

CAMP KEMPER

Summer Camp Registration Application

1503 Kemper Street, Second Floor Community Room | Lynchburg, VA 24501

aswoutreach.com | A Program of A Sure Word Community Outreach

NOTICE OF EXEMPTION FROM LICENSURE

Camp Kemper is operating as a child day program that is exempt from licensure with the Commonwealth of Virginia under Virginia Code § 22.1-289.030. This program is subject to basic state health and safety requirements but has no direct oversight or routine inspections by the Virginia Department of Education (VDOE). All parents or guardians must acknowledge and accept this status upon enrolling their child. A copy of this notice is posted visibly on the premises as required by law.

SECTION 1 — CAMPER INFORMATION

Full Legal Name of Child:

Date of Birth:

Age at Time of Program:

Gender (optional):

Grade Completed (Fall 2025):

SECTION 2 — PARENT / GUARDIAN INFORMATION

Primary Contact Full Name:

Relationship to Child:

Cell / Primary Phone:

Alternate Phone:

Email Address:

Home Address (Street, City, State, ZIP):

SECTION 3 — EMERGENCY, MEDICAL & INSURANCE INFORMATION

Secondary Emergency Contact Name:

Relationship:

Secondary Contact Phone:

Secondary Contact Email:

Authorized Pick-Up Persons (in addition to parent/guardian listed above):

Name:

Relationship:

Phone:

Name:

Relationship:

Phone:

Mandatory Daily Pick-Up Password/PIN:

[_____]

This password must be verbally provided at each daily sign-out. No child will be released without it.

Child's Health Insurance Provider:

Policy / Group #:

Known Allergies (food, environmental, medication):

Diagnosed Medical Conditions / Special Needs:

Current Daily Medications (name, dosage, frequency):

Physician / Pediatrician Name:

Physician Phone:

SECTION 4 — SCHEDULE SELECTION (6-Week Program)

Please check all weeks your child will attend:

<input type="checkbox"/> Week 1: _____ to _____	<input type="checkbox"/> Week 2: _____ to _____	<input type="checkbox"/> Week 3: _____ to _____
<input type="checkbox"/> Week 4: _____ to _____	<input type="checkbox"/> Week 5: _____ to _____	<input type="checkbox"/> Week 6: _____ to _____

Program Hours: _____ a.m. to _____ p.m., Monday through Friday

SECTION 5 — LATE PICK-UP POLICY

Camp ends promptly at the posted dismissal time. A late pick-up fee of \$_____ per _____ minutes (or fraction thereof) will be assessed for each late arrival. Repeated late pick-ups may result in disenrollment. By signing below, I acknowledge this policy.

Parent/Guardian Initials: _____

SECTION 6 — PHOTO & VIDEO CONSENT

Camp Kemper may photograph or video record campers for program updates, the A Sure Word Community Outreach website, or promotional materials. Please indicate your preference:

YES — I consent to photos/videos of my child being used as described.

NO — I do not consent.

SECTION 7 — REQUIRED LEGAL ACKNOWLEDGMENTS & WAIVERS

7A. Licensure Exemption Acknowledgment

I have read and received a copy of the Notice of Exemption from Licensure above. I understand that Camp Kemper is not licensed by the Commonwealth of Virginia and is not subject to routine state inspections by the Virginia Department of Education (VDOE).

Parent/Guardian Initials: _____

7B. Emergency Medical Authorization

I authorize Camp Kemper staff to seek emergency medical treatment for my child if I cannot be reached in a timely manner. I understand that costs incurred will be my responsibility.

Parent/Guardian Initials: _____

7C. Liability & Property Release

I agree to hold Camp Kemper, its staff, volunteers, A Sure Word Community Outreach, and the property owners/management of 1503 Kemper Street harmless from liability resulting from normal camp activities conducted within the second-floor community room or building premises, except in cases of gross negligence or willful misconduct.

Parent/Guardian Initials: _____

7D. Behavioral Conduct Agreement

I understand that my child is expected to follow camp rules. Camp Kemper reserves the right to dismiss a camper whose behavior is unsafe or disruptive, without refund of fees.

Parent/Guardian Initials: _____

7E. Grievance / Complaint Process

I understand that complaints regarding this program may be submitted in writing to A Sure Word Community Outreach or reported to the VDOE Office of Child Care Health and Safety.

(No initials required)

SECTION 8 — PARENT / GUARDIAN SIGNATURE

By signing below, I certify that all information provided on this application is accurate and complete. I have read, understood, and agree to all policies, disclosures, and waivers contained in this application.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

FOR OFFICE USE ONLY

Date Received: _____	Fee Paid: \$_____ [] Cash [] Check [] Other	Staff Initials: _____
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