

**FIRST COME, FIRST SERVED!**



## **Registration Procedure**

Program Start Date: June 8, 2009

Program End Date: July 23, 2009

*Thank you for your interest in the  
Spencer Perkins Center Summer Arts Day Camp.*

*Students who have finished kindergarten through sixth grade are eligible!*

In order for the admissions committee to consider your application, we must have all of the elements that are listed below completed and on file by May 29, 2009. **Note:** this is a first come, first served basis.

### **1. Application, fee and photo**

Please complete the Registration for Admission, attach a recent photo and return it to the Perkins Center office with a \$25 non-refundable registration fee and the first week's tuition.

### **Weekly tuition cost:**

<b>One child</b>	<b>\$45.00</b>
<b>Two children</b>	<b>\$80.00</b>
<b>Three children</b>	<b>\$115.00</b>

### **2. Parent Orientation**

Parent orientation is June 6, 2009 from 10 a.m. to 11 a.m. This meeting is mandatory if you want your child to attend the Perkins Center Summer Day Camp. Please make arrangements to attend.

### **3. SPC Student Checklist – Please make sure that your child have all his/her materials on the first day of camp. (June 8, 2009)**

- ✓ Book bag
- ✓ Glue
- ✓ 3 Pencils
- ✓ Notebook with lined paper (for his/her grade)
- ✓ Tablet
- ✓ Scissors
- ✓ Water Bottle (every day)
- ✓ Mat/Pillow and Blanket or Sleeping bag for Nap time

Drop off at the Perkins Center: 7:40 am

Pick up at the Perkins Center: 6:00 pm. Late fees do apply (see note below).

Note: If you have any questions, please feel free to contact Jonathan Thompson at 354-1563 or drop by our office at 1831 Robinson Street.



# Perkins Center Summer Arts Day Camp

**Application 2009**

**1831 Robinson Street Jackson, MS 39209**

Office: 601-354-1563 • Fax: 601-362-6882

E-mail: info@jmpf.org

<b>T-Shirt fee Date/Paid (office use only)</b>		<b>Application Fee Date/Paid (office use only)</b>	
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Date of Application: \_\_\_\_\_ Application Fee per child: \_\_\_\_\_ (**\$25.00 Non-refundable**) T-shirt fee **\$10.00** \_\_\_\_\_

**Circle One:** Children Shirt Sizes: **S M L XL**

Adult Shirt Sizes: **S M L XL**

**Name of Child** \_\_\_\_\_ **SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Place of Birth:** City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**Home Address** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**School attended last year:** \_\_\_\_\_ **Homeroom Teacher:** \_\_\_\_\_

**School attending this fall:** \_\_\_\_\_ **Grade** \_\_\_\_\_ **School Phone # ( )** \_\_\_\_\_

**Principal:** \_\_\_\_\_ **Homeroom Teacher:** \_\_\_\_\_ **Rm#** \_\_\_\_\_

**Father/Legal Guardian** \_\_\_\_\_ **SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Phone # ( )** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_ **Phone # ( )** \_\_\_\_\_ **Hours** \_\_\_\_\_

**Mother/Legal Guardian** \_\_\_\_\_ **SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Phone # ( )** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_ **Phone # ( )** \_\_\_\_\_ **Hours** \_\_\_\_\_

**Who will be responsible for payment?** \_\_\_\_\_

I also agree to pay \$45.00 a week for Summer Day Camp services and a late fee of \$5 every ten minutes, for each child(ren) on the spot, when I do not arrive on time. **Note: Late fees start at 6:01 PM. Late fees are as follows; 6:01 PM – 6:10 PM = \$5.00; 6:11 PM – 6:20 PM = \$10.00**

**Brothers and Sisters**

Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_      Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_      Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

**In case of emergency:**

1) Name \_\_\_\_\_ Phone #1. \_\_\_\_\_ Phone #2. \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Phone #1. \_\_\_\_\_ Phone #2. \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**Your child(ren) will be released to *only* those persons listed below:**

Name	Relationship	Address	Phone

**Required Income Information:**

**One of the following attachments is needed for proof of income:**

- 1. 1040 Tax Form
- 2. Check Stub

**Medical Release and Authorization**

If parent of legal guardian cannot be contacted during the time of emergency, the undersigned parent/legal guardian authorizes a representative of JMPF and SPC to give consent to X-ray, anesthetic, or surgery if the need arises. I certify by my signature below that I have read, understand, and give consent to all the statements contained in this authorization.

**Print – Name of Parent/Legal Guardian** \_\_\_\_\_

**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

List any known allergies of your child: \_\_\_\_\_

List special medications \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insur. Plan # \_\_\_\_\_

**Important:** Each participant must have a signed "Release and Waiver of Liability" on file. Please complete this form now in order to be considered. Please print information in blanks provided.

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!**

## John M. Perkins Foundation, Inc. Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, 2008 by \_\_\_\_\_ (the parent/guardian) in favor of JOHN M. PERKINS FOUNDATION, INC. (JMPF) AND THE SPENCER PERKINS CENTER (SPC), a nonprofit corporation organized and existing under the laws of the State of Mississippi, USA, its affiliated organizations in other names, its, directors, officers, employees, and agents (collectively, the "Foundation").

I \_\_\_\_\_ (parent/guardian), give my permission to the John M. Perkins Foundation, Inc. /Spencer Perkins Center (JMPF/SPC), for my child, \_\_\_\_\_, to engage in the activities related to being a day camper. I understand that the activities may include, but are not limited to, traveling to and from other cities and towns, consuming food and participating in light work projects on the grounds of the JMPF/SPC.

I \_\_\_\_\_, hereby freely and voluntarily, without duress, execute this Release under the following terms:

- 1. Waiver and Release.** I, \_\_\_\_\_, release and forever discharge and hold harmless the JMPF/SPC and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my child's participation at the JMPF/SPC.
- 2. Insurance.** I, \_\_\_\_\_, understand that, except as otherwise agreed to by the JMPF/SPC in writing; JMPF/SPC does not carry or maintain health, medical, or disability insurance coverage for any student, volunteer or day camper.
- 3. Medical Treatment.** Except as otherwise agreed to JMPF/SPC in writing, I hereby release and forever discharge JMPF/SPC from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my child's time with the JMPF/SPC.
- 4.** I hereby expressly and specifically assume the risk of injury, illness death or property damage resulting from the activities of my time with the JMPF/SPC.
- 5. Photographic Release.** I grant and convey unto the JMPF/SPC right title, and interest in any and all photographic images and video or audio recordings made by the JMPF/SPC during my child's participation at the JMPF/SPC, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
- 6. Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Mississippi in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Mississippi. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

To express my understanding of this release, I sign here with a witness.

This release is for \_\_\_\_\_ (child's name)  
Parent/Guardian Name (Please print) \_\_\_\_\_ Signature \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_  
Witness: Name (Please print) \_\_\_\_\_ Signature \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Date \_\_\_\_\_