child is able to participate in group care but has special health or medical requirements as listed below.

SPECIAL HEALTH OR MEDICAL REQUIREMENTS.

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

Please indicate the best action for items listed above:

Flourish
YOUTH PROGRAM
MEDICAL FOOD SUBSTITUTION RECORD

YOU MUST FILL OUT & SIGN – PUT N/A IF THIS DOESN'T APPLY TO YOUR CHILD(REN) & SIGN		
Authorization by a recognized medical authority is required for food substitutions for food service in At-risk youth centers. A recognized medical authority includes a physician assistant, or nurse practitioner. The recognized medical authority must specify, in writing, the food to be omitted from the patient's diet and the food or choice of foods that may be substituted.		
PATIENT'S NAME		
MEDICAL DIAGNOSIS / REASON		
SPECIAL ASSISTANCE / EQUIPMENT REQUIRED		
FOOD SUBSTITUTION LIST		
FLUID MILK	ALLOWED SUBSTITUTIONS	TEXTURE (e.g. CUT UP, GROUND MINCE, PUREE, LIQUIDITY)
MEAT & MEAT ALTERNATIVE (e.g. EGGS, CHEESE, PEANUT BUTTER, BEANS, YOGURT)	ALLOWED SUBSTITUTIONS	TEXTURE
BREAD, CEREAL OR WHOLE GRAIN PRODUCTS	ALLOWED SUBSTITUTIONS	TEXTURE
FRUIT & VEGETABLE OR JUICE	ALLOWED SUBSTITUTIONS	TEXTURE
Additional dietary concerns and/or required equipment or assistance needed:		
I (medical authority) certify that the above patient must be provided a special diet or requires special accommodations as indicated above.		
Signature	Title	Date