Jesus Is Lord! FROM THE HEART CHRISTIAN SCHOOL A ministry of From the Heart Church Ministries_®

> LITTLE HORNETS SUMMER CAMP APPLICATION JUNE 16 – AUGUST 8, 2025



"And all thy children shall be taught of the LORD; and great shall be the peace of thy children." Isaiah 54:13

Bishop John A. Cherry, II – Headmaster

4949 Allentown Road Suitland, Maryland 20746 (301) 899-2968

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HORNET FACTS & INFORMATION

PLEASE EMAIL YOUR COMPLETED APPLICATION TO schooloffice@fthcm.org (Once your application is processed you will receive information on how to access the parent portal to make payments)

Child's Name:

Cost: The weekly cost is **\$150** for first child; **\$100** for second child; **\$75** for 3rd child. The weekly rates include field trips, a t-shirt, and a morning and afternoon snack. Aftercare is an additional **\$100** per week for first child; **\$75** for second child and **\$50** for the third child.

Payment Procedures

- > The weekly camp payment must be made by the Friday preceding the week of attendance.
- Campers will not be admitted to camp if payment has not been made.
- > All payments must be made in the school management system.
- Parents may change their selection from week to week, but once the payment is made for the week, the selection may not be changed.
- ➤ If your child attends the camp at least one day during the week, the entire cost is due.
- > If you pay for the week and your child does not attend, a refund will be given.

Dates/Hours

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- > The Camp will operate Monday through Friday.
- > The dates are from June 16 through August 8. (closed June 19 and July
- ➤ 4) The hours are 8:00 a.m. to 4:00 p.m.
 - Aftercare Hours: 4:00 p.m. to 6:00 p.m.

SUMMER CAMP WEEK OPTIONS

Please select all of the weeks for which you are applying for your child to attend. There will be a pizza lunch provided each Friday.

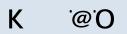
Week One	June 16 – June 20
Week Two	June 23 – June 27
Week Three	June 30 – July 4
Week Four	July 7 – July 11
Week Five	July 14 – July 18
Week Six	July 21 – July 25
Week Seven	July 28 – August 1
Week Eight	August 4- August 8

T-SHIRT SIZES & PIZZA OPTION

Please select a size for your child's t-shirt and pizza preference.

	Size 2T	Size 3T	Size 4T	Size 5T	Size 6T
Youth Sm	Youth Md	Youth Lg	Cheese	Pepperoni	Sausage

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CHILD INFORMATION

	Last	First			Middle	
Name:						
	Street		City		State	Zip
Address:						
	Including area code	Sele	ect one		mm	/dd/yyyy
Home Phor	1e:	Gender: Male O	R Female	;	DOB:	
School Nan	ne:	School Address:				

PARENT INFORMATION

Male	Last			First			Middle		
Parent/Guard	dian:								
	Sele	ect one			Sel	ect one			
Status: Fa	ather O	R Guardian	Marital	Status:	Unmarried	Marri	ed	Divorced	Widowed
If different	Street				City			State	Zip
Address:									
Email 1: Email 2:									
Home Phone:		cluding area code	Cell Ph		ding area code	Wo	ork Pho		g area code

Female		Last	First			Middle		
Parent/Guar	dian:							
	Select	one			Se	lect one		
Status: N	Iother OR	Guardian	Marital S	Status:	Unmarried	Married	Divorced 🗌	Widowed
If different	Street				City		State	Zip
Address:	Address:							
Email 1: Email 2:								
Summer Camp communications, notices and emergency closings and delays are sent to parents via email.								
	Inclu	uding area code Including area code Including area co			ng area code			
Home Phone	Phone: Cell Phon		ne:		Work P	hone:		

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STUDENT MEDICAL INFORMATION

Allergies:					
Medical Conditions:	Medical Conditions:				
Pediatrician/Clinic:			Phone:		
Dentist:			Phone:		
Other Physician:			Phone:		
Other Physician:			Phone:		
Preferred Hospital for Emergency Care:					

Medical Records

The State Law requires that forms MDH 896 AND OCC1215 are filed with the school BEFORE a child can be admitted. Please email completed forms to schooloffice@fthcm.org.

Form MDH 896 – REQUIRED Immunization Form (*required*) MarylandImmunizationForm.pdf

Form OCC 1215 – REQUIRED Health Inventory (*required*) HealthAssessmentForm2.pdf

Asthma Medication Administration Form (*if applicable*) MarylandAsthmaForm.pdf

Prescription Medication Administration Form (*if applicable*) MedRelIdemnificationAgreement.pdf

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2025 SUMMER CAMP PARENTAL AGREEMENT

The Word of God tells us when two walk together, they must be in agreement (Amos 3:3). The Spiritual Principle of Agreement, as taught at From the Heart Church Ministries, $Inc._{\textcircled{R}}$, is God's plan to crown our lives with peace. In order for the From the Heart Christian School to work with children according to God's plan, the agreement and support of the parents are vital. Therefore, as a precondition to acceptance, From the Heart Christian School requires that the parents or guardians agree to specific provisions.

- I. In order to support the school with my involvement, I will do the following:
 - A. I will assure my child is at Summer Camp on time.
 - B. I will provide the camp with the names and phone numbers of all persons who are authorized to pick up my child (ren) from camp. I understand that my child(ren) will not be released to a person who is under the age of 18 years. It is my responsibility to update the list, in writing, if names are changed.
 - C. I will train my child to respect camp property and camp authority.
- II. I will honor my financial obligation to the camp in the following ways:
 - A. I will pay my financial obligation to From the Heart Christian School on the date due according to the Summer Camp Brochure.
 - B. I understand that if I pick up my child(ren) after the established dismissal, there is a pre-determined late fee. .
- III. I will support the standards and policies of the camp and I will complement them in my home. I pledge to accomplish this in the following ways:
 - A. I place my confidence in the administrative and camp staff of From the Heart and in their Christian approach to education.
 - B. I accept all rules and regulations of the camp in my child's behalf and authorize the camp to employ such discipline as it deems wise and necessary for my child. I further agree to cooperate and discipline my child in the home.
 - C. My child has my permission to go on scheduled field trips and camp activities. I will not hold From the Heart Christian School, its staff, or any person connected with the operation of the activity liable in case of an accident.
 - D. I accept the From the Heart Christian School Summer Camp Dress Code and will have my child(ren) dress according to published stipulations. I understand that my child will not be allowed to remain in class if they are not in line with the dress code.
 - E. I will purpose to live in a way that honors God. I am aware that my child may be negatively affected by being exposed to indecent language, use of alcohol/tobacco or illegal drugs, provocative dancing, cohabitation (unmarried persons living together as if they were married), ungodly sexual behavior, and participation in media that creates an unwholesome atmosphere; therefore, I will endeavor to refrain from these activities/behaviors and from exposing my child to such.
 - F. I understand that students occasionally misrepresent or criticize camp situations at home. I pledge that, should such occur, I will not support the criticism; I will correct my child, support the camp personnel, and properly inform myself of the matter through the appropriate camp personnel.

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G. Behavior inconsistent with the rules established by the Program can lead to a student's dismissal without a refund. The following disciplinary measures may be taken by the Program Coordinators prior to a student's dismissal: verbal warnings; phone call(s) to parent; and suspension from the Camp for the week without a refund. Repeated offenses of the Camp's rules will result in the student not being allowed to return to the Camp.

My signature attests to my knowledge of and agreement with all provisions described above.

Signature of Father/Guardian: Signature of Mother/Guardian: Date: Date:

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PARENT SIGNATURES AND WAIVERS Although I have provided my preferred hospital for emergency care, in the event of an emergency requiring immediate medical attention, I understand and agree that my child will **Medical Emergencies:** be taken to the nearest hospital room. In case of emergency, a local hospital may be used. \square YES \square NO I understand that the school will not be responsible for bills resulting from necessary care for students in emergencies. It is important that parents be aware of their responsibilities for any charges incurred. I give permission for my child to participate in field trips using the school's sprinter vehicle or NO I understand that if I opt out of School Transportation, I will chartered bus. YES **School Transportation:** be solely liable and responsible for any incidents arising out of, or related to, transporting mv child(ren). I understand that the Summer Camp may take pictures and video of my child(ren). **Photography &** Please check one of the statements below. Videography: I agree to allow pictures and/or video of my child(ren) to be used for school purposes. I do not wish for pictures and/or video of my child(ren) to be used by the school at this time. **Right to Dismiss:** I understand and agree that From the Heart Christian School reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the Summer **I DO NOT AGREE** Camp process. I AGREE Should legal action, for any reason, be taken against From the Heart Christian School or any employee or agent thereof on my child's behalf and the school or its agent not be **Legal Action:** found at fault, I agree to pay any attorney fees, court fees, damages or other costs that From the Heart Christian School or its agents should incur to defend itself against such action.

From the Heart Christian School Summer Camp of Suitland, Maryland, admits students of any race, color, national or ethnic origin to all rights, privileges, programs and activities generally afforded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin.

My signature attests to my understanding of and agreement with all provisions described above.

Signature of Father/Guardian: Signature of Mother/Guardian: Date:

Date:

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AUTHORIZED PICK UP LIST

Child's Name:	(Age)	
Father/Guardian's Name:		
Phones: Home	Work	Cell
Mother/Guardian's Name:		
Phones: Home	Work	Cell

Additional Persons authorized to pick up child:

Name:	Relationship to Child:		
Phones: Home	Work		
Name:	Relationship to Child:		
Phones: Home	Work		
Name:	Relationship to Child:		
Phones: Home	Work		
Name:	Relationship to Child:		
Phones: Home	Work		
Name:	Relationship to Child:		
Phones: Home	Work		
Name:	Relationship to Child:		
Phones: Home	Work		
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