

iExpress Summer Camp 2014

Dear Parent/Guardian(s),

We are pleased to welcome your child(ren) to The Tower of Prayer Church iExpress Summer Camp. The summer camp is for two weeks: June 2, 2014 – June 13, 2014 from 8:00 am – 3:00 pm. Our program is designed to motivate children ages 5-13 to express their unique gifts and talents with an educational experience while learning and participating in hands-on activities that will foster their developmental and educational success. Our goal is to empower students to be creative through creative writing, theatre, vocal and music lessons, culinary, academic enrichment and so many more fun filled activities that your child will never forget! We pride ourselves in not being your normal summer camp program but one that is geared toward the academic, spiritual, and cultural achievement of our children. **There is a limit of 35 spaces for this year's program, your speedy registration will guarantee your child(ren)'s spot.** Through our outreach efforts, The Tower of Prayer Church under the guidance of the Holy Spirit and our pastoral leadership, we are committed to play a vital role in improving our community as a whole by serving you in the spirit of excellence.

The policies and procedures outlined in this handbook are designed to provide you and your child(ren) with pertinent information about the way our program operates. Please take a moment to review the enclosed guidelines, expectations and agreements with your child(ren). You and your child(ren)'s cooperation in following these guidelines are greatly appreciated. We ask that you fill out all forms and keep the supporting documents as a reference. Please make certain that your child(ren) understands the guidelines, expectations and rules. You may contact us if you have additional questions by emailing us at thetowerofprayerleeds@gmail.com or calling our office (and leaving a message) at (205) 699-8629.

We are excited about this year's program and eagerly await the opportunity to work with your child(ren). On behalf of Pastor C. Shaemun Webster, The Tower of Prayer Church and the iExpress Summer Camp Staff, we welcome you and your family to our summer program. It is our intention to operate our program as smoothly as possible. If you or your child(ren) have any concerns, please do not hesitate to contact us.

We look forward to providing an exciting learning experience for your child(ren).

Sincerely,
Pastor C. Shaemun Webster
iExpress Summer Camp
The Tower of Prayer Church

Sponsor Information/Staff Members

Instructors and volunteers are carefully screened for their educational experience, maturity and rapport with children and for their ability to provide leadership as well as motivation and guidance to participating children. Training is conducted for staff and the child/staff ratio is excellent, allowing for close supervision of your child(ren).

iExpress Summer Camp Guidelines

Please do not allow your child(ren) to bring toys or valuables to iExpress Summer Camp. We are not responsible for lost, broken or stolen items. If the staff requests a specific item for an activity, a note will be sent home and the equipment or items will be kept in a safe place until it is needed for use in the program. iExpress Summer Camp is not responsible or liable for any damage or loss of belongings.

Communication – If you need to relay a message in the case of an emergency or just leave a message for your child(ren) or the iExpress Summer Camp staff during program hours, please call the iExpress Summer Camp Director at 205-699-8629.

Morning & Afternoon Pick-Up Location – Pick-up is at The Tower of Prayer Church [Empowerment Center Entrance]. You will be allowed to enter by an iExpress Summer Camp attendant. The sign-in/out sheet will be with the attendant. Sign-in/out by a parent/guardian or designee daily is mandatory! All children are required to be picked-up by 3:00 p.m. For every 10 minutes late, a \$5.00 late fee will be assessed to parents picking up children after 3:00 p.m. This fee must be paid at pickup. If you are unable to pick-up your child(ren) during the designated time frame please call (205) 699-8629 by 2:00 p.m. to inform us of your delay. If needed aftercare services until 6:00pm may be available for a fee. Inquire with the Camp Director for information.

Car Pool Pick-Up – Car pool is allowed and must be approved prior to start. All children must be signed-out by a parent/guardian or a person approved by the parents/guardians.

Lost and Found – Please mark your child(ren)'s belongings with their name so they may be easily identified. Once again, we are not responsible for lost or stolen items.

Parent Information

Parents must contact iExpress Summer Camp when:

1. Providing a written letter when someone other than those listed on your registration form is picking up your child(ren).
2. Your child(ren) are not going to be picked up on time.
3. A change occurs in your child(ren)'s life that alters their attitude, behavior, or causes emotional upset.

Parents will be contacted immediately when:

1. Your child has received an injury that may require immediate medical attention.
2. Your child exhibits a medical condition that may be contagious or threatening to others.
3. Your child is ill and is unable to participate in daily activities.
4. Behavioral problems occur with your child. Please note that if there are discipline problems with your child, your child will begin the disciplinary action procedure.

Parents will be notified at pick-up time when:

1. Your child receives a minor injury that does not require a professional in the medical field.
2. Your child complains of a non-emergency condition or symptom of illness.
3. Your child exhibits unusual behavior.
4. Your child has made notable accomplishments.
5. There are requirements for specific program class activities.

iExpress Summer Camp staff will schedule a parent conference when:

1. The staff observes unusual pattern of behavior or participation.
2. Your child exhibits a pattern of disruptive behavior that interferes with the program or other children.

Medications/Special Needs – The iExpress Summer Camp Director should be made aware, in writing, of any special needs or limitations a child may have. If your child(ren) are required to take medicine during program hours, medication must be in the original bottle with their name on it and a written authorization must be provided to the Director giving iExpress Summer Camp staff permission to administer your child(ren) their medicine as prescribed. All medications must be given to staff. Students are not allowed to keep any medications (prescribed or over-the-counter) with their personal belongings.

Behavior – Our staff uses positive guidance techniques to redirect, anticipate or eliminate potential problems. Positive reinforcement, reaffirmation and encouragement are used with each child rather than competition, comparison, criticism or screaming.

Our staff will treat your child(ren) with dignity and respect and use discipline techniques such as guiding, valuing mistakes as learning opportunities, repetition, and listening when children talk about their feelings and frustrations. However, we expect that your child(ren) to also value their summer camp experience and treat all staff and students with the same dignity and respect.

iExpress Summer Camp reserves the right to temporarily or completely suspend any child whose behavior becomes unmanageable, disruptive or endangers the safety and welfare of others. Parents will be notified of any serious behavioral concerns. The iExpress Summer Camp Director reserves the right to cancel any child's enrollment or to dismiss any child whose mental condition, conduct, influence or behavior is deemed unsatisfactory and not in the best interest of the program without **refund**.

We look forward to working with your child(ren) and equally anticipate that they will have a memorable educational experience in The Tower of Prayer Church iExpress Summer Camp.

The Tower of Prayer
iExpress Summer Camp 2014 ENROLLMENT FORM
(Please Print Clearly)

Child's Name: _____ DOB: ___/___/___
 First Middle Last
Name child prefers to be called, if different: _____ T-Shirt Size: _____

Gender: M F Grade _____ School _____

Address _____

City _____ St _____ Zip _____

Mother's Name _____

Address (if different) _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Work Address _____

Father's Name _____

Address (if different) _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Work Address _____

With whom is child living? (Circle one) Mother Father Both Other: _____

Church Affiliation (if applicable) _____

EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED

Name: _____

Relation to child: _____ Home phone: _____

Work phone: _____ Cell phone: _____

**iExpress Summer Program
Tuition Agreement**

The iExpress Summer Camp registration fee and tuition is due at registration. **If space is available a late fee of \$25 will be applied to tuition. At pickup for every 10 minutes late, a \$5.00 late fee will be assessed to parents picking up children after 3:00 p.m.** Make all checks payable to The Tower of Prayer.

Tuition takes care of everyday expenses of iExpress Summer Camp and covers the cost of snacks. The summer camp will possibly offer additional services or programs throughout the camp for its children such as field trips and outings. Admission and transportation will be provided during the camp for outings. Each child will be responsible for their daily lunch.

Because there are a limited number of spaces in iExpress Summer Camp, I understand that my child will have to commit to all days of the program. Poor payment history maybe grounds for dismissal or denied enrollment in the future. I also understand all payments are nonrefundable.

Child's Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

**iExpress Summer Camp
Photograph/Video Release**

I give The Tower of Prayer Church permission to photograph and video my child participating in iExpress Summer Camp activities and use those photographs in promotional materials, including social media and website for the program.

iExpress Summer Camp 2014

Child's Printed Name: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature _____ Date _____

**iExpress Summer Camp
Pick-up Authorization Form**

Child's Name _____

Parent/Legal Guardian _____

Please list any individual you wish to authorize to pick up your child from iExpress Summer Camp. If you need to make changes to this list, please contact us and keep the list current. Appropriate ID must be shown at pick up.

1. _____
2. _____
3. _____
4. _____
5. _____

If necessary, please continue list on an attached sheet.

Please list any individual(s) NOT authorized to pick up your child from camp.

iExpress Summer Camp 2014

1. _____
2. _____
3. _____

I, _____, attest that I have filled out the above information. I understand that I must give prior notice to iExpress Summer Camp if anyone other than the listed parents/guardians is to pick up my child.

Parent/Guardian Signature _____ Date _____

**iExpress Summer Camp
Transportation Release**

I, _____, the undersigned parent or legal guardian of _____, do hereby give permission for my child to participate in the scheduled activities of iExpress Summer Camp Program. I understand that my child may be transported from the following school: The Tower of Prayer Church to other venues in Birmingham on a vehicle operated by a Tower of Prayer employee or church volunteer. I hereby release and discharge The Tower of Prayer, iExpress Summer Camp and its authorized representatives and professional or volunteer staff, their heirs, executors and administrators from all liability of any kind which might be asserted in behalf of said minor or to myself against the aforementioned church, camp, representatives, professional or volunteer staff, absent of gross negligence or willful and wanton misconduct. Finally, in the event of an accident or medical emergency, if the said staff or representatives are unable to contact me as legal guardian, I hereby grant

iExpress Summer Camp 2014

permission to said staff or representatives to administer necessary first aid, and/or take said minor to the nearest medical facility for additional medical treatment.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature _____ Date _____

Parent Handbook Acknowledgment

I, _____, the undersigned parent/guardian of _____, has received and reviewed the parent handbook for The Tower of Prayer iExpress Summer Camp Program. I agree to/understand the following:

- I understand the rules and regulations of iExpress Summer Camp, and will help my child to follow them.
- I understand that if I have any questions about the rules and regulations and how they are applied, I may ask a member or head staff at any time.

iExpress Summer Camp 2014

- I understand that my child(ren)'s tuition must be paid in advance. If space is available I will incur a \$25 late fee.
- I understand that iExpress Summer Camp operation hours are from 8:00am until 3:00pm. If my child is picked up after 3:00pm I will be charged a fee of \$5 per 10 minutes late, due at the time of pick-up. If aftercare is offered it will be at a fee and due at pickup.
- I understand that iExpress Summer Camp provides a daily snack as part of the program.
- I understand that my child will not be allowed to leave the premises unless I, or a person I have designated ahead of time, have signed him/her out at the check-out/registration station.
- I understand that I must provide written authorization in order for iExpress Summer Camp staff to dispense medication to my child.
- I understand that it is my responsibility to keep my child's records current to reflect any significant changes as they occur.
- I understand that I will be informed of any incidents, including illness, injury, exposure to communicable disease, and behavioral problems, that include my child.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature _____ Date _____

Director's Signature _____ Date _____

**iExpress Summer Camp
Health Form**

Child's Name _____ DOB ___/___/___

iExpress Summer Camp 2014

Physician's Name _____

Hospital/Clinic Name _____ Phone _____

Address _____ City _____ St _____ Zip _____

Insurance Carrier _____

(Please provide a copy of insurance card)

Known Allergies

Food(s): _____ Drug(s): _____

Insect(s): _____ Other: _____

Current Medications (Name of medication, dose, and reason taken)

-

Parent/Guardian Printed Name: _____

Parent/Guardian Signature _____ Date _____

Physician's Signature _____ Date _____

(*Must be signed by Physician for child to be given medication during camp)