



Perkins Foundation Summer Camp 2018

Registration Packet

John & Vera Me Perkins Foundation

1831 Robinson Street, Jackson, MS 39209 (601) 354-1563 www.jvmpf.org

***Our summer camp program fills up quickly!
Waiting list is anticipated!***

Print out and return application portion to Main office. You may make your payment online or at office.

Registration Information

Non-Refundable Registration Fee **\$50 per child**

Included in registration fee are 1 Camp T-shirt!

Weekly Tuition Fee \$85 per child (*Includes swimming fees, and field trips*)

Week 5, July 2 – 3 \$35 per child

Camp Begins: June 4 **Camp Ends: July 20**

Week's 1,2,3,4,6,7 Monday - Friday

Week 5 Camp on Monday, Tuesday

Wednesday & Thursday, & Friday July 4th Observance

Payment

Credit or Debit Card is the only form of payment accepted. Visa, MasterCard, or Discover accepted.

Transfers

If your plans change and you need to transfer a payment a different week, we will be glad to accommodate you. Please let us know as soon as possible if you need to transfer weeks.

Refunds

No refunds will be issued once payment has been withdrawn from your account. Please refer to payment withdrawal schedule. No refunds will be issued for missed days at camp.

Note: Return pages 3 – 8 to JVMPF main office



Perkins Foundation Summer Camp 2018

Summer Camp Field Trips

Included in weekly tuition fee is the cost of all excursions, games, crafts, and special events!

Some excursions may allow optional spending money.

| Week | Day & Date | Excursion/Time of Day |
|------|----------------|---|
| 1 | Friday June 8 | Movie – Afternoon field trip |
| 2 | Friday June 15 | Funtime Skateland - Afternoon field trip |
| 3 | Friday June 22 | Jackson Zoo - Morning field trip |
| 4 | Friday June 29 | Civil Rights Museum - Morning field trip |
| 5 | Friday July 6 | Bowling - Afternoon field trip |
| 6 | Friday June 13 | Funtime Skateland - Afternoon field trip |
| 7 | Friday June 20 | Paradise Water Park – All Day <i>Not Included in Tuition</i> |

Please post on refrigerator



Perkins Foundation Summer Camp 2018

Summer Camp Application

Return pages 3-8 to Main office. If you paid online print out receipt and bring to office.

\$50 Application Fee: _____ Date of Application: _____ Ages: K-6th grad
Weekly tuition cost: \$85.00

T-shirt fee \$15.00 _____ *Circle One:* Child T-shirt Sizes: S M L XL 2XL 3XL
(PRINT CLEARLY)

Name of Child _____ Age _____ Sex _____
Date of Birth _____ Place of Birth: _____
City _____ State _____ Country _____
Home Address _____ City _____
State _____ Zip _____

School attended last year _____

School attending this fall _____ Entering Grade _____

Father/Legal Guardian _____
Home Address _____ Phone # _____
City _____ State _____ Zip _____
Place of Employment _____
Work Phone # _____ Hours _____

Mother/Legal Guardian _____
Home Address _____ Phone # _____
City _____ State _____ Zip _____
Place of Employment _____
Work Phone # _____ Hours _____



Perkins Foundation Summer Camp 2018

Primary person responsible for signing your child/children in and out?

Print Name _____ Signature _____

List of approved people who will be allowed to sign your child/children in/out and relation.

Note: All approved must be over 18 years old.

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Brothers and Sisters

Name _____ Age ____ Grade ____

Name _____ Age ____ Grade ____

Name _____ Age ____ Grade ____

Name _____ Age ____ Grade ____

Name _____ Age ____ Grade ____

Name _____ Age ____ Grade ____

In case of emergency: Cell or work numbers only

1) Name _____ Relation _____

Phone #1. _____ Phone #2. _____

Address _____

2) Name _____ Relation _____

Phone #1. _____ Phone #2. _____

Address _____

Work Phone # _____ Hours _____

Swim Ability (Circle One)

Child: Good Poor *Can't Swim*



Perkins Foundation Summer Camp 2018

Financial Agreement

I understand that JVMPF Summer Arts Camp will not provide services until payment is accepted..

(Initial)

I understand that payment for JVMPF Summer Arts Camp will be made through pre-authorized credit/debit draft. I understand that weekly drafts are completed one week prior (*on the preceding Monday*) to the start of each week.

(Initial)

I understand that my child may be suspended from JVMPF Summer Arts Camp in the event that my credit/debit card company nor I make payment. I understand that it is my responsibility to update my account via the **PARENT PORTAL** if I change credit/debit card companies or if my credit/debit card expires.

(Initial)

I understand that my payments are non-refundable.

(Initial)

I understand that JVMPF Summer Arts Camp closes each day at 5:45 PM. In the event that my child is picked up after 5:45 PM, I understand a late fee of \$5 per five minutes is due and payable to the late duty staff.

(Initial)



Perkins Foundation Summer Camp 2018

Medical Release and Authorization

If parent of legal guardian cannot be contacted during the time of emergency, the undersigned parent/legal guardian authorizes a representative of John & Vera Mae Perkins Foundation to give consent to X-ray, anesthetic, or surgery if the need arises. I certify by my signature below that I have read, understand, and give consent to all the statements contained in this authorization.

Print Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____

Date _____

List any known allergies of your child:

List special medications:

Name of Family Physician _____

Address _____ City _____

State _____ Zip _____ Phone # _____

Insurance Carrier _____

Insur. Plan # _____ Expiration Date _____



Perkins Foundation Summer Camp 2018

Important: Each participant must have a signed “*Release and Waiver of Liability*” on file. Please complete this form to be considered.

Please print information in blanks provided.

John & Vera Mae Perkins Foundation Release and Waiver of Liability

This Release and Waiver of Liability (the “Release”) executed on this _____ **day of** _____, **2018** by _____ (the parent/guardian) in favor of John & Vera Mae Perkins Foundation, a nonprofit corporation organized and existing under the laws of the State of Mississippi, USA, its affiliated organizations in other names, its, directors, officers, employees, and agents.

I, _____ (parent/guardian), give my permission to John & Vera Mae Perkins Foundation, for my child, _____, to engage in the activities related to being a day camper. I understand that the activities may include, but are not limited to, traveling to and from other cities and towns, consuming food and participating in light work projects on the grounds of John & Vera Mae Perkins Foundation.

I, _____, hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. Waiver and Release. I, _____, release and forever discharge and hold harmless John & Vera Mae Perkins Foundation and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my child’s participation at John & Vera Mae Perkins Foundation.

2. Insurance. I, _____, understand that, except as otherwise agreed to by John & Vera Mae Perkins Foundation in writing; John & Vera Mae Perkins Foundation does not carry or maintain health, medical, or disability insurance coverage for any student, volunteer or day camper.

3. Medical Treatment. Except as otherwise agreed to John & Vera Mae Perkins Foundation in writing, I hereby release and forever discharge John & Vera Mae Perkins Foundation from any claim whatsoever which arises or may hereafter arise on account of any first- aid treatment or other medical services rendered in connection with an emergency during my child’s time with John & Vera Mae Perkins Foundation.



Perkins Foundation Summer Camp 2018

4. I hereby expressly and specifically assume the risk of injury, illness death or property damage resulting from the activities of my time with the John & Vera Mae Perkins Foundation.

5. **Photographic Release.** I grant and convey unto the John & Vera Mae Perkins Foundation right title, and interest in any and all photographic images and video or audio recordings made by John & Vera Mae Perkins Foundation during my child's participation at John & Vera Mae Perkins Foundation, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. **Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Mississippi in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Mississippi. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable. **PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!**

To express my understanding of this release, I sign here with a witness.

This release is for _____ (child's name)

Parent/Guardian Name (*Please print*)

_____ Date: _____

Signature _____

Address _____

Witness: Name (*Please print*)

_____ Date: _____

Signature _____

Address _____