



Love.

Learn.

Grow.

Summer Program

2025

Red Bank UMC After School

2909 Old Barnwell Road, Lexington, SC 29073

Phone: (803)359-0329 Email: afterschool@rbumc.com

Fax: (803)957-2259

Office Use

Fee Agreement & Parent Pledge

Registration Fee

Immunization

General Health Form

General Information

Child's Name:

Age:

Shirt Size:

Date Of Birth:

Address:

City, State, Zip

Email:

Mother's Cell:

Father's Cell:

Parent(s) Names:

Mother's place of employment and work number:

Father's place of employment and work number:

Child's Health Record (Please attach a copy of immunization records)

Food Allergies:

Other Allergies:

Does your child have any medical situations or other problems that we should be aware of?

Does your child currently take any medications? If yes, Please list.

Name and phone number of child's doctor

I have attached a copy of my child's immunization record:

Yes, current record is attached
year

No, one will be provided before the beginning of the

Authentication for Emergency Information

I hereby grant permission for any staff person from the Red Bank UMC Summer Camp, to take whatever steps may be necessary to obtain emergency medical treatment for my child, _____. These steps include, but are not limited to the following:

- Attempt to contact parent or guardian
- Attempt to contact the child's physician
- Attempt to contact the parent through any of the person's listed below
- If we cannot contact you, we will call an ambulance OR have the child taken to the Emergency Room at Lexington Medical Center in the company of a staff person in his/her personal vehicle.

I also understand that I am responsible for any resultant medical treatment expenses.

Emergency Contact Information When Parents Can Not Be Reached

1. Full Name: _____ Relationship: _____
Primary Phone: _____ Alternate Phone: _____
2. Full Name: _____ Relationship: _____
Primary Phone: _____ Alternate Phone: _____

Parent/Guardian Signature:	Date:
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Authorization for Release

If my child is to be picked up by anyone other than myself or spouse, I will notify the teacher in writing or in the case of emergency will call the office. I understand that anyone listed below may pick up my child provided the school has been notified by my spouse or by me. These individuals must provide a picture ID.

Other Authorized People

1. Full Name: _____ Relationship: _____
Primary Phone: _____ Alternate Phone: _____
2. Full Name: _____ Relationship: _____
Primary Phone: _____ Alternate Phone: _____

Parent/Guardian Signature:	Date:
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Photo and Video Release

We take a lot of pictures here at RBUMC Summer Camp. We use these in creating bulletin boards, photo albums, educational projects, and more to show kids having fun, playing, and learning. We would like your permission to photograph/videotape your child for use in these projects.

I hereby (give/do not give) my permission for any photo/video to be used for marketing, to include but not limited to: albums, bulletin boards, advertisements, etc. for the discretionary use for Red Bank UMC Summer Camp.

Parent/Guardian Signature:	Date:
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Address and Phone Number Release

By signing below, I grant RBUMC Summer Camp permission to publish and distribute my child's name, address, birth date, phone number, and email address in the Parent Club directory for parents.

Parent/Guardian Signature:	Date:
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Grade Level	Staying Until	Weekly Fee	Registration Fee	Supply Fee
Returning Students 4k-5 th Grade	6:00 PM	\$130.00	\$40.00	\$60.00
Returning Students 4k-5 th Grade (Sibling Discount)	6:00 PM	\$125.00	\$40.00	\$60.00
New Students 4k-5 th Grade	6:00 PM	\$130.00	\$60.00	\$60.00
New Students 4k-5 th Grade (Sibling Discount)	6:00 PM	\$125.00	\$60.00	\$60.00

Registration Fee- \$60 due at time of registration to confirm enrollment. **REGISTRATION FEE IS NON-REFUNDABLE**

Supply Fee- This covers the cost of field trips and RBUMC Summer Camp shirt.

Full weekly payments are expected for weeks when RBUMC Summer Camp is open and operating at least 3 days out of the week. For weeks when RBUMC Summer Camp is open and operating only 1-2 days the price is half what you normally pay. You are responsible for paying for all weeks of the summer program (unless closed) even if your child does not attend. You would not be responsible if the dates are provided to the director BEFORE summer camp starts.

Payments are due at the beginning of each week, if not paid by the end of the week, a \$5 late fee will be added to the next week's payment.

If payment is unpaid after 2 weeks, your child can no longer attend the Summer Camp Program until payment is received.

If the past due amount is not paid after 1 month your child forfeits their spot in the Summer Camp Program.

If your child is not picked up by 6:00 PM a fee of \$1/minute that staff must stay beyond 6:00 PM on our time clock. This fee will be added to your next week's payment.

In the event of a returned check deposit for services rendered a \$25.00 fee will be added to the amount owed and would need to be paid to Red Bank UMC Summer Camp by cash or money order within 15 days of initial contact. If money owed is not received by the 16th day, your child's spot in the Summer Camp program will be forfeited.

Fee Agreement

I have read the fee agreement for the year of 2025 Summer Camp, and understand that I am obligated to pay all fees as listed within the time frame listed. Tuition payments are due the first day of the week that we are operating. If my child is withdrawn, I am responsible for all weekly fees for the week my written notice of withdrawal is given to the office. I understand that all fees including registration and weekly payments are nonrefundable.

Signature of Parent or Guardian

Date

Red Bank UMC Summer Camp Program

I give permission for my child, _____ to be taken on field trips by Red Bank UMC Summer Camp.

Parent/Guardian Signature

Date

Bus Policy

-All children must remain seated on the bus at all times. If a child cannot remain seated on the bus a parent will be notified, if this behavior continues after 3 incidents have been documented and reported to parents, your child may be dismissed from the Summer Camp Program

-Noise on the bus must be kept at a low level, children are to speak to each other on the bus at an inside level. Yelling and screaming will not be tolerated. If your child continues to yell and scream on the bus a parent will be notified. If this behavior continues after 3 incidents have been documented and reported to parents, your child may be dismissed from the Summer Camp program.

-Children must keep all of their belongings with the at all times. Throwing things on the bus is not allowed. If your child continuously throws things on the bus a parent will be notified. If this behavior continues after 3 incidents have been documented and reported to parents, your child may be dismissed from the Summer Camp Program.

-Children are to keep their hands to themselves. No hitting, kicking or slapping on the bus. Please report any incidents to the bus driver as soon as possible so they may be addressed immediately. The safety of your children on this bus is our number one priority. We cannot have bus drivers distracted by children who are not following the rules. A distracted driver is a dangerous driver. Please help us keep your children safe by stressing to them how important it is that they follow all bus rules.

I have read and understand the bus policy. I have also discussed rules and policies with my child so that they are aware of the expectation of behavior when riding on the bus.

Parent/Guardian Signature

Date

RBUMC Summer Camp Parent Pledge

Our goal is to introduce and nurture the Christian faith in young children, to assist families in providing the best opportunities for emotional, physiological, and spiritual growth in their children.

I am aware of the following:

Red Bank UMC Summer Camp is a Christian school and is a ministry of Red Bank United Methodist Church.

All students are required to have an up to date immunization form on file. Religious exemption forms are not accepted.

I pledge to support Red Bank UMC Summer Camp in the following ways:

If my child has food allergies or if I have dietary concerns, I will notify my child's Summer Camp teachers of such in writing, and I will send my child's snack if deemed necessary.

I will share pertinent health information about my child with my child's Summer Camp teacher(s) in writing. I may be asked to provide information from my child's doctor in the event of a medical concern.

I will follow RBUMC Summer Camp's health policy, and I will not knowingly send my child to school when they are sick.

If I have concerns, I will discuss them with my child's Summer Camp teacher first. If concerns or issues are not addressed in a responsible time frame, I will then contact the Director,

I will respect the privacy of Summer Camp families,

I will pay my tuition on the first of each week, and I will pay a late fee of \$5.00 if my tuition is paid after the end of the week. I understand that if payment is not made after two weeks my child will not be allowed to be dropped off at RBUMC Summer Camp. I understand that if payment is not made by the end of the month that my child's spot is forfeited.

I have read and agree to the information stated above in the Parent's Pledge

Parent's Signature _____

Date _____

*This information will also be included, in detail, in the Parent Handbook