



# Bethlehem SDP Summer Camp Enrollment Forms 2024

Bethlehem Student Development Program – Summer Camp 2024  
4 Harrison Bridge Road Simpsonville, SC 29681  
Telephone 864.688.0414 | Email: [snorman@bbc1867.org](mailto:snorman@bbc1867.org)



**Bethlehem Student Development Program – Summer Camp 2024**

**4 Harrison Bridge Road Simpsonville, SC 29681 | Telephone 864.688.0414 | Email: snorman@bbc1867.org**

**Summer Camp Enrollment Packet**

**June 3, 2024 – August 2, 2024**

Summer Camp Enrollment Packet includes the following forms:

1. Registration Form – Summer Camp 2024
2. Media Release Form – Summer Camp 2024
3. Permission to Transport Form – Summer Camp 2024
4. Student Behavioral Contract – Summer Camp 2024
5. Participation and Medical Release Form - Summer Camp 2024 (2 pages)

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Name Preferred) \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_



**Summer Camp Registration Form**  
Effective: June 3, 2024 – August 2, 2024  
Bethlehem Student Development Program – Summer Camp 2024

Registration Fee: \$160.00 per child (w/o T-shirts)      Date of Registration: \_\_\_\_\_  
(non-refundable)      \$115.00 per child (w/ T-shirts)      Start Date: \_\_\_\_\_

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Name Preferred) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2024): \_\_\_\_\_ Sex: \_\_\_M \_\_\_F

T-Shirt Size (Youth - \_\_\_S \_\_\_M \_\_\_L / Adult - \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_2XL) – *Select size*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ Allergies, Asthma, etc.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Father/Guardian 's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parents' Marital Status: (*married, divorced, single, widow, other*) – please circle

Person(s) Authorized to pick up child(ren): (*If additional persons please attach sheet*)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional Child(ren):**

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Name Preferred) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2024): \_\_\_\_\_ Sex: \_\_\_M \_\_\_F

T-Shirt Size (Youth - \_\_\_S \_\_\_M \_\_\_L / Adult - \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_2XL) – *Select size*

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Name Preferred) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2024): \_\_\_\_\_ Sex: \_\_\_M \_\_\_F

T-Shirt Size (Youth - \_\_\_S \_\_\_M \_\_\_L / Adult - \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_2XL) – *Select size*

**Bethlehem SDP Office Use Only**

[ ] – Non Member      [ ] – Bethlehem SDP After-School Non-Member      [ ] –BBC Member

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Bethlehem Student Development Program Summer Camp 2024  
4 Harrison Bridge Road Simpsonville, SC 29681  
Bethlehem SDP Summer Camp Director, Shelia McBee-Norman  
Phone: 864.688.0414 | Email: [snorman@bbc1867.org](mailto:snorman@bbc1867.org)



**Media Release Form**

Effective: June 3, 2024 – August 2, 2024

Bethlehem Student Development Program – Summer Camp 2024

4 Harrison Bridge Road Simpsonville, SC 29681 | Telephone 864.688.0414 | Email: snorman@bbc1867.org

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Name Preferred) \_\_\_\_\_

**Consent Agreement for Media Release:**

I, the undersigned, as a parent or legal guardian of the above named minor, hereby authorize and irrevocably grant to Bethlehem Baptist Church Student Development Program and its affiliates, licensees, agents and assigns the unrestricted right to use and publish any part of the formation that I have provided to Bethlehem Baptist Church Student Development Program and the right to record my child's name, voice, appearance, likeness and comments on film, video recording, audio recording, social media, still photographs, print and any other media now known or hereafter invented. I acknowledge Bethlehem Baptist Church Student Development Program shall own the right, title and interest in and to this media. I further agree Bethlehem Baptist Church Student Development Program may cause all or parts of this media to be used for any and all publications, exhibitions, public displays, editorials, advertising and or other purposes.

I waive my inspection or approval of the media or any advertising or publicity in which my child's name, voice, appearance, likeness, narrative or comments might appear. I expressly release and agree to hold harmless Bethlehem Baptist Church Student Development Program and its agents, employees, licensees and assigns from and against any claims including but not limited to, invasion of privacy that I and my child might ever have in any way relating to our involvement with Bethlehem Baptist Church Student Development Program.

I have read and fully understand the provisions of the above agreement.

Print Name of Parent or Legal Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

*Parent or Legal Guardian*

Date: \_\_\_\_\_



Permission to Transport Form

Effective: June 3, 2024 – August 2, 2024

Bethlehem Student Development Program – Summer Camp 2024

4 Harrison Bridge Road Simpsonville, SC 29681 | Telephone 864.688.0414 | Email: snorman@bbc1867.org

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Name Preferred) \_\_\_\_\_

Consent Agreement for Permission to Transport:

I, the undersigned, as a parent or legal guardian of the above-named minor, hereby authorize Bethlehem Baptist Church Student Development Summer Day Camp Program permission to transport my child to all summer camp activities and field trips.

Signature: \_\_\_\_\_

*Parent or Legal Guardian*

Date: \_\_\_\_\_



## Student Behavioral Contract

Effective: June 3, 2024 – August 2, 2024

Bethlehem Student Development Program – Summer Camp 2024

4 Harrison Bridge Road Simpsonville, SC 29681 | Telephone 864.688.0414 | Email [snorman@bbc1867.org](mailto:snorman@bbc1867.org)

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Name Preferred) \_\_\_\_\_

### Throughout the Bethlehem Summer Day Camp Program, I promise that:

1. I will keep my hands and feet to myself.
2. I will not hit, push, trip or pinch another person.
3. I will not threaten to do physical harm to another child, adult, or employee or show intent to do harm by raising a fist, swinging an object or other similar actions.
4. I will not use obscene language or gestures.
5. I will not be excessively loud or verbally harass other campers or Summer Camp employees.
6. I will not argue with or behave in a disrespectful manner to any person or Summer Camp employees.
7. I will not intentionally damage or destroy equipment, furniture, toys, etc.
  - a. Parents will be responsible for payment to repair or replace any and all property at the facility whether owned by Bethlehem Baptist Church or Bethlehem employees if your child causes damage.
8. I will not leave my group for any reason without permission.
9. I will clean up after myself including any toys, games, crafts and snack/lunch.
10. I will remain quiet and seated while being transported in Bethlehem's vehicles.
11. I will avoid use of technology during instructional time unless it is related to the learning activity.

I recognize that if I do not obey the rules listed above and obey my counselors; my parents/guardians will be notified. I also understand the consequences of my actions. Being on my best behavior at all times will make the Bethlehem Student Development Summer Camp Program more fun for me, my friends, the counselors and my family!

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



Participation & Medical Release Form  
Effective: June 3, 2024– August 2, 2024

Bethlehem Student Development Program – Summer Camp 2024

4 Harrison Bridge Road Simpsonville, SC 29681 | Telephone 864.688.0414 | Email: snorman@bbc1867.org

Description and Location of Activities: All activities on and off the grounds of Bethlehem Baptist Church involving the Bethlehem SDP Summer Day Camp participants.

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Name Preferred) \_\_\_\_\_

Consent Agreement:

I, the undersigned, as a parent or legal guardian of the above-named minor, hereby give my consent for the above-named person to participate in the activities described above. I know of no physical or emotional condition which would limit the participation of this person in the activities, except as listed on the reverse side of this form.

If this person should, for any reason, require any emergency medical or surgical treatment during the activities, I authorize such physician or medical staff as you may designate to carry out the necessary treatment. I further authorize you to transport or arrange for the transport of this person to the Emergency Room of the nearest hospital and I authorize the hospital and its medical staff to perform any treatment deemed necessary by them for the well-being of this person.

It is understood, however, that if hospitalization or treatment of a serious nature is required, every effort will be made to contact me by telephone for permission.

I hereby release parental chaperones and employees of the Bethlehem Baptist Church from any and all liability for any and all injuries, illnesses, or other damages that may be incurred by the above named person, or his or her personal property, during the course of any and all activities, including transportation to or from activities.

I have read and fully understand the provisions of the above release.

Signature: \_\_\_\_\_

*Parent or Legal Guardian*

Date: \_\_\_\_\_

**PLEASE COMPLETE PART II – NEXT PAGE →**



Participation & Medical Release Form – Part II

Effective: June 3, 2024 – August 2, 2024

Bethlehem Student Development Program – Summer Camp 2024

4 Harrison Bridge Road Simpsonville, SC 29681 | Telephone 864.688.0414 | Email: snorman@bbc1867.org

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2024): \_\_\_\_\_ Sex: \_\_\_M \_\_\_F

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMERGENCY INFORMATION:**

Parent Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office: \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

**MEDICAL INFORMATION:**

Family Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Emergency: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Hospital: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Allergies, Medications or Other Medical Info:

---

---

---