



# Project Destiny 2020 Camper Application

## Middle School Summer Day Camp @ BCEC

Open to students in grades 5<sup>th</sup> – 8<sup>th</sup> (2019-2020)

**Camp Dates: 7/6/2020 – 8/7/2020**

Base Camp\*: 8/14/2020-8/17/2020

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

**Camp Fee: \$200**

**Deadline: Friday, May 1, 2020**

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](mailto: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 2019?      Yes      No

Are you applying for financial aid towards the camp fee?      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 6 - August 7. 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 7/6 to 8/7? Yes No Dates: \_\_\_\_\_

Name of program, if any: \_\_\_\_\_

Will you be going on a family vacation at any time from 7/6 to 8/7? 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