



## **Outdoor Excursions** **5<sup>th</sup> - 8<sup>th</sup> Grade Discipleship/Mentoring Program**

### **REGISTRATION FORM**

Phone: 775-629-2359  
<https://churchofthetm.com>

*** For Office Use ***
Date Received: _____
Grade: _____
School Year: 21/22
T-shirt Size _____
Rcvd Parent Handbook _____

### **STUDENT INFORMATION**

Student's Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (MI)

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ T-shirt Size - Ys  Ym  Ylg

Student's Cell Phone \_\_\_\_\_ Student's Email \_\_\_\_\_

Ethnic Origin:  White/Caucasian  Hispanic  African American  Asian  Other \_\_\_\_\_

Parents Are: Married \_\_\_\_\_ Divorced \_\_\_\_\_ If divorced, which parent has primary custody? \_\_\_\_\_

Joint Custody? Yes \_\_\_ No \_\_\_ If no, parent with legal custody: \_\_\_\_\_

A copy of custody agreement is required upon acceptance.

### **FATHER/Guardian Information**

Father's Name \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First)

Home Address \_\_\_\_\_  
Number Street City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address (please print clearly) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

### **MOTHER/Guardian Information**

Mother's Name \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First)

Home Address \_\_\_\_\_  
Street City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address (please print clearly) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**To be eligible to attend Outdoor Excursions, the student does not have to be in *active attendance***

**at Calvary Chapel Silver Springs or another church, but parents understand there will be weekly Bible studies as part of the discipleship curriculum.**

We *actively* attend and support Calvary Chapel Silver Springs or another church listed below:

Calvary Chapel Silver Springs       Other Church (Please Specify) \_\_\_\_\_

Are siblings currently on wait list or applying for admission?    Yes     No

Were you referred by anyone? \_\_\_\_\_ If yes, who? \_\_\_\_\_

**NON-DISCRIMINATORY POLICY**

**CCSS admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the church. OE does not discriminate on the basis of race, color, national or ethnic origin in administration of its camp policies, registration policies, scholarships or other camp-administered programs.**

The two factors most influencing us to apply to Outdoor Excursions (Please select only two)

Location     Hours     Christian Philosophy     Variety of Programs  
 Desire to Attend a Christian Program     Recommendations from CCSS Families     Other \_\_\_\_\_

Previous youth development program attended:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Why are you leaving your current youth program \_\_\_\_\_

Has your child ever been suspended from any youth program?     Yes     No    If Yes, please explain: \_\_\_\_\_

Has the applicant received special help for a reading or learning difficulty or been tested for such?     Yes     No  
If yes, please provide information \_\_\_\_\_

Has the applicant been diagnosed with ADD,ADHD or a learning disability?     Yes     No  
If yes, please provide information \_\_\_\_\_

Is the applicant presently taking any medication?     Yes     No    If Yes, please explain \_\_\_\_\_

**MEDICAL INFORMATION**

Describe any illness, diseases or physical disabilities that either have affected or may affect your child's general health, or participation in the Outdoor Excursions activities . Are there currently any behavioral psychological or educational evaluations, treatments or interventions?

\_\_\_\_\_

In your opinion, describe your child's strengths? Weaknesses?

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

**PICK UP INFORMATION**

Please list the names of individuals, other than parents/guardians, who have permission to pick up this student.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Emergency contacts, other than parents:**

1. \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

2. \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Media Consent:** I grant permission to Calvary Chapel Silver Springs and its staff/volunteers to photograph, videotape me/my child(ren) and to copyright, use and/or publish the photographs/videos and audiotapes in any program publications and public relations material, including the website.

I agree to abide by the standards set forth in the Parent Handbook and those decisions made by the administration of Calvary Chapel Silver Springs.

I have answered the above questions in truth and to the best of my ability. I hereby certify that the facts contained in this enrollment application are true and complete to the best of my knowledge.

Registration fees are due upon acceptance.

I understand and agree with the refund policy.

_____	_____	_____	_____
Father's/Guardian's Signature	Date	Mother's/Guardians' Signature	Date

The following **must** accompany this application:

- Medical Release Form
- Signed Statement of Faith
- Copy of most current Custody Agreement (if applicable)
- Permission Slip Waiver

Applications that do not have the above mentioned documents attached will be considered incomplete and will not be processed.

**\*\*Processing of application by our Registration Desk constitutes registration. Applications submitted via mail, email or fax does not necessarily constitute registration. \*\***

## Statement of Faith

**We believe** there is one living and true GOD, eternally existing in three persons: the Father, the Son, and the Holy spirit, equal in power and glory; that this triune God created all, upholds all, and governs all.

**We believe** that the Scriptures of the Old and New Testaments are the Word of God, fully inspired without error in the original manuscripts, and the infallible rule of faith and practice.

**We believe** in God the Father, an infinite, personal Spirit perfect in holiness, wisdom, power and love; that He concerns Himself mercifully in the affairs of men; that He hears and answers prayer; and that He saves from sin and death all who come to Him through Jesus Christ.

**We believe** in Jesus Christ, God's only begotten Son, conceived by the Holy Spirit. We believe in His virgin birth, sinless life, miracles and teachings; His substitutionary atoning death, bodily resurrection, ascension into heaven, perpetual intercession for His people and personal, visible return to earth.

**We believe** in the Holy Spirit, who came forth from the Father and Son to convict the world of sin, righteousness, and judgment, and to regenerate, sanctify and empower for ministry all who believe in Christ; we believe the Holy Spirit indwells every believer in Jesus Christ and that HE is an abiding Helper, Teacher, and Guide. We believe in the present ministry of the Holy Spirit and in the exercise of all the biblical gifts of the Spirit.

**We believe** that all people are sinners by nature and choice and, therefore, are under condemnation; that God regenerates by the Holy Spirit, those who repent of their sins and confess Jesus Christ as Lord; that Jesus Christ baptizes the seeking believer with the Holy Spirit in power for service, often subsequent to regeneration.

**We believe** that the Lord Jesus Christ committed two ordinances to the Church: 1) Baptism, and 2) The Lord's Supper. We believe in Baptism by immersion and Communion open to all believers.

**We believe** also in the laying on of hands for the baptism of the Holy Spirit, for ordination of pastors, elders, and deacons, and for receiving gifts of the Spirit. We believe in the personal, visible return of Christ to earth and the establishment of His Kingdom, in the resurrection of the body, the final judgment.

I/We have read the above Statement of Faith.

\_\_\_\_\_  
Father (Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother (Guardian)

\_\_\_\_\_  
Date

After acquainting yourself with CCSS's Philosophy's and Statement of Faith, describe your expectations in regard to your child's discipleship/mentoring experience.

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

As the Parent(s) or Guardian of the student applicant named herin above, I/We state that we are aware of the Statement of Faith of Calvary Chapel Silver Springs. I/We will pledge ourselves to get clarification regarding the Statement of Faith if needed/desired. I understand that my/our child's compliance with CCSS's code of conduct and policies.

\_\_\_\_\_  
Father (Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother (Guardian)

\_\_\_\_\_  
Date