



C LIFE'S FULFILLMENT INC.
C'ING YOUTH FULFILL PURPOSE

C Life's Fulfillment **Summer Camp** 2023

ENROLLMENT APPLICATION Ages 5-15 years' old

Executive Director/Education Liaison, Guyton Daniels
Assistant Director/Creative Arts Director, Celina Fields

Program days: Monday thru Friday June 5-July 28, 2023
Weekly Fee \$95 1st child \$85 each additional child
Registration Fee \$60

C Life's Summer Camp
New Bethel AME Church 8350 Rockbridge Rd Lithonia, GA 30058

clifesfulfillment@gmail.com

gzdaniels56@gmail.com

404-285-9200

ENROLLMENT APPLICATION

Today's Date _____

Child(s) Full Name:

_____ Age: _____ DOB: _____
Last First () Boy () Girl

Present
Address

_____ Street City State Zip Code

Parent or Guardian E-Mail Address _____

Phone(s): _____
Home Cellular

Father: _____
Last Name First Name Business Name/Phone

Mother: _____
Last Name First Name Business Name/Phone

Guardian _____
Last Name First Name Business Name/Phone

Child's Living arrangements: () both parents () mother () father () other

Specify: _____

Parents Address (if living separately): () mother () father

_____ Street City State Zip Code

Phones(s) _____
Home Cellular Business

Emergency Contact _____
Last Name First Name Relationship

Phone(s) _____
Home Cellular Business

State any mental, emotional, or physical handicaps, which may affect his/her activities or progress during summer camp (all information is confidential):

Person(s) authorized to pick-up child Relationship to Child and parents or Guardian:

Payment Breakdown

Weekly Fee

\$ 95.00 per child

The weekly fee covers the weekly cost of summer camp to include, most field trips. This includes but is not limited to some transportation, fuel, activities, supplies and staff salaries.

We accept, Zelle @ clifesfulfillment.org, and cash payments due on Monday's unless an arrangement have been made with the director in advance.

I understand the pick-up time for my child is 4:00 p.m. or prior, therefore beginning at 4:01 p.m., I am considered late and will be assessed a **\$2.00 per minute charge which is payable at the time of pick-up.**

By signing below, I acknowledge that I fully understand my obligation for my child and agree to the terms in this contract.

Parent Signature

Date

COVID-19 Liability Waiver

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that C Life's Fulfillment, Inc. in conjunction with New Bethel AME Church, has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that C Life's Fulfillment, Inc cannot guarantee that my child will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others. I agree to the need to provide a mask for my child each and every day while they are in the C Life's Fulfillment, Inc. Classroom.

I voluntarily seek services provided by C Life's Fulfillment, Inc. classroom for my child and that by doing so this could increase the risk to exposure to the Coronavirus/COVID-19. I acknowledge and agree that my child will comply with all set procedures to reduce the spread while attending C Life's Fulfillment, Inc. classroom

I attest that:

* My child/children nor anyone in contact with my child is not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* My child/children have not traveled internationally within the last 14 days.

* My child/children have not traveled to a highly impacted area within the United States of America in the last 14 days.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold C Life's Fulfillment, Inc. classroom and New Bethel AME Church, harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act C Life's Fulfillment, Inc. classroom, or that may otherwise arise in any way in connection with any services received from C Life's Fulfillment, Inc. classroom. I understand that this release discharges C Life's Fulfillment, Inc. classroom and New Bethel AME Church from any liability or claim that I, my heirs, or any personal representatives may have against them in reference to Covid 19 and the protocol set fourth here.

Parents Signature _____

Child's/Children's name _____

C Life's Fulfillment's Classroom Etiquette



My child will not be allowed to enter or leave the facility without being escorted by the parent/guardian, persons authorized by the parent/guardian or C' Life personnel.

C Life agrees to keep me informed of any incidents, including illnesses, injuries, and/or exposure to communicable diseases, which may include or affect my child.

My child is allergic to _____ foods. Breakfast both hot and cold, lunch both hot and cold will be provided each day.

I also give C Life's Fulfillment permission to take pictures of my child (ren) for promotional purposes.

I have received, read, and agree to abide by the policies of C Life's Fulfillment Summer Camp.

(Parent/Guardian) Signature _____ Date: _____

C Life's Summer Camp's Field Trip Permission Slip

CHILD'S NAME _____ Age _____



I give my child permission to travel with C Life's summer camp on all field trips scheduled during the summer of 2023. I understand that C Life's summer camp is not liable for any incidents that happen on the premises of each field trip and I, the parent, will take full responsibility of any incidents with the vendor directly.

Parent Signature _____

Date _____

C Life's Fulfillment Emergency Medical Authorization



Child's Name

Date of Birth

Should my child suffer an injury or illness while in the care of C Life's Fulfillment and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child(dren) that are deemed necessary such as calling 911. I agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

A copy of my insurance card is on file and may be used in the event of an emergency.

Child's primary source of Health care is:

Physician/Clinic Name

Telephone Number

Known medical or special procedures conditions (i.e., diabetes, asthma, drug allergies, and food allergies): If no known conditions please write the word "NONE."

Dosage of Medicine if necessary for daily

RX Number

Time of day

Verification that medicine was dispense _____

Signed Affidavit Rejection of Immunizations _____

Proof of Immunizations _____

Parent/Guardian Signature _____

Date _____



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Report of Incident Requiring Professional Medical Attention Form

Child's name_____

Type of Illness or Injury_____

Date of Illness or Injury_____

Details of how illness or incident occurred_____

Services provided to child_____

Name of Staff Member_____

Method & Time Parent Notified_____

Parental Signature_____

Date Signed_____

To Whom It May Concern:

This is a sworn statement from Guyton Daniels Executive Director of C Life's Fulfillments' classroom experience that the information provided is truthful and accurate to the best of my knowledge.

Guyton Daniels
Executive Director C Life's Fulfillment,
Date: _____