135 S. Oakland Avenue, Rock Hill, SC 29730

Program Director: Vincent Hicklin

Office: 803.504.5970

Cell: 803.665.0141

**Camp Flight's Mission:**

Welcome to Camp F.L.I.G.H.T.! Our mission is to provide a welcoming environment where children can **F**ervently **L**earn and **I**ntently **G**row **H**igher **T**ogether. Students will continue to learn and grow together by using teamwork skills throughout summer. Through the teamwork and different planned projects, Students will build friendships that will last even after summer is over. Christianity is the foundation on which Camp F.L.I.G.H.T. is built, but all beliefs are welcome.

**After School Hours of Operation: 2:30pm-6:30pm**

**Monday-Friday**

**Summer Camp Hours of Operation 6:30am-6:30pm**

**Monday- Friday**

**Registration Fee: $25 / Well Church Partners $20**

**After School Weekly Tuition -$65 1st Child/ $55 Each Additional**

**Summer Camp Weekly Tuition - $120 1st Child / $95 Each Additional**

After School & Mentorship Application

[ ] After School [ ] Summer Camp [ ] Mentoring Program

**Section I**

Camper's full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  First Middle Last

Gender: (circle one) Male\_\_\_\_\_ Female\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_

School Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Well Church Member: (circle one) Yes or No

Primary Parent/guardian name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

Home / Cell number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Parent/Guardian name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home / Cell number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contacts: List name, number, and address of person (s) who is able to pick up your child in case of an emergency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Family Code Word for pick up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any allergies (please list foods, medicine, seasonal, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does student take daily medication that will need to be given at After School? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II**

Medical History

Name of Primary Care Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.:\_\_\_\_\_\_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_

Does your son/daughter have any physical problems or limitations?

Is your son/daughter currently receiving treatment for any medical issues?

Is he/she currently on any type of medication? Is so, please specify.

Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your son/daughter have any emotional issues or problems right now?

Is your son or daughter currently seeing a counselor or therapist?

Therapist’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III**

**Mentorship Program**

Would you like your child to participate in our Mentorship Program?

* Yes
* No

The child is being referred for assistance in the following areas (check all that apply):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Academic Issues |  | Behavioral Issues |  | Delinquency  |  | Vocational Training |
|  | Self-Esteem |  | Study Habits |  | Social Skills |  | Peer Relationships |
|  | Family Issues |  | Special Needs |  | Attitude |  | Other, specify: |

Why do you feel your child might benefit from a mentor?

What particular interests, either in school or out, do you know of that the child has?

What strategies/learning models might be effective for a mentor working with this youth?

On a scale of 1–10 (10 being highest) rate the student’s level of:

\_\_\_\_\_ Academic performance

\_\_\_\_\_ Social skills

\_\_\_\_\_ Self-esteem

\_\_\_\_\_ Family support

\_\_\_\_\_ Communication skills

\_\_\_\_\_ Attitude about school/education

\_\_\_\_\_ Peer relations

With what specific academics subjects, if any, does the student need assistance?

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

Please check any other areas of special interest for your child.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Biking |  | Camping |  | Science |  | Cooking |  | Library |
|  | Hiking |  | Boating |  | Music |  | Sports |  | Yoga |
|  | Golf |  | Swimming |  | Gardening |  | Parks |  | Movies |
|  | Fishing |  | Animals/Pets |  | Painting/Photos  |  | Board Games |  | Shopping |

I hereby certify that the information hereunder is correct to the best of my knowledge. I have been advised that this application for enrollment will remain active, unless the enrollment is terminated by the parent or by the director of Camp Flight.

|  |  |
| --- | --- |
| Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Camp Flight Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |