

Project Destiny 2016 Camper Application

Boston Chinese Evangelical Church Middle School Summer Day Camp

Open to students in grades 5th – 8th (2015-2016)

Camp Dates: 7/5/2016 - 8/5/2016
Summer Teen Conference*: Late August 2016

*optional overnight trip. Fee and registration information will be available during camp.

Camp Fee: \$200

Deadline: Monday, 5/2/2016

Please return this completed form along with a **\$20 deposit** to: Project Destiny, BCEC, 237 Harrison Avenue, Boston, MA 02111, Please make checks payable to BCEC.

Before Submitting, Make sure you have the following:
This Application
\$20 Deposit
A recent utility bill (Gas, Electric, Phone)
Student's most recent Report Card
Applications must be submitted with all the
documents to be considered.
If you have any questions, please call us at (617) 426-5711 or email

237 Harrison Avenue, Boston, MA U2111. Please make checks payable to BCEC.	projectuestiny@bcec.net
STUDENT INFORMATION	
Name of Student:	Age: Birthday:
Sex: Boy / Girl Height: Weight:	
Home Address* Street:	Apartment:
City:	Zip Code:
city.	Zip code
Would you prefer to receive important mailings at ar	nother address? If so, please specify below:
Mailing Address: Street:	Apartment:
City:	Zip Code:
SCHOOL INFORMATION	
School:	Grade in 2015-2016:
	acher/ Advisor:
Is this a Boston Public School?	Yes No
Does your child receive free or reduced price meals in school?	Yes No
If applicable, please describe any special needs that your child may have	e, including accommodations that they receive (IEP or 504
plan, physical limitations). [This is used to better serve your child's needs.]	
OTHER INFORMATION	
How did you learn about Project Destiny? (Check all that apply)	
☐ ACCESS ☐ JYF ☐ TWR/TF ☐ Sunday School	☐ PDAS ☐ Other Program:
A friend/relative who has attended PD in the past (name:_)
☐ A church-attending friend/relative/teacher (name:)
Other (please explain):	
Did your child apply to Project Destiny in 2015? Yes No	
Are you applying for a scholarship? Yes No	
Does your child currently attend a church?* Yes No	Name of Church

English ability:	None	Basic	Convers	ational	Fluent	
Cantonese ability:	None	Basic	Convers	ational	Fluent	
Mandarin ability:	None	Basic	Convers	ational	Fluent	
PARENT/GUA	ARDIAN IN	FORMATIO	ON			
Parent/Guardian Name:	:		Relationship to	child:		
Home Phone: () E-mail:						
Work/Cell Phone:_()	Pre	ferred Langua	ge:		
If you personally plan to to	ravel while your child	attends PD, please p	rovide travel lo	cations, dates,	and contact info	below:
SCHEDULE ar	ay camp that runs M	- Ionday through Frid				
vacations or other activit attendance.	ies for your child tha	at will conflict with t	his time frame	. We value you	ır child's full par	ticipation an
Is your child seeking sum	mer employment?		Ye	es No	Dates:	
Will your child be enrolle	d in another prograr	m at any time from	7/5 to 8/5? Y	es No	Dates:	
		Name of program	, if any:			
Will you be going on a fa	mily vacation at any	time from 7/5 to 8/	'5? Ye	es No	Dates:	
If you are aware of any o	ther potential confli	cts, please list them	below:			
Date:	Reason:					
*!						
*Information						Required Rea
1. Project Destiny and BO	_					
Project Destiny is an or students who reside in					-	e school
3 This camp must compl		formation on 105 CI	MR 430.000 cai	n be obtained	at (617) 983-676	51. Parents r
licensed by the Boston request as well copies operator.						
licensed by the Boston request as well copies	ne Boston Chinese Evagree that the partic	vangelical Church ar cipation of my child	nd its staff fron may be termina	n any and all li ated without a	abilities involvin iny refund of pai	g the day car d fees for an