



Project Destiny 2019 Camper Application

Middle School Summer Day Camp @ BCEC

Open to students in grades 5th – 8th (2018-2019)

Camp Dates: 7/1/2019 – 8/2/2019

Base Camp*: 8/16/2019-8/19/2019

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

Camp Fee: \$200

Deadline: Wednesday, May 1, 2019

Please provide the following:

- This Application
- \$20 Deposit
(Cash/Check-Please make checks payable to BCEC)
- A recent utility bill (Gas, Electric, Phone)
- Report Card showing any 2 terms

All documents must be submitted by 5/1.

If you have any questions, please call us at (617) 958-1961 or email projectdestiny@bcec.net

Please return this completed form along with a \$20 deposit, a bill and a report card to:
Boston Chinese Evangelical Church, 120 Shawmut Avenue, Boston, MA 02118 (Attn: Project Destiny).

STUDENT INFORMATION

Name of Student: _____ Age: _____ Birthday: _____

Sex: Boy / Girl Height: _____ Weight: _____ T-shirt Size (adult size): S M L XL

Student Email Address : _____ Student Cell Phone: _____

Home Address* Street: _____ Apartment: _____

City: _____ Zip Code: _____

Would you prefer to receive important mailings at another address? If so, please specify below:

Mailing Address: Street: _____ Apartment: _____
(if different than above, please fill in)

City: _____ Zip Code: _____

I would like to receive mailings/forms through email instead of regular mail. I understand I will need to print forms. (Provide an email on page 2).

SCHOOL INFORMATION

School: _____ City: _____ Grade (2018-2019): _____

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, 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? _____

Which of the following apply to you? My child has attended:
(Check all that apply)

- ACCESS TWR/TF Sunday School PDAS Other Program: _____
- I have a friend/relative who has attended PD in the past (name: _____)
- I have a church-attending friend/relative/teacher (name: _____)
- Other (please explain): _____

Did your child apply to Project Destiny in 2018? Yes No

Are you applying for a scholarship? Yes No

Does your child currently attend a church? * Yes No Name of Church: _____

LANGUAGE (circle student's ability)

English ability:	None	Basic	Conversational	Fluent
Cantonese ability:	None	Basic	Conversational	Fluent
Mandarin ability:	None	Basic	Conversational	Fluent

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ Relationship to Child: _____

Home Phone: (_____) _____ E-mail: _____

Work/Cell Phone: (_____) _____ Preferred Language: _____

If you personally plan to travel while your child attends PD, please provide travel locations, dates, and contact info below:

SCHEDULE and ABSENCES

Project Destiny is a full-day camp that runs Monday through Friday, from July 1 - August 2. Please refrain from scheduling vacations or other activities for your child that will conflict with this time frame. We value your child's full participation and attendance.

Is your child seeking summer employment? Yes No Dates: _____

Will your child be enrolled in another program at any time from 7/1 to 8/2? Yes No Dates: _____

Name of program, if any: _____

Will you be going on a family vacation at any time from 7/1 to 8/2? Yes No Dates: _____

If you are aware of any other potential conflicts, please list them below:

Date:	Reason:

*Information and Waiver

Required Reading

1. Project Destiny and BCEC reserve the right to dismiss applications with false information.
2. Project Destiny is an outreach program of BCEC. Unless otherwise approved, priority will be given to middle school students who reside in the City of Boston and whose parents are not members of a church.
3. This camp must comply with regulations of the Massachusetts Department of Public Health (105 CMR 430.000), and be licensed by the Boston board of health. Information on 105 CMR 430.000 can be obtained at (617) 983-6761. Parents may request as well copies of background checks, health care, discipline policies, and grievance procedures from the camp operator.

I give permission for my child (named above) to attend Project Destiny and participate in all its activities and field trips. I also agree to release the Boston Chinese Evangelical Church and its staff from any and all liabilities involving the day camp. I also understand and agree that the participation of my child may be terminated without any refund of paid fees for any actions which break the behavior code, disrupt the program effectiveness or jeopardizes the safety of other campers.

Name of Student

Signature of Parent/Guardian

Date