



# Summer 2023 Registration

May 30 - August 11

Monday - Friday 7:30am - 5:30pm

**\$130/week**

Please complete the attached enrollment packet to enroll your child for the 2023 Journeys of Faith summer program. All required documentation must be completed and turned in prior to your child attending.

Registration opens March 6<sup>th</sup> at 7:30AM in the KOC Office. Limited spots available!

### \*Registration Fee

There is a non-refundable \$50 registration fee due at the time of enrollment.

This enrollment packet is for (select all that apply):

\_\_\_\_\_ Spring Break 2023: March 13-17 \*this is only for siblings of currently enrolled KOC students

\_\_\_\_\_ Summer Camp 2023: May 30-August 11

Child's Name: \_\_\_\_\_ Grade (2023-2024): \_\_\_\_\_

Primary School: \_\_\_\_\_ Home Church: \_\_\_\_\_

**Summer School: Due to limited space in JOF we are no longer able to accommodate campers that are attending any public summer school sessions. Registering for JOF is an 11-week commitment and each family will get one week of tuition free vacation to use during the summer.**

Primary Payer: We use an online billing system to manage student accounts. One parent/guardian must be designated as the "primary payer". The email address linked to this parent/guardian will be the one that receives all invoices and billing details on the parent portal. Please designate below which parent/guardian you would like to be set as the primary payer on your child's account. If you have a unique situation where payments are split between parents/guardians, please contact the office to make arrangements.

Parent Payer: \_\_\_\_\_ Email: \_\_\_\_\_

Please complete all lines.

Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

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

Grade Level (**23-24 year school year**): 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> Jr. Intern 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

**Parental Information:**

**Mother's Name or Guardian:** \_\_\_\_\_ Phone # \_\_\_\_\_

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

Email \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Work # \_\_\_\_\_ Work Address \_\_\_\_\_

**Father's Name or Guardian:** \_\_\_\_\_ Phone # \_\_\_\_\_

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

Email \_\_\_\_\_ Father's Employer \_\_\_\_\_

Work # \_\_\_\_\_ Work Address \_\_\_\_\_

**Emergency Contacts other than Parents:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Authorized Individuals to Pick-Up Child other than Parents:**

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

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

**Authorization for Emergency Medical Care:**

I understand that in case of a medical emergency, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are as follows:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any allergies? (Additional paperwork may be needed) \_\_\_\_\_

Other Medical Concerns: \_\_\_\_\_

How did you hear about our JOF program? \_\_\_\_\_

Please submit this enrollment form to the Journeys of Faith/Kids of Creation office with your registration fee. Summer enrollment requires a \$50 non-refundable registration fee. There is also a non-refundable \$10 security fee for each key card needed for access to the building.

Space is limited and enrollment is on a first come, first serve basis. Please verify enrollment with the office at the time of submission. If you have any questions, please call us at (417)720-1053.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please initial the following statements and sign below.**

\_\_\_\_\_ When my child is ill, I understand that my child will not be accepted into JOF for the day. Illness is indicated by a fever of 99.0 or greater (taken under the arm) in the past 24 hours, diarrhea, or vomiting. In the event of illness or rash a doctor's note may be required. Children must be FEVER FREE for 24 hours, WITHOUT fever reducer before they are able to return to JOF.

\_\_\_\_\_ I give permission for my child to be photographed while participating in the JOF program activities. I understand that these photos may be used on future brochures, the website, or social media. My child's personal information, such as his/her name, would not be attached to any photograph used.

\_\_\_\_\_ I agree to communicate with JOF if my child is going to be out sick or absent for the day. I understand that JOF needs to know by 9am if a student won't be in attendance for the day.

\_\_\_\_\_ JOF students attending all 11 weeks are able to take one week of vacation and have a tuition credit for the week that their child will not be in attendance. We ask for a 1 week notice of the vacation dates.

\_\_\_\_\_ Electronic devices are not allowed to be used during JOF hours by children OR staff. Our time here is focused on relationship building, learning about Jesus, and having fun without electronic distractions. If you choose to send an electronic with your child to JOF it will be required to stay in their bag/lunchbox in Cundiff Hall. We are not responsible for lost/stolen devices.

\_\_\_\_\_ Our general rule of thumb is no toys/games are to be brought from home. We have lots of fun toys/games/activities planned here at JOF and we would be sad if toys from home were broken or lost. If you have a specific request/special circumstance, please speak with the director.

\_\_\_\_\_ I understand that payment is due on Monday of each week and that cash and check are the only payment methods accepted at this time.

\_\_\_\_\_ I understand that I need to give a two-week notice if I withdraw my child from the program. I understand that I'm responsible for payment in full whether or not my child continues attendance during these two weeks.

\_\_\_\_\_ In accordance with Section 210.003.7, RSMo., the parent or guardian of a child enrolled in or attending KOC may request notice of whether there are any children enrolled at our facility with an immunization exemption on file. Please note, the names of individual children are confidential and will not be released.

\_\_\_\_\_ I understand that JOF has scheduled periodic off-site activities. I give my child permission to participate in these activities, which includes transportation by Wesley Church. I hereby release JOF, Wesley Church and its employees from any and all liability for any accident, injury or illness which may be sustained while participating in said activities.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_