



GLORY CDC, INC.



Guidance ■ Leadership ■ Opportunities Reaching YOU

GLORY CDC, Inc. will be kicking off their 1st Annual Summer Program 2012, for ages 5-13. This will be a fun filled, educational, recreational, therapeutic, and Christian based 7 week exciting program.

Starting Date: Monday, June 25th through Friday, August 10, 2012

Operating Hours will be Monday- Friday 7:30 a.m. - 6:00 p.m.

Location:

Shekinah Glory Cathedral
1301 South 78th Street
Tampa, FL 33619
813-443-4684

www.GloryCDC.org

Innovative Programs ~ Singing/Dancing ~ Games

Health & Nutrition ~ Program

Commitment to Caring for our Community

Self-esteem ad Character Development

Christ-Centered Experiential Bible Study

Commitment for Caring for Each Other

Friendship ~ Fellowship ~ Faith ~ Safe

Clean ~ Comfortable Facilities ~ make new Friends

Nature Exploration ~ Team Building

Christian Values and Morals

Arts and Crafts ~ Field Trips & Water Activities

.....and much more!

There will be a \$25.00 non-refundable registration fee per family.

Registration will begin May 28 - June 22

ONLY ACCEPTING 50 APPLICANTS

Programming Fees:

****45.00 a week per child (1st Child) ****

****\$35.00 for second child and \$25 for each additional sibling attending per week (must be brother and/ or sister) additional \$30 activity fee and \$10 each additional child

Please make all checks or money orders payable to: GLORY CDC, please include your child(ren) names in the (for) or (memo) section of check.



SUMMER CAMP PROGRAM POLICIES

1. ADMISSION

Each student must be enrolled in the summer camp program by a parent or legal guardian. The fee for Summer Camp Program is \$45 per week (1st Child) \$35.00 for the second child and \$25.00 for each additional sibling attending per week (must be brother and /or sister) additional one-time \$30 activity fee and \$10 each additional child. The fee/tuition must be paid before the start of each week. The students will not be able to attend the program until the fee is paid. Summer Camp fees are due every Monday.

2. ATTENDANCE

If it is necessary for a student to be absent from the summer camp program for any reason, the parent or legal guardian should call the office (813)443-4684) and notify the program director of the child's absence.

3. DISCIPLINE POLICY

The purpose of the discipline policy is to facilitate a positive summer camp climate where each student feels safe and secure; where faculty and staff agree on general principles of discipline within a framework of progressive discipline; where parents are kept informed of their child's behavior and are encouraged to support the camp's decisions; and where all students are provided with opportunities to grow in personal and social development and, if they are involved in a discipline concern, are given due process.

If a student fails to comply with the rules for the first time, the parent will be informed and the student will get a warning. If the program director issues another discipline letter for the same student then a parent conference will be held and the student can be placed on a probationary period from the program activities for one week. Parents will still be required to pay tuition. If the third discipline action happens the student will be terminated from the Summer Camp Program and he or she may not enroll for the remainder of summer camp.

4. PICK UP POLICY

A parent or guardian will be called to pick up a child who is sick or injured. Your child will be supervised inside until 6 PM. After 6 PM, there will be an additional charge of \$10.00 for every 15 minutes for each student who is left on campus. For more information, please contact us at (813)443-4684.

5. MEDICATION POLICY

Medicine will not be administered without a Doctor's order and signed document from the parent or legal guardian.

6. STUDY HALL ACTIVITY

There will be an allotted time daily devoted to education enrichment for all students. MYON from Hillsborough County School Board is a computer program that students are encouraged to be engage in, on their grade level to enhance their learning abilities.

7. ENTERTAINMENT

Glory Summer Camp Program will have scheduled activities. Each parent will be provided a weekly schedule of events at the beginning of each week. We may arrange field trips to Mosi, USF, Library, Bowling, Lowry Park, Aquarium etc.



PAYMENT

You must make your payments every Monday of the week to the Front Office.

Please make checks payable to GLORY CDC.

Remember to include your child's name on the check.

Returned Checks

For all returned checks there will be a \$35.00 NSF fee. GLORY CDC will no longer accept checks for payment and all future payments will require money orders or cashier check.

If payment is not made on Monday, the student will be withdrawn from the program. The student will not be accepted to the program until all fees are paid. If such situation reoccurs, then the student would be at risk for dismissal from the program.

No refunds of tuition will be granted!

Remember to receive a receipt.

I have read and understood the Summer Camp Program Policies.

Student's Name: _____

Student's Signature: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

SUMMER CAMP Child Care Parent/Guardian Agreement

My child _____ is registered in CAMP GLORY Summer Program for 2012 at a weekly tuition of **\$45**, for second sibling **\$35** and third **\$25** weekly. This along with the program registration fee of **\$25.00 per family** must be paid to secure your child (ren) spot in the program. There will be a one- time activity fee of **\$30.00** and **\$10.00** per sibling.

I understand that child care fees are payable in advance of services. Weekly payments are due on Monday of every week. If any portion of your childcare weekly payment is left unpaid, your account will be billed a \$20.00 late payment fee. Failure to pay Summer Camp fees may result in termination from the Program.

I understand that I am responsible for tuition payments regardless of my child's absence from the program for any reason.

If I have an outstanding balance and do not make arrangements to make payments, I understand that the GLORY CDC, INC. reserves the right to refer all outstanding debt to a third party company.

Should I wish to withdraw my child from the program, I agree to give **two weeks written notice prior to the last day to the GLORY CDC office.** If notice is not received as stated above, full weekly payment will be expected.

I agree to arrange for my child to be picked up from the program if he/she becomes ill and to keep my child home until his/her physical condition is safe and appropriate for the program.

If for any reason my personal or emergency contact information should change, I must inform the Camp GLORY Summer Program, Program Director, *immediately* of the changes.

I agree to abide by these polices as long as my child is enrolled in the program.

Parent Signature: _____ **Date:** _____



EMERGENCY CONTACT INFORMATION:

Mother/Guardian: _____ D.O.B _____

Home#: _____ Cell#: _____

Mother's Employer: _____ Work# _____

Father/Guardian: _____ D.O.B _____

Home#: _____ Cell#: _____

Father's Employer: _____ Work# _____

**INDIVIDUALS TO BE CONTACTED/ ALLOWED TO PICK UP IN
CASE OF EMERGENCY (Must be 18 or Older) Positive
Identification is necessary (Parent/Legal Guardian Will Be Called
First)**

Name: _____ Relation to Student: _____

Home# _____ Cell# _____ Work# _____

Name: _____ Relation to Student: _____

Home# _____ Cell# _____ Work# _____

Name: _____ Relation to Student: _____

Home# _____ Cell# _____ Work# _____



REGISTRATION/INFORMATION

CHILD FIRST & LAST NAME: _____

AGE: _____ **D/O/B:** _____

GENDER: (circle one) **MALE** **FEMALE**

SCHOOL: _____ **GRADE:** _____

HOME ADDRESS: _____

CITY, STATE, & ZIP: _____

HOME PHONE NUMBER: _____

EMRGENCY CONTACT INFORMATION:

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY, STATE, & ZIP; _____

EMPLOYER NAME: _____

WORK NUMBER: _____ **CELL #:** _____

Briefly list ALL medical conditions/medications & dosage, Allergies (Food)



CAMP GLORY SUMMER PROGRAM

PARENTAL CONSENT

As a parent or court appointed guardian of the applicant, I assume all risks and liability pertaining to any activity whatsoever, and wherever located, and permit the use of my child's likeness in camp promotional publications, pursuant to the program and hereby release from any such liability, Shekinah Glory Cathedral & GLORY CDC that may arise due to participation in the program.

Parent or Guardian Signature/Date

MEDICAL INFORMATION IN THIS AREA MUST BE COMPLETED

As a parent or court appointed guardian of the applicant, I understand first aid will be available at the camp and campers will be closely supervised. If a serious injury/illness develops, medical and/or hospital care will be given. I further understand in case of serious injury or illness, I will be notified. If it is impossible to reach me, I give permission for emergency treatment or surgery as recommended by the attending physician. As a parent or guardian, I assume all responsibility for medical cost incurred as the result of sickness or injury.

Parent or Guardian Signature/Date

Insurance Carrier Policy Number

Insurance Carrier Phone Number with Area Code

(For Office Use Only)

Signature and Title

Date

Camp GLORY Summer Program
1301 South 78th Street Tampa, FL 33619 (813) 443-4684
To be completed by Client's Parent or Guardian

1. Client Name: _____

2. Parent/Guardian's Name: _____

3. Parent/Guardian's Address: _____

4. Hispanic or Latin (circle one): Yes No

5. Client Data (check appropriate space):

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native & Black |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other/Multi-Racial |

7. Number of all members in the household: _____

8. Please indicate the total gross income by all members of the household:

- | | |
|--|--|
| <input type="checkbox"/> \$0 – 17,700 | <input type="checkbox"/> 32,301– 33,350 |
| <input type="checkbox"/> 17,701 – 20,200 | <input type="checkbox"/> 33,351– 36,350 |
| <input type="checkbox"/> 20,201 – 22,750 | <input type="checkbox"/> 36,351 – 40,400 |
| <input type="checkbox"/> 22,751 – 27,250 | <input type="checkbox"/> 40,401 – 43,650 |
| <input type="checkbox"/> 27,251 – 28,300 | <input type="checkbox"/> 46,851 – 50,100 |
| <input type="checkbox"/> 29,010 – 32,300 | <input type="checkbox"/> 50,101 – 53,350 |
| | <input type="checkbox"/> 53,351 or more |

I certify that named above is the recipient of services from Camp GLORY and that the information above is true to the best of my knowledge and belief.

Parent/Guardian Signature

Date

(For Office Use Only)

Beginning on ____/____/____ Camp GLORY, provided the following services to the above named client:

Signature and Title

Date

TITLE 18--PENALTY FOR FALSE OR FRAUDULENT STATEMENT
CHAPTER 47--FRAUD AND FALSE STATEMENTS
Sec. 1001. Statements or entries generally (a) Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully--(1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title or imprisoned not more than 5 years, or both.