

# Northside Youth Summer Camp

Northside Church of Christ  
4736 Ave. B — Jacksonville, FL



June 3rd — July 26th, 2024

*Theme: Connecting Lives & Creating Memories One Child At A Time*

**The Northside Youth Summer Camp Includes Some of These Activities:**

- \* Neighborhood Walk \* Exercise \* Math Games \* Career Education \* Movie Mania \* Arts & Crafts \* Store \*
- \* Fun with Science \* Literacy \* Nutrition Instruction \* Bible Bowl \* Devotion \* Free Play \* Field Trips \*

For More Information Contact: Jackie Shootes @ 765-8940

Charlie McClendon  
Senior Minister

Al Jackson  
Minister

Jackie Shootes  
Director



# NORTHSIDE YOUTH SUMMER CAMP

## General Information

**PARENTS: THERE WILL BE A MANDATORY MEETING ON  
SATURDAY, MAY 18, 2024 AT 1:00PM.**

**APPLICATIONS MUST BE FULLY COMPLETED BEFORE IT WILL BE ACCEPTED,  
TO INCLUDE: GRADE, AGE, STUDENT SCHOOL ID #, LAST FOUR DIGITS OF SSN,  
AND A COPY OF MOST RECENT REPORT CARD.**

**CAMP ENROLLMENT FEE:** \$50.00 Per Child (**Non-Refundable**)  
*\$35.00 Enrollment Special If Application Is Completed, Submitted, and Paid by April 30, 2024*

**AGES:** 4 Yrs. –13 Yrs.

### WEEKLY FEES ARE AS FOLLOWS:

1<sup>st</sup> CHILD. . . . . \$50.00 a week  
2<sup>nd</sup> CHILD. . . . . \$45.00 a week  
3<sup>rd</sup> CHILD. . . . . \$35.00 a week (**Must be in same household**)  
4<sup>th</sup> CHILD. . . . . \$30.00 a week (**Must be in same household**)

### CAMP HOURS:

- **Regular Hours- 8:00am - 5:00pm**
- **Before Care- 7:30 a.m. – 8:00 a.m. (An Additional \$5.00 Per Week Per Child)**
- **After Care- 5:00 p.m. – 5:30 p.m. (An Additional \$5.00 Per Week Per Child)**

### ADDITIONAL INFORMATION:

1. Campsite will open for Before Care at 7:30 a.m. and close promptly at 5:30 p.m. for After-Care.  
**Note:** After 5:35 p.m. an additional fee will accrue (see #7 of rules/regulations)
2. **BREAKFAST WILL NOT BE SERVED; 2 SNACKS AND LUNCH WILL BE PROVIDED.**
3. For further information contact 904-765-8940.

**Northside Youth Summer Camp**  
**4736 Avenue B, Jacksonville, Florida 32209**

**Weekly Schedule**

<b>Time</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>7:30 – 8:50</b>	Morning Snack/ Attendance	Morning Snack/ Attendance	Morning Snack/ Attendance	Morning Snack/ Attendance	Morning Snack/ Attendance
<b>8:50 - 9:00</b>	Cleaning Break (wash hands, clean surfaces, doors, and chairs)				
<b>9:00 – 9:15</b>	Devotion	Devotion	Devotion	Devotion	Devotion
<b>9:15 – 9:45</b>	Neighborhood Walk	Exercise	Neighborhood Walk	Exercise	F T
<b>9:45 – 10:00</b>	Water Break (wash hands and get water—one class at a time)				
<b>10:00 – 11:15</b>	Math Enrichment	Literacy	Career Education	Nutrition Education	I R
<b>11:15 – 12:30</b>	Screen Time	Theme Time	Arts & Crafts	Class Centers	
<b>12:30 – 1:30</b>	Lunch	Lunch	Lunch	Lunch	
<b>Lunch Pick- up Schedule</b>	12:30pm—4 and under 12:35pm—5&6 12:40pm—7&8 12:45pm—9&10 12:50pm—11-up  Community members will be served during any of these times				
<b>After You Eat</b>	Cleaning Break (wash hands, clean surfaces, doors, and chairs)				
<b>1:00 – 2:00</b>	Quiet Time	Quiet Time	Quiet time	Quiet time	
<b>2:00 – 3:30</b>	Bible Bowl	Recreation	Fun With Science	Bible Bowl	L P
<b>3:30 – 3:45</b>	Afternoon Snack	Afternoon Snack	Afternoon Snack	Afternoon Snack	
<b>3:45 – 3:50</b>	Cleaning Break (wash hands, clean surfaces, doors, and chairs)				
<b>3:50 – 4:20</b>	Journal Writing	Journal Writing	Journal Writing	Journal Writing	
<b>4:20 – 5:00</b>	Free Play	Free Play	Free Play	Free Play	Free Play
<b>5:00 – 5:30</b>	Dismissal	Dismissal	Dismissal	Dismissal	Dismissal

(\*\*Schedule subject to change\*\* | Career Education- on or off site visits)



**NORTHSIDE YOUTH SUMMER CAMP  
ACTIVITIES ENROLLMENT FORM**

**APPLICATION MUST BE FILLED OUT COMPLETEY AND REPORT CARD ATTACHED TO BE ENROLLED**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_  
Last First MI

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ GENDER: M / F RACE \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ SCHOOL # \_\_\_\_\_

LAST 4 DIGITS OF SSN _____
-------------------------------

\*STUDENT ID # \_\_\_\_\_ \*\*MOST RECENT REPORT CARD MUST BE ATTACHED TO THIS FORM

**\*PRIVATE SCHOOLS/SCHOLARSHIPS SHOULD HAVE A DUVAL COUNTY SCHOOL STUDENT ID # (PARENTS WILL HAVE TO GO TO THE SCHOOL BOARD TO GET THIS NUMBER IF THEY DO NOT HAVE IT)**

---

I GIVE CONSENT FOR MY CHILD'S SCHOOL RECORDS AND AFTERSCHOOL/CAMP APPLICATION TO BE ACCESSED BY KIDS HOPE ALLIANCE STAFF FOR THE PURPOSE OF MONITORING AND GATHERING DATA FOR THE ANALYSIS OF PROGRAM EFFECTIVENESS. Yes \_\_\_ No \_\_\_

I GIVE CONSENT FOR PHOTOGRAPHS AND VIDEOS TO BE TAKEN OF MY CHILD(REN) Yes \_\_\_ No \_\_\_

---

**PLEASE CIRCLE T-SHIRT SIZE FOR YOUR CHILD**

CHILD	(S)	(M)	(L)	ADULT	(AS)	(AM)	(AL)	(XL)	(XXL)
	6-8	10-12	14-16						

---

**PARENT PARTICIPATION IS A MUST – CHECK ALL THAT YOU AGREE TO ASSIST WITH:**

SNACKS \_\_\_ ACADEMICS/TUTORING \_\_\_ CAREER EDUCATION PRESENTATION \_\_\_

MOTHER'S NAME \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

EMAIL: \_\_\_\_\_ ALTERNATE NUMBER \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

EMAIL: \_\_\_\_\_ ALTERNATE NUMBER \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

---

**IN THE EVENT OF AN EMERGENCY, WHO IS TO BE CONTACTED?**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Does Northside have the right to obtain or provide treatment in the event of an emergency? Yes \_\_\_ No \_\_\_

Does parent/guardian give consent for the child to accompany the camp on outings/field trips? Yes \_\_\_ No \_\_\_

Is the child on any type of medication? Yes \_\_\_ No \_\_\_

If yes, please list type and dosage \_\_\_\_\_

---

**Please list alternate pick-up person (s):**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

---

**Please Note: \$35.00 ENROLLMENT FEE SPECIAL (NON REFUNDABLE) – IF REGISTERED BY April 30, 2024**

## NORTHSIDE YOUTH SUMMER CAMP RULES & REGULATIONS

Dear Parent/Guardian:

The following rules and regulations have been established to help ensure the well-being and safety of your child and our staff. Please discuss this information with your child.

### General

1. All children must be signed in/out by an adult listed on their registration form upon arrival/dismissal. Please do not drop your child(ren) off at the door.
2. Parent/Guardian must notify camp if child is to be picked up by another individual, providing their full name and ensuring that person knows to bring ID.
3. Parent/Guardian must notify an adult staff member when child leaves for the day.
4. Children must be picked up on time to avoid extended care charges.
5. One weeks' notice in writing is required for campers who will be out on vacation. Written notice must be given in order to hold their spot. You will not be expected to pay for the week(s) the child is out (**Should notice not be provided, the expectation is payment is still due for the week missed.**)
6. The camp is **not responsible** for lost, broken, or stolen items on the premises or on field trips such as cell phones, jewelry, money, electronic games, PSP, DS, etc. Any items brought to camp are done so at the camper's own risk.
7. This is a Christian camp, and the word of God will be taught. We will have Bible lessons and discussions related to biblical history and stories.

### Financial

8. Camp fees are due on Mondays prior to week of services. There will be no exceptions!
9. A \$25.00 fee is charged for each returned check.
10. Failure to pay charges indicated on #8 will result in dismissal of your child(ren) until paid. The child is allowed to return only if a slot is available.
11. ***For children not enrolled in After Care, the time pick-up time is 5:00pm and for children enrolled in After Care the pick-up time is 5:30pm.*** A \$15.00 fee will be assessed for campers picked up late at the first 15 minutes and \$5.00 for each additional fifteen-minute intervals thereafter. This charge must be paid at the time of pick up.
12. Checks are not accepted for field trips. This money must be paid in cash.
13. Camp fees must be current, before monies can be accepted for field trips.

### Behavioral

14. This Camp is unequipped to care for a sick child or a child with an illness that may present health risk to the other campers, to include COVID.
15. A child that is constantly disruptive or presents serious behavior problems may be dismissed from the camp, if parent conference fails to improve their behavior.
16. Northside Youth Summer Camp is not equipped to provide care to children who need certificate level care. Should we accept an application for your child, and their behaviors requires more than what we are capable to care for, we reserve the right to dismiss your child(ren) from the Northside Youth Summer Camp.
17. All concerns should be discussed with the Camp Director, and not with staff or other campers.

**CONTINUED ON THE BACK**

18. For telephone and cellphone regulations, please see Phone Usage Agreement.
19. Please do not give your child candy or gum to bring to camp. They may occasionally bring a candy bar to eat with their lunch, if desired.
20. Profanity and fighting has a zero tolerance!

Dress Code

21. Campers should dress in apparel which is appropriate to the camp environment. Tennis shoes MUST be worn. Please do not wear spaghetti strap tops, halter tops, short shorts, flip flops, sandals, or the like.
22. All children **must** wear their camp tee-shirts every Friday for the field trips.

I, \_\_\_\_\_, do hereby give permission for my child to participate in the camp activities and field trips, unless otherwise notified in writing. By signing this form, I also agree that I and my children will adhere to the rules and regulations of this camp.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NORTHSIDE YOUTH  
SUMMER CAMP**

**MEDICAL FORM**

**I. YOUTH INFORMATION**

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

**II. PARENT/GUARDIAN INFORMATION**

FATHER: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOTHER: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**III. OTHER EMERGENCY CONTACT**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**IV. MEDICAL INFORMATION**

DOCTOR: \_\_\_\_\_ CLINIC: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICAL PROBLEMS: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

**V. NOTES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. MEDICAL HISTORY FORM**

Please check YES or No if you have, or have ever had any of the following conditions.

CONDITION	YES	NO	CONDITION	YES	NO
Asthma			Difficulty Hearing		
Sinus Trouble			Allergies		
Chronic Cough			Draining Ears		
Shortness of Breath			Frequent Colds		
Pneumonia			Hyperventilation		
Spitting Blood			Tuberculosis		
Bowel Trouble			Stomach Ulcer		
Jaundice			Anemia		
Gall Bladder Disease			Appendicitis		
Constipation			Blood Transfusion		
Hemorrhoids			Sickle Cell Disease		
Leukemia			Venereal Disease		
Hemophiliac (free bleed)			Skin Disease		
Epilepsy/Fainting			Kidney Disease		
Frequent Headaches			Dizziness		
Difficulty With Vision			Kidney/Bladder Trouble		
Bone Disease			Nervous Breakdown		
Heart Disease			Wear Glasses/Contacts		
Irregular Heartbeat			Rheumatic Fever		
Fast/Slow Heartbeat			Menstrual Problems		
Diabetes			Blood Pressure Problem		

**VII. MEDICAL CONSENT**

In the event that there is not time to reach me by telephone, I \_\_\_\_\_, hereby give permission for my child to be treated for any medical emergency or injury that may occur during the time that they are participating in any of the Summer Youth Camp activities. I also certify that the information that I have checked is correct to the best of my knowledge. I understand that falsification or failure to provide information may result in inadequate or incorrect treatment in the event of an emergency. I will not hold the Northside Church of Christ, Summer Camp Employees, Director, Coordinator, or any of its representatives liable or responsible for any unforeseen occurrences.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Northside Youth Summer Camp  
Northside Church of Christ**

**Phone Usage Agreement**

We recognize that youth have phone usage needs, so to be proactive we have a Phone Usage Agreement for Parents/Guardians and Youth Campers to sign.

I understand that:

<u>Rule</u>	<u>Parent Initial</u>	<u>Youth Initial</u>
<b>Office Phones:</b>		
1. The Office Phone is for emergency calls to my parent/guardian.	_____	_____
2. The Office Phone is not to be used to call someone to bring food.	_____	_____
3. The Office Phone usage should be limited to one call per day, at less than 2 minutes.	_____	_____
<b>Cellphones:</b>		
1. Cellphones are brought at the risk of the Camper and parent.	_____	_____
2. Cellphones can be used during academic times, if allowed by Classroom Supervisor.	_____	_____
3. Campers are NOT to engage in the creation of videos/pictures for TikTok, Facebook, Instagram, or any other social media while in the care of Northside Youth Summer Camp's.	_____	_____
4. Cyberbullying will NOT be tolerated. This includes issues that occur outside of the camp and somehow comes to the camp.	_____	_____
5. Cellphones cannot be used to order food from UberEats, GrubHub, DoorDash, or any other.	_____	_____

The rules and guidelines for phone usage has been made clear. I understand each and will adhere to them. I understand that failure to follow these guidelines will result in consequences, including possible dismissal from the Northside Youth Summer Camp.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date