

SUMMER CAMP REGISTRATION FORM Please check camp date(s) applying for:

June 24-26 _____ July 8-11 _____ July 22-25 _____ August 5-8 _____

Child's Name: _____ Birthdate: __/__/__ Sex: M__
F__

Child's Address:

Full name of Parent: _____ Email

Address: Same

Cell Phone: _____ Additional Phone: _____

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: _____

2. Name: _____

Relationship to child: _____ Home

Phone: _____ Cell or Work Phone: _____

Relationship to child: _____ Home

Phone: _____ Cell or Work

Phone: _____

Other Person(s) Authorized to pick up child:

Name: _____ Relationship _____

Phone: _____

Name: _____ Relationship _____

Phone: _____

Child's Health Information and History

Health Plan _____ **Group#:** _____

ID#: _____

Child's Doctor: _____

Phone: _____

Are your Child's immunizations up to date? Yes () No ()

Note: attach a copy of immunization record if not enrolled in public school yet.

If not up to date, please explain:

Does child have any known health problems? Yes () No () (If yes attach documentation)

Does your child have any special needs or a family service plan? _____

Please list any serious prior illness or injury: _____

Does your child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions:

If an allergy plan or a medical plan is in place, please provide and attach. Staff will review with family prior to camp.

Does your child have any speech, hearing or visual problems? Yes () No ()

Please comment on any other medical information/or special need the child care provider should be aware of:

Medication and Emergency Care Authorization

I authorize Little Explorers Christian Academy to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child. Medications will be administered in the dosages recommended for my child's age and weight. This authorization is in effect my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any medications were given.

(Please cross of any item you would prefer not to be used)

Yes No **I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, cortisone, sunburn treatments, band-aids, and liquid Band-Aids.**

Yes No **I authorize use of preventative supplies, such as sun block, bug repellent, hand lotion, diaper rash cream, etc.**

Yes No Yes No

Yes No Yes No

I authorize use of pain relievers such as acetaminophen or ibuprofen.

I authorize use of children's cough syrup, strips or (cough drops as appropriate for age). I authorize use of children's allergy or cold medicine for runny or stuffy nose.

I authorize use of children's stomach ache remedies, such as children's Pepto.

NOTE: Basic medications are kept on premises in a locked safe. If you would like your child to take a specific brand of medication, please provide it. Medications will be labeled with your child's name and kept locked. Prescription medications will require separate authorizations for each occurrence and must be sent to school in original prescription bottle.

I authorize Little Explorers Christian Academy to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of

an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions:

Photo Authorization

Photographs and videos are taken during on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you.

Please mark the appropriate box(s):

I give permission to Little Explorers Christian Academy to take photographs/videos of the above named child(ren). Photos used in classroom only or give to parents as a remembrance of their

child's year (including other families in the program).

In Addition:

I give permission for photos/videos to be posted on our Facebook or Blog (to share your child's day).

I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

OR

I do NOT want any photos/videos taken of my child.

Additional information, notes or agreements made between this program and parents or guardians:

_____ (Date)

_____ (Signature of parent/guardian)
