


2010 Church of the Apostles Summer Programs Registration

We recommend you KEEP this COVER sheet for your records.

(Six weeks from now we think you might be happy to have program dates and times handy!)

- For each program, please note the ★Registration Deadline, the age range, and fee. Detailed program descriptions can be found in our Summer Programs brochure and at www.ChurchoftheApostles.org.
- Complete ONE registration packet PER CHILD. Additional registration packets can be downloaded at www.ChurchoftheApostles.org.
- Indicate on Page 1 each of the programs for which you are registering your child.
- Please provide all the information requested on each page.
- SIGN the forms where indicated by .
- Make your check payable to COA, memo: Children's Summer. (Families may pay for multiple children with one check.)
- Return or mail completed, signed forms, with payment to:
Church of the Apostles, Attn: Pam Marsh, 3500 Pickett Road, Fairfax, VA 22031

Toddler Tuesdays (Jul 6, 20, 27, Aug 3)

Age: 2–3 Years

Cost: \$25

Time: 9:00–11:00am (Tuesdays, of course)

★Registration Deadline: Monday, Jun 21

Vacation Bible School (Jul 12-16)

Age: 3–9 Years (Toilet trained preschoolers, please)

Cost: \$25

Time: 9:30am–1:00pm (Monday–Friday)

Bring a bag lunch. Coolers will be available.

★Registration Deadline: Monday, Jun 21

Presentation on Friday, Jul 16 at 1:30

Worship Arts Camp (Jul 26–30)

Age: Rising 2nd–Rising 6th Grade

Cost: \$40 (includes Camp T-Shirt and snacks)

Time: 9:30am–1:00pm (Monday–Thursday)

Bring a bag lunch. Coolers will be available.

★Registration Deadline: Monday, Jun 21

Presentation on Friday, Jul 30, time TBD

Resident Camp at Camp Highroad (Aug 8-13)

Age: Rising 4th–Rising 9th Grade

Cost: \$350 (includes Camp T-Shirt)

Scholarship funds are available. Please contact Kristin Colligan for more information.

★Pre-Camp Meeting: For ALL CAMPERS and at least ONE PARENT; ★ Date TBA

Camp Dates: Arrive Camp Highroad Sunday, Aug 8 at 4:00pm

Depart Camp Highroad Friday, Aug 13 at 10:00am

Parents are responsible for arranging transportation for their children.

★Registration deadline: Monday, Jun 21 (with \$25 deposit; balance due Sunday, Jul 25)

About the General and Health Information Forms

- These forms are used for all children and students to age 18 who participate in programs sponsored by Church of the Apostles. We must have a completed, signed set of forms for each participating child in your family. Complete details and instructions are provided. If you have further questions, please contact the church office.
- The information on the General and Health Information Forms is considered active for 12 months from the date they are submitted. Because we keep these forms on file for your family throughout the year, we ask that you provide us with any changes as soon as possible.
- ***If you have filled out these forms for your child for any COA program since Sep 1, 2009***, and if the information you provided on those forms is still accurate, you DO NOT need to fill out new forms. However, prior to your child's participating in a program, you may be asked to sign a copy of the forms we have on file in order to confirm that the information they contain is accurate and up-to-date.
- We recommend you keep a dated photocopy of the forms for your personal records.
- A separate Photo Release agreement is also included on the last page.
- If you are not sure if we have a current set of forms on file for your child, please call Pam Marsh at 703-591-1974, ext 3008.

Registration

Child's Last Name

Child's First Name

Age of child in June: _____

Child's Grade in September: _____

Please register my child for the following programs:

_____ **Toddler Tuesdays** (*Age 2-3 Years*) _____ **\$25**

_____ **Vacation Bible School** (*Age 3-9 Years*) _____ **\$25**
(*Name of friend with whom you would like your child to be placed:*

Every effort will be made to accommodate your request.)

_____ **Worship Arts Camp** (*Rising 2nd-Rising 6th Grade*) _____ **\$40**

T-Shirt Youth Size: ___ S ___ M ___ L

or Adult Size: ___ S ___ M ___ L ___ XL

_____ **Resident Camp** (*Rising 4th-Rising 9th Grade*) _____ **\$350**

A DEPOSIT of \$25 is required with all Resident Camp registrations and MUST be received no later than Tuesday, Apr 28.

_____ (*\$25 deposit*)

T-Shirt Youth Size: ___ S ___ M ___ L

or Adult Size: ___ S ___ M ___ L ___ XL

Total amount due this child \$ _____

Amount enclosed \$ _____

Balance due \$ _____



Parent's/Guardian's signature authorizing permission to participate in Church of the Apostles Summer Programs.

Date

Office use only: Date rec'd _____

_____ Toddler Tuesdays
\$25

_____ VBS
\$25

_____ WAC
\$40

_____ Resident Camp ___ S
\$350 ___ \$25 Dep

General Information

Date: _____

This form is good for 1(one) year and applies

DD / MM / YYYY

to all COA programs for children and students up to age 18.

During the year, any changes to the information included on this form should be provided to COA.

Name of child: _____
Last *First*

Address _____

City _____ State _____ Zip _____

Birth date _____ Gender M F Preferred name _____
DD / MM / YYYY

Household email _____

Child lives with both parents Mother Father Guardian

Parent / Guardian Information

Mother's name: _____
Last *First*

Address (if different from child's) _____

City _____ State _____ Zip _____

Home phone: _____ Work: _____ Cell: _____

Father's name: _____
Last *First*

Address (if different from child's) _____

City _____ State _____ Zip _____

Home phone: _____ Work: _____ Cell: _____

Guardian's name: _____
Last *First*

Home phone: _____ Work: _____ Cell: _____

Emergency Contact Information

Name _____ Relationship _____
Last *First*

Home phone: _____ Work: _____ Cell: _____

Health Information

The following information must be filled in by the parent/guardian.

Provide complete information so that the COA staff can be aware of your child's needs.

We recommend that you keep a dated copy of the completed form for your records.

Insurance

Is the child covered by family medical/hospital insurance? ___ Yes ___ No

Insurance company _____ Policy or ID # _____

Name of physician _____ Phone _____

Name of dentist/orthodontist _____ Phone _____

Allergies *(List all known.)*

Medication allergies

Describe reaction and management of the reaction.

Food allergies

Describe reaction and management of the reaction.

Other allergies

Describe reaction and management of the reaction.

Asthma Inhalers and Epi-Pens

Please provide detailed instructions on asthma treatment protocol and use of Epi-Pens.

Last Name

First Name

Current Medications

Please list all medication taken regularly (including over-the-counter or non-prescription drugs), even if a regular dose is not scheduled during the program for which your child is registered. In the unlikely event of an emergency, we need to be able to provide this information to emergency medical personnel as part of your child's health history.

If your child will need to take medication during the program, please be sure to send enough medication with your child to last throughout the program. Keep it in the original packaging/bottle that identifies the child, prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Attach additional pages for more medications.

Identify any medications taken during school year that your child does not /may not take during the summer:

This person takes **NO** medication on a routine basis.

This person takes medication as follows:

Med #1 _____ Dosage _____

Specific times taken each day _____ Reason needed _____

Med #2 _____ Dosage _____

Specific times taken each day _____ Reason needed _____

Med #3 _____ Dosage _____

Specific times taken each day _____ Reason needed _____

Over-the-Counter Medications

Initial all over-the-counter medications you allow. Circle [A]dult or [C]hild dosage when applicable.

_____ Acetaminophen (Tylenol) A C

_____ Naproxen (Aleve) A C

_____ Ibuprofen (Advil/Motrin) A C

_____ Decongestant A C

_____ Antihistamine A C

_____ Antacids

_____ Antibiotic Ointment

_____ Dramamine / Bonine

_____ Hydrocortisone Ointment

_____ Hydrogen Peroxide

_____ Betadine Solution

_____ Sting Stop for bites

_____ Swimmer's Ear Drops

Health History

Do any of the following items apply to your child?

	Yes	No
Recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>
A chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>
Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>
Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>
Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Ever experience motion/car sickness	<input type="checkbox"/>	<input type="checkbox"/>
Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had problems with joints (knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
Have an orthodontic appliance?	<input type="checkbox"/>	<input type="checkbox"/>
Have any skin problems (itching, rash, acne)	<input type="checkbox"/>	<input type="checkbox"/>
Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
If female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "Yes" answers: _____

Are immunizations up to date? ___ Yes ___ No

Date of last Tetanus Shot ___/___/___

Date of last PPD or TB skin test ___/___/___ Result: Positive Negative

Last Name

First Name

Physical Limitations

Describe any restrictions to activity (e.g., what cannot be done, what adaptations or modification are necessary.)

Other Helpful Information

Please provide any additional information about your child's physical, emotional, or mental health, or social development that will help us do all we can to help your child have a positive experience with us.

Dietary Restrictions *(Not allergies, please.)*

This section does NOT apply to food allergies. Instead, this section applies only to family preferences or customs. Every effort will be made to accommodate requests for dietary restrictions.

If your child has an adverse health reaction to any type of food, please list it in the Allergies section of this form.

Does not eat red meat

Does not eat seafood / shellfish

Does not eat poultry

Does not eat eggs

Does not eat pork

Does not eat dairy products

Last Name

First Name

Health Release Form

The information provided in this document is accurate to the best of my knowledge. On behalf of my child _____, I give permission to Church of the Apostles (COA) to provide routine health care, administer prescribed medication, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to COA to arrange necessary related emergency transportation for the person named. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by COA to secure and administer treatment, including hospitalization, for the person named.

In addition, I give COA staff and volunteers permission to pray
with and for the child named.



*Parent's / Guardian's signature authorizing
emergency care and permission for prayer*

Date

PRINT parent/guardian name _____

A photocopy of the FRONT and BACK of your child's
health insurance card MUST be attached to this form.

Church of the Apostles

3500 Pickett Road | Fairfax, Virginia 22031 | 703-591-1974 | www.ChurchoftheApostles.org

Photo Release Form

Regarding permission for Church of the Apostles to use only for promotional purposes any photos or video material of my child

First Name

Last Name

taken while he/she is a participant in any programs, activities, events or worship services affiliated with Church of the Apostles, its Children's Ministry and/or its Student Ministries:

I understand that the photos or video images may be used in print material, on the church's website at www.ChurchoftheApostles.org or in the e-letter Apostles News.

I also understand that my child's name will never be included with any image that may be used.

I further reserve my right to withdraw this permission at any time.



YES I grant permission

Parent's/Guardian's Signature

Date



NO I do NOT grant permission

Parent's/Guardian's Signature

Date