

# BOOST SUMMER

## LEARNING CAMP

“Soar Like an Eagle”



### Activities

Breakfast

Reading

Games

Writing

Science

Lunch

Art & More

June 27 through June 30

8:30 a.m. until 1:30 p.m.

Hiking & Picnic Trip Thursday until 2:30 p.m.

For children just completing grades K – 5

Cost: \$20 per student/\$40 per family



Faith Presbyterian Church  
5400 Loch Raven Boulevard  
Baltimore, Maryland 21239  
410-435-4330

## Boost Summer Learning Camp

June 27 through June 30, 2016 from 8:30 am until 1:30 pm (2:30 pm Thur. June 30)

### Registration Form (For Students completing grades K, 1, 2, 3, 4, 5,)

Child's Name \_\_\_\_\_ M/F (Circle)

Address \_\_\_\_\_

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

Home phone number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade completed as of June 2016 \_\_\_\_\_

Parents'/Guardians' Names \_\_\_\_\_

Other phone numbers where parents/guardians may be reached (work, cell, etc.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ My child needs a ride from camp.

#### **ALTERNATIVE CONTACT - for emergency if you cannot be contacted:**

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

Phone Number(s) \_\_\_\_\_

#### **MEDICAL CONDITIONS** (including ADHD) (Please write "none" if no medical conditions exist.)

Physician name and number \_\_\_\_\_

Insurance name and policy number \_\_\_\_\_

**ALLERGIES:** (Please write "none" if no allergies)

\_\_\_\_\_  
**Boost Summer Learning Camp will NOT administer medication during the camp.**

### **Event Permission Form**

I give my permission for \_\_\_\_\_ to take part in the Boost Summer Learning Camp at Faith Presbyterian Church. This child, to the best of my knowledge, is in good physical condition and is capable of going up stairs and participating in outdoor activities. There is an inherent risk factor, and I understand that all appropriate precautions will be taken for the safety of my child. I give my permission to the Boost Summer Learning Camp volunteers and/or hospital staff to administer proper medical assistance to the above named participant. I agree not to hold Faith Presbyterian Church or any of its agents responsible in the event of injury to my child. I give my permission for Faith Church to transport my child on Hiking & Picnic Trip Day - Thursday, June 30, 2016.

\_\_\_\_\_  
Parent or Guardian (Please Print)

\_\_\_\_\_  
Date

Signature of Parent or Guardian

***Mail to: Faith Presbyterian Church, 5400 Loch Raven Blvd., Baltimore, MD 21239, by June 23, 2016. A registration and camp fee of \$20 per student, or \$40 per family, is due and payable with this form.***