

Eastern Shore Bay Camp After School
Registration Form

8180 Dyer Road
Fairhope, Al 36532
251-752-4897
www.baycamp.org

Now Registering Ages 5-12 years old

Director: Lisa Ledet

Child's Name _____ Age _____

Child's School _____ Grade _____

Check List: _____ Email _____

- Completed Registration Packet
- Copy of Blue Card
- \$150.00 One Time Registration Fee
- \$70.00 per week payment (payments are written for the month dated on the first day of each month).
- We can accept check or money orders only o Checks must be made payable to Bay Camp; your child/children's names, Driver's License number, and two phone numbers must be on your check

Please return registration forms to P.O. Box 6, Fairhope, Al. 36533 (call if you are mailing) or you can call and deliver them to the site location, 8180 Dyer Road, Fairhope, Al. 36532 Celebration Church

HEALTH INFORMATION

Insurance Information

Does child have medical insurance coverage? _____

Insurance Company _____ Policy Holder _____

Contract # _____

Immunizations

A COPY OF MY CHILD'S BLUE CARD IS ATTACHED _____yes _____no

Physician Name: _____ Phone Number _____

Dentist/Orthodontist _____ Phone Number _____

My child takes the following medications (include dosage and times of day):

(Check any of the following that apply)

___ Asthma ___ Fainting Spells ___ Convulsions ___ Sports Restrictions

___ Diabetes ___ Heart Condition ___ Bleeding Disorders ___ ADD/ADHD

___ Behavioral Issues ___ Psychological Condition ___ Other communicable Disease

Explain here if any of the above applies:

Does your child have allergies to medicine, food, insects, or anything else?

Does your child wear any appliances? (hearing aid, glasses, etc.) yes ___ no ___

Explain _____

Has your child had any major surgeries or illnesses that affect their daily functioning? (If so explain) _____

Is there anything else we should know?

I understand that Eastern Shore Bay Camp is not equipped or staffed for children who are unable to feed themselves, function in a social environment with other children, verbally communicate their needs, use the restroom alone, or are not fully functional in any other aspect of daily life. I also understand that this is a physically demanding program which involves walking, running, and swimming and that Eastern Shore Bay Camp does not have the capabilities to transport or facilitate children who must have physical assistance of any kind.

_____/_____
Parent/Guardian Signature Date

Trip Release & Consent for Emergency Medical Treatment & Medication

Parent/Custodian Authorization: This health history is correct so far as I know, and the camper herein described has permission to engage in all camp activities and field trips, except as noted by the physician and parent/guardian. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of personnel dictates, with the understanding that the family will be notified as soon as possible, and I hereby authorize the hospital emergency staff to take all necessary actions to treat my child.

I further give my permission for the Eastern Shore Bay Camp staff to provide appropriate transportation to and from field trips including those locations that may be out of the State of Alabama.

Parent/Guardian/Custodian Signature _____

Print Name _____

Date _____ Relationship to Child _____

In an emergency situation, where for some reason the parent/guardian/custodian of the child cannot be contacted immediately, this form may be of extreme importance. The medical authorization granted by this form will be used only where absolutely necessary. **This authorization will be kept on file by the camp.**

WAIVER /RELEASE OF LIABILITY

I (We), _____, parent/legal guardian/custodian of camper _____, agree and understand that some camp activities, i.e., swimming and other sports, may be hazardous. I recognize that there are risks inherent in camp activities, including but not limited to paralyzing injuries and death.

As parent/legal guardian/custodian of the camper named herein, I agree to his/her participation in camp activities and hereby agree to indemnify and hold harmless the Eastern Shore Bay Camp Staff against any liability resulting from an injury that may occur to the camper while participating in camp activities. As parent/legal guardian/custodian, I further agree to indemnify Eastern Shore Bay Camp for any damages incurred arising from any claims, demands, actions or causes of action by the camper.

As parent/legal guardian/custodian, I hereby agree to pay all costs associated with medical care and transportation for said camper.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Parent/Custodian/Guardian
Print Name _____

Date

Parent/Custodian/Guardian
Print Name _____

Date

Eastern Shore Bay Camp
P.O. Box 6
Fairhope, Al. 36533
AFFIDAVIT of Notification of LICENSE

STATE OF ALABAMA
County of Baldwin

Before me, a notary public in and for said state and county, appeared
_____ and is known to me, after being duly sworn or
affirmed says as follows:

Affiant, _____, the parent/legal guardian of the minor
child _____, is in receipt of notice that Eastern Shore Bay
Camp has filed a license with the State of Alabama Department of Human Resources.

_____ Affiant

Sworn or affirmed to and subscribed before me this ____ day of _____, 2024-2025.

_____ Notary Public

My Commission expires _____

****Return with Registration Form****

*****If you have access to a notary please have notarized*****

Child's Name _____

Office Copy

Eastern Shore Bay Camp After School 2024-2025 Reserve Sheet

From the time of the original application for After School with Eastern Shore Bay Camp you are considered registered and are financially responsible for the entire school year (Aug. 9 – May 21). The only ways you may be released from Eastern Shore Bay Camp's After School program is: Serious, long-term illness with a doctor's excuse that would physically prevent the child from attending/ participating in the program; relocation or moving out of serviceable area (see handbook).

*Aug. 8th – Aug. 30th (4 weeks)

*Sept. 3rd – Oct. 4th (5 weeks)

*Oct. 7th – Nov. 1st (4 weeks)

*Nov. 4th – Nov. 22nd (3 weeks)

*Dec. 2nd – Dec. 20th (3 weeks)

*Jan. 6th – Jan. 31st (4 weeks)

*Feb. 3rd – Feb 28th (4 weeks)

*March 10th – April 4th (4 weeks)

*April 7th – May 2nd (3 weeks)

*May 5th – May 21st (3 weeks)

*No School Days – (8days)

_____/_____
Parent/ Guardian Signature Date

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PARENT COPY

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_____/_____
Parent/ Guardian Signature Date.