

Enrollment Application

CAMP TIMOTHY

— 2025 —

Camp Dates: May 27 - July 25, 2025

Ages 5-14

Regular Hrs: 7am-2pm

After Hrs: 2pm-6pm

Timothy Baptist Church | Bishop Tracy L. Boles, Senior Pastor

380 Timothy Road Athens, GA 30606 | (706) 549-1435

www.timothybaptist.org



Program Director - Seabon Davis, Jr.

Camp Registration - \$125
Camp Weekly Fee - \$100

Administrative Use Only

Registration_____

Date_____

Child's T-Shirt Size: S M L XL

Adult Sizes: S M L XL

Camper(s) Full Name:

_____Age: ____ DOB: _____

Last First

Grade during 2025-2026 Academic Year: _____ () Boy () Girl

Present Address: _____

Street

City

State

Zip

Home Phone: _____

Father: _____

Last Name

First Name

Business Name/Phone

Cellular

Email address: _____

Mother: _____

Last Name

First Name

Business Name/Phone

Cellular

Email address: _____

Child's Living arrangements; () both parents () mother () father
() other Specify: _____

Parents Address (if living separately): () mother () father

Street City State Zip Code

Phones(s) _____
Home Cellular Business

Emergency
Contact: _____
Last Name First Name Relationship

Phone(s) _____
Home Cellular Business

State any mental, emotional or physical handicaps, which may affect his/her
activities or progress during summer camp (all information is confidential):

Has he/she had any psychological testing? (I.e. Attention Deficit Disorder
(ADD); Hyper Activity Disorder, Anger Disorder): () Yes () No If yes
what were the results?

Person(s) authorized to pick-up child:

CAMP TIMOTHY

Parental Payment Contract



I (We) reserve enrollment for

in Camp Timothy." I agree to pay a non-refundable registration fee of \$125 per child to guarantee enrollment of my (our) child(ren) at the time of registration.

I further agree to pay weekly fees of \$100.00 per child on Monday of each week by 7:00 p.m. I understand that a late fee of \$10.00 will be assessed after this time. I further, understand that nonpayment of weekly fees for (1) week will relinquish my child's place at Camp Timothy and that he/she will not be able to return to camp until **all fees and outstanding balances are paid in full.**

I understand that I am expected to pay half the weekly amount for temporary absences (vacation) or illness to hold my child's place in Camp Timothy. A written notice must be given to Camp Timothy before withdrawing my child. I understand that if no written notice is given to Camp Timothy as requested, my child will be removed from the program and will become ineligible to return.

Camp Timothy will **NOT** refund any monies for partial weeks of the child's attendance. Attendance for two or more days constitutes a full week and no monies will be refunded.

Payment Breakdown

Registration Fee

\$125.00 per child

This fee covers camper's starter gear, supplies and some camp activities. The registration fee is non-negotiable and must be paid before camp begins.

Camp Timothy Weekly Fee

\$100.00 per child

The weekly fee covers the administrative portion of summer camp. This includes but is not limited to transportation, fuel, food, and staff salaries. This fee is non-negotiable and must be paid weekly. Please refer to the payment guidelines for more information.

I understand that a returned check fee of **\$30.00** will be charged to the child's financial records and the returned check will not be re-deposited. A second returned check would necessitate cash only. Checks must be made payable to: Timothy Baptist Church. I may also make payments via MasterCard, Visa, American Express or Discover.

I understand the pick-up time for my child is 6:00 p.m. or prior, therefore beginning at 6:01 p.m., I am considered late and will be assessed a **\$2.00 per minute charge which is payable at the time of pick-up.**

By signing below, I acknowledge that I fully understand my obligation for my child and agree to the terms in this contract.

Parent Signature

Date

CAMP TIMOTHY PARENTAL AGREEMENT

Camp Timothy is an educational summer enrichment program, providing children and youth with organized, academic, recreational, religious and instructional activities. Camp Timothy is approved by Bright from the Start to offer summer day camp programming and activities, but is not a licensed childcare facility.

Camp Timothy agrees to provide childcare for:

Monday through Friday, from 7:00a.m-2:00p.m. From May 27 - July 25, 2025.
Extended Care is free from 2:00p.m. - 6:00p.m.

Medication will not be administered during summer camp. No Exceptions.

My child will not be allowed to enter or leave the facility without being escorted by the parent/guardian; persons authorized by the parent/guardian or Summer Camp personnel.

I acknowledge that it is my responsibility to keep my child's records current and to give notice of significant changes as they occur i.e.: telephone numbers, work location, emergency contacts, etc.

Camp Timothy agrees to keep me informed of any incidents, including illnesses, injuries, death and/or exposure to communicable diseases, which may include or affect my child.

Camp Timothy agrees to obtain written authorization from me before my child participates in routine transportation, field trips, or special activities away from the facility.

My child () will () will not participate in all meal plans. If not, nutritious meals that meet USDA standards will be provided by: _____.

I have received, read and agree to abide by the policies of Camp Timothy.

(Parent/Guardian) Signature _____

Date: _____

CAMP TIMOTHY EMERGENCY MEDICAL AUTHORIZATION



Child's Name

Date of Birth

Should my child suffer an injury or illness while in the care of Camp Timothy and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child that are deemed necessary such as calling 911. I agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

A copy of my insurance card is on file and may be used in the event of an emergency.

Child's primary source of Health care is:

Physician/Clinic Name

Telephone Number

Known medical conditions (i.e. diabetes, asthma, drug allergies): If no known conditions please write the word "NONE."

Parent/Guardian Signature _____ Date _____

Daytime Telephone _____ Cellular _____

CAMP TIMOTHY PERMISSION SLIP

CHILD'S NAME _____ Age _____



I give my child permission to travel with Camp Timothy on all field trips scheduled during the summer of 2025. I understand that Camp Timothy (Timothy Baptist Church) is not liable for any incidents that happen on the premises of each field trip and I, the parent, will take full responsibility of any incidents with the vendor directly.

Parent Signature _____

Date _____

CAMP TIMOTHY CAMPER BEHAVIOR CONTRACT

Camp Timothy strives to maintain an atmosphere of faith, fun and safety. One way we do this is by having specific policies regarding camper behavior. The following is a brief overview of these policies. Please feel free to address any questions or concerns you have to the camp director, Seabon Davis, Jr., at 706-549-1435.

CAMPER BEHAVIOR POLICIES: Campers are expected to respect the feelings and rights of others. Campers will be held accountable for how they speak to and treat others. Profanity is not acceptable at CAMP TIMOTHY, as is discussion of illegal or immoral activities. Insubordination toward a staff member will not be tolerated. Bullying will not be allowed. Pranks, such as playing practical jokes, are not permitted. Failure to remain within the established physical boundaries of camp is a serious offense.

Campers should dress modestly. T-shirts advertising alcohol or tobacco products or having any message that promotes illicit or illegal activities may not be worn. All underclothing will be fully and completely covered at all times. Shorts need to be long enough to fully cover in the rear, and no part of a belly should be exposed during normal activities. Modest swimwear should cover all privates. Any swimsuit not meeting modesty standards will be worn with a T-shirt.

CAMP TIMOTHY'S BEHAVIOR MODIFICATION POLICY is a multi-step program in positive discipline. With a counselor, a camper works through problem solving and conflict management – identifying the problem, suggesting solutions, and choosing his/her own work duty consequences where necessary. Campers are given opportunity to correct inappropriate behaviors. If the behavior continues, the camp director and eventually the pastor will be involved. Parents will be notified at the point the director becomes involved and parents will be involved with the process from that point. If the camper's behavior cannot be corrected through the camp's behavior modification program, the parent will be notified to take the camper home.

The following offenses will result in automatic dismissal:

1. Serious vandalism/property damage (camp or personal). Parents will be responsible for the replacement or repair of damaged property.
2. Use or possession of illegal drugs, alcohol or tobacco. Both the parents and the proper authorities will be notified.
3. Unauthorized use or possession of firearms/weapons. Both the parents and the proper authorities will be notified.
4. Hitting or any physical violence toward an adult camp employee.

I have read and understand the above policies of **CAMP TIMOTHY**. I am aware that I will be held responsible for my child's actions during his/her stay at camp and will pick him/her up upon request, should the need arise. No reimbursement of camp fees will be made. I understand I will be made aware of a problem before the decision to remove my child from camp is made, except for the above numbered items.

Date _____ Parent Signature _____

I have read and understand the above policies of **CAMP TIMOTHY**. I am aware that I will be held responsible for my actions during my stay at camp. I also understand that not following these policies means I could be sent home early from camp.

Date _____ Camper Signature _____