



# 2024

## *Enrollment Form*



CityHope Summer Adventures  
(208) 376-7272  
Ms. Nancy Smith, Camp Director  
(208) 695-6614  
cityadventuresnancy@gmail.com



## **We Know Summer's Coming.....**

and with the Summer Adventures we are planning, it can't get here fast enough!

We know school is cool, but there's something amazing about summer. Could be the sunshine. Could be the freedom. Could be that you get to spend the entire summer blasting through the best parks, games, and field trips on the planet! **Eleven weeks of extreme fun**, hanging with your friends and enjoying the good life. That's what you get with CityHope Summer Adventures.

We know you'll love the great activities we have planned this year. We know that you are going to love Urban Air, the activities here on campus, as well as taking field trips around the valley and simply enjoying the great Idaho Summer Sunshine with your friends.

And because we know how much fun your are going to have, we know you will never want the fun to end, you will want summer to last all year long.

Sooooo.....

With 30 amazing summers under our belt we expect this one to be our best yet. **Every student with a paid registration for Summer Adventures will receive an Annual Unlimited Membership to Urban Air Adventure Park!!** And you can use that pass all year long, well past the amazing 11 weeks of Summer.

***We also know that parents are on a budget. So, for less than the cost of most daycares we continue to run the fun meter on high, ALL...SUMMER....LONG.***

**We know fun. We know friends. We know value. Because at CityHope Summer Adventures,**

## **We Know Summer.**

**2024 REGISTRATION FORM (K - 6th)****CITYHOPE SUMMER ADVENTURES**

8650 W. Fairview Ave.

Boise Idaho 83704

(208) 376-7272

Ms Nancy, Camp Director - (208) 695-6614

**FOR OFFICE USE ONLY**

Reg. Fee Rec'd \$ \_\_\_\_\_

Days/wk Registered for: \_\_\_\_\_

Weekly Tuition \$ \_\_\_\_\_

Date \_\_\_\_\_ Ck# \_\_\_\_\_

Camper Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_

**Parent/Guardian #1** \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_ Lives with Student:

Email \_\_\_\_\_ ☐ Full time ☐ Part Time**Parent/Guardian #2** \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_ Lives with Student:

Email \_\_\_\_\_ ☐ Full time ☐ Part Time**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

In order to ensure the safety of your child(ren), please indicate those who would be allowed without prior consent to pick up your child(ren). Our Summer Adventures staff will not release your child(ren) to anyone whose name is not listed without prior notification from the parent/guardian:

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Primary Language Spoken in the home? \_\_\_\_\_

Has either parent been divorced? ☐ Yes ☐ No Separated? ☐ Yes ☐ NoHas either parent been remarried? ☐ Yes ☐ No

Are there custody arrangements we need to be aware of / Is there anyone restricted from seeing the child?

Any parent (unless restricted by a court order) has the legal right to pick up their child. If you have a court order stating your child is not to leave with their non-custodial parent, we must have it on file.

**Please attach a copy of any Court Restraining Orders or relevant sections of Divorce orders.**

ONE PERSON NEEDS TO BE IDENTIFIED AS THE RESPONSIBLE PARTY FOR TUITION PAYMENTS IN THE UNLIKELY EVENT THAT TUITION PAYMENTS BECOME DELINQUENT.

**Name of Responsible Party:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

# Summer Adventures Rates/Schedule 2024

## SUMMER ADVENTURES RATES

**\$225 Registration Fee (Includes 2 T-Shirts to be worn on field trips)**

<input type="checkbox"/> 5-Day	\$135/wk	<input type="checkbox"/> 2nd Child Rate	\$115/wk
<input type="checkbox"/> 4-Day	\$125/wk	<input type="checkbox"/> 2nd Child Rate	\$105/wk
<input type="checkbox"/> 3-Day	\$110/wk	<input type="checkbox"/> 2nd Child Rate	\$95/wk
<input type="checkbox"/> 2-Day	\$90/wk	<input type="checkbox"/> 2nd Child Rate	\$80/wk

## SHIRT SIZE:

1st Child

XS S M L XL

2nd Child

XS S M L XL

## FIRST CHILD SCHEDULE

NAME \_\_\_\_\_

(CIRCLE DAYS)

<b>June 3 - 7</b>	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 4-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	M T W TH F
<b>June 10 - 14</b>	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 4-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	M T W TH F
<b>June 17 - 21</b>	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 4-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	M T W TH F
<b>Jun 24 - 28</b>	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 4-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	M T W TH F
<b>July 1 - 3</b>			<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	M T W
<b>July 8 - 12</b>	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 4-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	M T W TH F
<b>July 15 - 19</b>	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 4-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	M T W TH F
<b>July 22 - 26</b>	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 4-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	M T W TH F
<b>July 29 - Aug 2</b>	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 4-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	M T W TH F
<b>August 5 - 9</b>	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 4-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	M T W TH F
<b>August 12 - 16</b>	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 4-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	M T W TH F

## SECOND CHILD SCHEDULE

NAME \_\_\_\_\_

(CIRCLE DAYS)

<b>June 3 - 7</b>	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 4-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	M T W TH F
<b>June 10 - 14</b>	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 4-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	M T W TH F
<b>June 17 - 21</b>	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 4-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	M T W TH F
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<b>August 5 - 9</b>	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 4-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	M T W TH F
<b>August 12 - 16</b>	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 4-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	M T W TH F

# New Camper Information

Camper Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Nickname (if different from above) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade Entering Fall 2024: \_\_\_\_\_ Age \_\_\_\_\_ Gender ☐ Male ☐ Female

Has Camper ever had any disciplinary problems, suspensions, or expulsions? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interests and Hobbies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Health History

1. Has your child had any serious childhood illness, surgery or accident? ☐ Yes ☐ No

2. Does your child have a history of chronic ear infections? ☐ Yes ☐ No

3. Does your child have tubes in their ears? ☐ Yes ☐ No

4. Has your child seen a dentist in the last year? ☐ Yes ☐ No

5. Has your child had their eyes checked by a Dr. in the last year? ☐ Yes ☐ No

6. Does your child wear glasses or contact lenses? ☐ Yes ☐ No

7. Does your child have any severe allergies? If yes, Please explain: ☐ Yes ☐ No

\_\_\_\_\_

\_\_\_\_\_

8. Has your child had any surgeries? If yes, Please explain: ☐ Yes ☐ No

\_\_\_\_\_

\_\_\_\_\_

9. Has your child had ☐ Measles ☐ Mumps ☐ Chicken Pox ☐ Epilepsy(seizures)?

10. Does your child have any specific medical problems or physically limiting disorders? ☐ Yes ☐ No

\_\_\_\_\_

\_\_\_\_\_

11. Is your child on any medication? ☐ Yes ☐ No

12. Will it be necessary to take medication at Summer Adventures? ☐ Yes ☐ No

13. What major changes or events in your family situation have occurred during the last year?

☐ Moving ☐ Divorce ☐ Illness/accident ☐ Death in the family

14. Has your child ever been referred for learning disability, hyperactivity or ADD? ☐ Yes ☐ No

If yes please explain below:

\_\_\_\_\_

\_\_\_\_\_

15. If you answered no to question #14, do you have any concerns about your child having learning problems, speech/language problems, short attention span or hyperactivity? Please explain below:

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16. List of people living in the home:

Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____

IS YOUR CHILD COVERED BY INSURANCE?

☐ Yes ☐ No

Medical Insurance Company _____	Phone _____
Name of Insured _____	Insured's ID Number _____
Child's Primary Doctor _____	Phone Number _____
Hospital Preference _____	

Please Note:

Neither over the counter nor prescription medications are to be kept by the students at CityHope Summer Adventures. If a student needs medication, whether prescribed or over the counter during the day, it must be checked in with the Camp Director. A note including instructions must be completed and signed by the parent or guardian, and be on file with the school office for the medication to be administered. (both prescribed and over the counter.) CityHope Schools or Summer Adventures staff will not be liable for the illness or injury resulting from medication given according to the parental or physician's instructions.

I acknowledge that I have accurately filled this health history out to the best of my knowledge and that I will abide the rules regarding medications for my child(ren) as stated above.

**Name of Parent/Guardian:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

# RULES AND EXPECTATIONS

CityHope Summer Adventures was created to provide a summer of fun and to be an extension of a protected, loving place for children to continue friendships, enjoy the great outdoors, and to just kick back and enjoy their summer. We are a Christian based day camp, and we are going to have an amazing summer filled with memories to last a lifetime. But with all that fun we also have to have some expectations and rules to ensure everyone's protection and safety. We will of course have our field trips, pool days, park days, Bible times, arts and crafts, the summer reading program and so much more but we are asking that you help us out in the following areas.

in order to ensure our vision is carried out, the following rules are:

Children are not allowed to leave with any other students or parents without prior written permission from the parent/guardian.

Plans for after Summer Adventure Playdates should be made in advance. Students will not be allowed to use the staff cell phones to plan playdates. This causes a great deal of difficulty for other parents as well as the other children who may or may not be invited.

***Students are not allowed to bring personal cell phones or tablets as they can become a distraction, lost, or broken.***

**If you need your child to have a phone, they may bring it and leave it with a staff member only.**

Behavioral problems in CityHope Summer Adventures will be addressed by Ms. Nancy Smith and Pastor Ryan Shervik. If deemed necessary, children may require a parent to pick them up from the said activity. We have a no tolerance policy for fighting and/or swearing!! Repeated behavior may result in your child not being allowed to return to future Summer Adventure activities.

If you need to reach Ms. Nancy, or Pastor Ryan during the day, please text whenever possible or send an email. She checks both frequently.

## THINGS TO BRING TO DAY CAMP

Sunscreen -- Towel -- Extra Clothes -- Water Bottle -- Optional: Extra pair of shoes / hat

*Please note: Some days we do a lot of walking - closed toe shoes are required for those days!*

We do have snack options available when our activities take us to places where the campers can purchase goodies, however, **please do not send over recommended dollar amounts.**

Children have a difficult time managing money and we are not able to monitor their spending activities. Thank you for your understanding. Be blessed!!

**I have read and understand all of the above.**

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Signature

Date



# WAIVER AND RELEASE FROM LIABILITY

This agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 2024 between CityHope Summer Adventures and \_\_\_\_\_ ("Participant")

1. Subject. Participant recognizes and expressly agrees that participating in any adventure, sport, or activity associated with the out-of-doors is an inherently dangerous activity. Further, Participant recognizes that certain safety precautions must be followed, yet even strict adherence to those procedures does not guarantee nor does CityHope Summer Adventures guarantee Participant's safety.
2. Wavier and Release from Liability. Participant understands that CityHope assumes no responsibility for injuries or illnesses that Participant may sustain, a) as a result of Participant's physical condition, b) resulting from Participant's participation in the activity, c) as a result of another participant's or third person's actions, or d) as a result of participant's use of CityHope's facilities, field, gym and/or equipment in connection with this activity. The Participant releases and agrees to hold harmless, defend and indemnify CityHope Summer Adventures and its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or intentional conduct of CityHope Summer Adventures) that the Participant may suffer as a result of his or her participation and/or enrollment in CityHope Summer Adventures activities.
3. Medical Consent. Participant grants permission to CityHope and its employees and agents to take the Participant to a licensed physician for medical treatment, emergency surgery, or hospitalization if Participant becomes ill, sustains an injury, or otherwise requires medical treatment or attention and CityHope is unable to contact the Emergency Contact listed by Participant. The Participant gives consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve the Participant's life or health. Participant further authorizes CH Summertime Adventure to give first aid, CPR or other treatment by a qualified staff member to Participant.
4. Property Loss. Participant understands and agrees that CityHope Summer Adventures is not responsible for personal property that is lost, damaged, or stolen in connection with this activity.
5. Binding Effect. This Agreement shall be binding upon Participant, his or her heirs, estate, successors, and legal representatives.
6. Entire Agreement. This Agreement represents the entire agreement between the parties. This Agreement shall not be modified or amended except by an agreement in writing signed by both parties.
7. Acceptance. If any portions of this waiver and release are held to be invalid, Participant agrees the remaining terms shall continue to be in full legal force and effect. Participant understands and agrees that this Waiver and Release is binding upon me and my heirs, estates and legal representatives.
8. Publicity. On Occasion, CH Summer Adventures takes photographs or makes an audio/video recording of children and/or adults involved in camp activities. Such photographs and audio/visual recordings may be used in CityHope Summer Adventures publications or advertising materials to let others know about our ministry.

\_\_\_\_\_ **I DO NOT give permission for the release, use and/or publication of any photo/video of my child in any form of media. Child's name:** \_\_\_\_\_

**PLEASE READ CAREFULLY. THIS DOCUMENT CONTAINS A RELEASE AND WAIVER OF LIABILITY.**

**I have read and voluntarily signed this Waiver and Release of Liability.**

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Signature

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Date