



Community for New Direction
Changing Lives. Changing Communities.

Summer Day Camp

June 24 – August 2, 2024



Ages: 5 - 14

Days: Monday - Friday

Hours: 8:00 a.m. – 3:00 p.m.

Breakfast and lunch are provided.

Activities include: Swimming, Fishing, Arts & Crafts, Field Trips, Cultural & Educational Activities and MORE!

Registration begins Friday, May 31st at 8AM

993 E. Main Street — or — 2096 W. Mound Street

Cost: \$50 per youth / \$150 for families of 3 or more

(Cash Only)

If you have questions, call (614) 272-1464

Visit us at www.cndcolumbus.org



Funded By:



Summer Day Camp Registration Form

ID# _____

Child's Name _____
(Last Name) (First Name) (Middle Initial)

Address _____ Apt # _____ Zip Code _____

Home Telephone _____ Cell Phone _____

Date of Birth _____ Age _____ Gender: Male _____ Female _____

T-shirt size (check one) Youth Adult Size: S M L XL 2 XL 3 XL 4XL

Shoe Size (check one) Youth Adult Size of Shoe: _____

Race/Ethnicity: African American Asian Bi-racial Hispanic/Latino
 Native American Somali White Other: _____

School _____ Grade Entering _____

Parent/Guardian Name _____
(Please Print) (Relationship)

Allergies (please list) _____

Medications (please list) _____

Emergency contact _____
(Please Print) (Relationship)

Address _____ Contact # _____

West Location Only: *Transportation needed: Yes No *Transportation is limited to a three-mile radius from Hilltop Church of God. *Checking yes does not guarantee transportation.

*****I understand that my child's participation in the CND program is voluntary. I also understand that CND is not responsible for any valuables your child brings to any CND program. *****

Parent/Guardian _____
(Signature) (Date)

Staff _____
(Signature) (Date)

FOR OFFICE USE ONLY
 East Office South Office West Office
Date of Registration _____ Prior Involvement: Yes No

Master Permission Slip

I, _____ give my child _____ permission to attend all group scheduled and agency approved field trips. I understand that a flyer will be sent home at least two days prior to agency and community field trips. The flyer will state the place of the trip as well as the time of departure and the time of return.

If you agree to these terms initial here: _____

Medical Emergency Authorization

I give the staff of CND permission to seek medical attention for my child in case of an accident or medical emergency, including if deemed necessary at a licensed hospital facility. I am aware that a member of CND staff will contact me to inform me of such an emergency. The number or numbers that I can be reached in case of an emergency are:

_____ or _____

If you agree to these terms initial here: _____

Behavioral Contract

My child and I agree to the zero-tolerance policy of the CND summer day camp. I understand that if my child fights, refuses to participate or is blatantly disrespectful to another child or staff, he/she will be sent home for the remainder of summer day camp. I fully understand that my registration fee will be forfeited.

If you agree to these terms initial here: _____

Videotaping Authorization Waiver and Image Release

I hereby authorize and consent to the videotaping, picture taking or recording of my child's image and voice for public display and dissemination. I voluntarily make this authorization and consent fully realizing that in granting my permission I consent to the use of said film, videotape, or photograph in such a manner as CND deems reasonable and necessary.

I hereby waive any right, claim or actions that I may have to receive payment, consideration, compensation, or royalties for the use of my child's image and voice in all matters videotaped by CND. I also waive any right or claim of privacy that I may have incident to or arising out of production, creation, making, recording, public display, or public dissemination, of said videotape or picture.

Furthermore, I, for myself, my heirs, executors, administrators, and assigns, forever discharge and hold harmless CND, their agents, and board of directors.

If you agree to these terms initial here: _____

Parent/Guardian _____

(Signature)

(Date)

Staff _____

(Signature)

(Date)

Pick-up/Drop-Off Form

Participant Pick-Up Information

If I am unable to pick up my child from Summer Day Camp, I give my permission for the following individuals to pick up my child:

Name	Relationship to participant	Phone Number
1.		
2.		
3.		

I do not want anyone other than myself to pick up my child/children.

Participant Drop-off Information * (For the offices where drop-off is offered)

In the event that I am unable to be home when my child is dropped off from CND's Summer Day Camp and all attempts to contact me have been utilized, I give my permission for CND to drop off my child at the following:

Name	Relationship to participant	Address	Phone Number
1.			
2.			
3.			

I do not want my child to be dropped with anyone.

Parent/Guardian _____

(Signature)

(Date)