



2025 Summer Camp Application

Please return this application by May 23rd along with the \$55 non-refundable registration fee. Registration fee includes 5 Camp T-Shirts, Curriculum Book, and Supplies. Student slots will be secured when applications AND fees are submitted.

Child's First and Last Name _____ Date: _____

Date of Birth _____ Grade Entering in Fall _____

T-Shirt Size (See sizing details on back) ☐ XS (6-8) ☐ S (10-12) ☐ M (14-16) ☐ L (18-20) ☐ XL (22-24)

This year, ZBOP's summer camp will run for 10 weeks, beginning June 9th and ending August 15th. Students will review curriculum to prepare them for the upcoming school year. They will also participate in weekly field trips, music lessons, arts & crafts, indoor/outdoor play and more. Meals will be provided; no outside food will be allowed. Below are the summer camp fees. Calculate total summer camp fees in the space provided to the right.

Summer Camp (8:30 a.m. – 2:30 p.m.) = \$1,250 \$ _____

Before Care (6:00 a.m. – 8:30 a.m.) = \$200 + \$ _____

After Care (2:30 p.m. – 5:00 p.m.) = \$200 + \$ _____

Total Camp Fees: = \$ _____

_____ I understand that I am contracting to reserve a class slot, and fees are due **whether my child attends or not**. I understand that tuition credit will NOT be given for unscheduled absences, scheduled absences, vacation periods or holidays.
Initials

Choose the option below that applies to you:

- My tuition **IS NOT/WILL NOT BE** state subsidized. I will make three payments equal to one-third of the total camp fee by: June 9th, July 1st, and July 28th. I understand my child will not be allowed attendance if any payment is missed.
- My payment **IS** state subsidized. I will pay my co-payment amount the first business day of each month.
- My payment **WILL BE** state subsidized. I will pay camp tuition weekly until the state notifies me of my co-payment amount. I understand ZBOP will return my advance payments to me minus all co-payment obligations that are determined by the state.

Drop off time is: _____ and Pick up time is: _____.

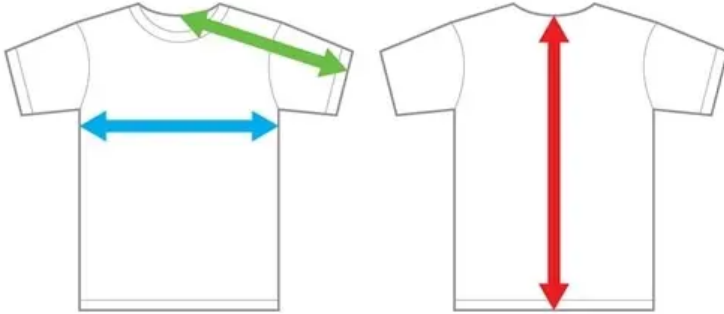
I (We), the undersigned, have read and do agree to abide by the terms, conditions, and procedures outlined in the Zion Buds of Promise Christian Academy handbook.

Printed Name Signature Date

Printed Name Signature Date

T-SHIRT SIZING DETAILS

How to Measure



BODY LENGTH

Lay garment flat (face down). Measure from center back neckline seam straight down to bottom of the front hem.

BODY WIDTH

Lay garment flat. 1" below the armhole flat measure the garment across the chest.

SLEEVE LENGTH

Lay garment flat (face down). Measure from center back neck to outer edge of shoulder seam, then along outer edge to sleeve end.

Youth	Length	Width	Sleeve
YXS	19.5	15.5	7.25
YS	21.5	17	7.5
YM	23	18	7.75
YL	25	19	8
YXL	26.5	20	8.25

*All measurements in the sizing table are in inches

APPLICATION/RECORD OF CHILD INFORMATION

Name of Child _____ Birthdate _____ Sex _____

Address _____

Date Child Received _____ Date Child Left _____

PARENT OR OTHER PERSONS(S) PLACING THE CHILD

Name _____ Name _____

Relation to child _____ Relation to child _____

Home address _____ Home address _____

Phone Number _____ Phone Number _____

Place of employment _____ Place of employment _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Working hours _____ Working hours _____

OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED

Name _____ Address _____

Phone Number _____ Relationship _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name _____ Address _____

Phone Number _____ Hospital or Clinic _____

PROGRAM

Days per week _____ Hours of care _____

Rate of pay (optional) _____

Signature of parent or other person placing child

Signature of caregiver

Date

A completely filled in form must be kept by the licensee for each child not related to the licensee. Please have this form available at all times to licensing representatives of the Department of Children and Family Services. Contact the Area Office for supplies of this form.

EMAIL ADDRESS(ES) FOR COMMUNICATION

PERSONS AUTHORIZED TO PICK-UP

_____ Name	_____ Relationship	_____ Phone
_____ Name	_____ Relationship	_____ Phone
_____ Name	_____ Relationship	_____ Phone
_____ Name	_____ Relationship	_____ Phone
_____ Name	_____ Relationship	_____ Phone
_____ Name	_____ Relationship	_____ Phone
_____ Name	_____ Relationship	_____ Phone

I authorize Zion Buds of Promise Christian Academy to provide first aid treatment to my child in the case of an accident. I additionally authorize Zion Buds of Promise Christian Academy, in my absence, to call emergency city services (911), and have my child transported to the most appropriate medical facility, as well as consent for medical treatment of my child at said facility. A staff person for the Zion Buds of Promise Christian Academy will accompany my child should he/she be transported to a medical facility. Zion Buds of Promise Christian Academy will notify parents/guardian immediately. As a parent/guardian, I will notify Zion Buds of Promise Christian Academy in writing of any changes in my address, employer, workdays and hours and respective phone numbers. I will also notify Zion Buds of Promise Christian Academy of any other changes in my child's student information.

I have received a copy of the Zion Buds of Promise Christian Academy Parent Handbook (found on www.zbop.net), Hours of Operation and Late Pickup Policy, Guidance & Discipline Policy, and Parent Social Media Release Form. I understand that Zion Buds of Promise Christian Academy is a religious based program, that religious instruction is a part of the curriculum and that all subject matter will be presented from a Christian perspective. I give consent for my child to go on walking trips through the neighborhood. I give consent for the program to photograph, videotape or film my child for promotional or security purposes. I give consent for my child to participate in prayer and in the religious instruction that is a part of Zion Buds of Promise Christian Academy's childcare program.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

If the child has any of the following, please explain:

Medical problems_____

Physical handicaps_____

Restrictions for play – outdoors_____

Restrictions for play – indoors _____

Allergies_____

Food likes_____

Food dislikes_____

Fears_____

Other information that will help in caring for the child_____

ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

HOURS OF OPERATION and LATE PICK-UP POLICY

Zion Buds of Promise Christian Academy operates Monday through Friday, unless otherwise posted. Our hours are 6:00 a.m. to 5:00 p.m. with the following start times:

- | | |
|----------------------|------------|
| • Before Care | 6:00 a.m. |
| • Early Snack | 8:00 a.m. |
| • Devotion | 8:30 a.m. |
| • Refresh Curriculum | 9:00 a.m. |
| • Breakfast | 10:00 a.m. |
| • Activities | 10:30 a.m. |
| • Lunch | 12:00 p.m. |
| • Activities | 12:30 p.m. |
| • After Care | 2:30 p.m. |

At 5:00 p.m. a \$25.00 per child Extended Care charge will be assessed.

At 5:15 p.m., calls will be made to parents/guardians and others documented on authorized pick-up list and there will be an additional per child late pick-up charge of \$1.00 for every minute your child/children remain at ZBOP past 5:15 p.m.

All late pick-up charges are due and payable upon pick-up. Children will not be allowed continued ZBOP attendance until late pick-up fees are paid. If late pick-ups continue, ZBOP will discharge repeat offenders from our program.

At 5:30 p.m., if we have been unable to locate parents/guardians, authorized designates or emergency contacts, children who are still in our care will be transported to the Phoenix Police Department which is located one block south of our center at 625 East 151st Street, Phoenix, Illinois, 708-331-2181. Parents will have to pick children up from the Phoenix Police Department and will be subject to the laws, policies and procedures associated with child abandonment situations.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

GUIDANCE & DISCIPLINE POLICY

Here at ZBOP, our philosophy is for each child to be nurtured in a non-threatening environment, which does not include the use of corporal punishment. Staff shall help ensure children develop self-control and assume responsibility for their own actions. Limits and consequences shall be clear and understandable to children, consistently enforced and explained to the child before and as part of any disciplinary action.

Firm positive statements about behaviors or redirection of behaviors shall be our goal. In circumstances where a child may need to be removed from the group to help a child gain control, it shall not exceed one minute per year of age. Removal from the group shall not be used for children less than 24 months of age.

Children shall not be disciplined for toilet accidents. Corporal punishment, including hitting, spanking, swatting, beating, shaking, pinching and other measures intended to induce physical pain or fear, any threatening or actual withdrawal of food, rest or use of the bathroom; abusive or profane language, or public or private humiliation, including threats of physical punishment or any form of emotional abuse, including shaming, rejecting, terrorizing or isolating a child will not be acceptable or tolerable.

Children shall have reasonable opportunity to resolve their own conflicts. Discipline shall be the responsibility of adults who have an ongoing relationship with the child.

Our goal here at ZBOP is to assure the success of each and every child. Therefore should there be an issue to resolve, we will not only contact the parents, but we will work with the parents to develop an intervention plan. The center Director will monitor the implementation by staff and keep all parties apprised of the plan's progress.

In certain circumstances, where ZBOP has been unsuccessful in resolving the child's behavior, we will, as we will throughout this process, request assistance of the child's parents. Any program developed with the assistance of the parent will include Director, Staff and Parents monitoring the progress of this plan of action.

When efforts by ZBOP have been unsuccessful, a clinical behavior management plan may be developed to meet the needs of a particular child, if developed with the parent and a professional clinician. These efforts will be documented in the child's file, along with the appropriate consents. All staff working with the child shall receive training on implementing the plan.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

PARENT SOCIAL MEDIA RELEASE FORM

In this electronic age, Zion Buds of Promise can no longer rely only on word of mouth to promote our school. Therefore, we are choosing to become more active on our social media accounts. Our goal must be to showcase program offerings that set ZBOP apart from other schools. To reach our goal, we need your help. First, we need you to allow our posting your child's awesome progress. Then, we will need you to Like and Share our posts. Working together, we can grow our school which will allow us to do even greater things for our students!

Please fill out the area below to indicate your approval or disapproval of your child's photo/video being featured on ZBOP's social media pages.

Thank you so much for your cooperation and support. God bless!

☐ Yes, I give my permission for my child's photo/video to be featured on ZBOP's social media sites.

☐ No, I do not give my permission for my child's photo/video to be featured on ZBOP's social media sites.

Student's Name _____

Parent's Signature _____

Date _____