

A non-refundable registration fee is due at time of registration, including those who are receiving state assistance. A child's spot is not guaranteed until the registration fee is paid in full.



FT

PT

HCC Summer Camp Registration Forms

Date of registration: _____

Child's Information:

Name _____

Age: _____ Birthdate: _____ (must be 5 before starting camp)

School attending _____ Grade (Fall of 2019) _____

T-Shirt size: ys ym yl as am al axl

.....
Parent Information: (Please make note if person registering child is other than Mother or Father)

Mother's name _____

Address: _____ **City** _____ **Zip** _____

Contact numbers: Home _____ Cell _____ Work: _____

Email: _____

Place of employment _____ **Working hours:** _____

Father's name _____

Address: _____ **City** _____ **Zip** _____

Contact numbers: Home _____ Cell _____ Work: _____

Email: _____

Place of employment _____ **Working hours:** _____

.....
Amount paid _____ **on** _____ (date) for: **Registration Fee** **Weekly fee**

Receipt # _____ **Initials:** _____

Attendance

Circle your child's planned schedule: **Full time-M-F** * **Part time** **M** **T** **W** **TH** **F**

* Part time is \$30.00 per day with a minimum of 2 days per week. Days must be listed at time of registration. If your work schedule changes and you do not know the specific days at this time, your part time spot is not guaranteed until approval is granted from the Program Director.

* If your PT schedule varies, please describe:

* A child registered for full time is expected to pay the full time rate (\$130.00/wk) even if a day is missed. The exemption to this is the holiday week and the 11th week of camp. There is no charge for a vacation week.

He/She will attend: **all 11 weeks** **only the weeks circled below:** **Not sure at this time**

Wk 1: 6/4-6/7 Wk 2: 6/10-6/14 Wk 3: 6/17-6/21 Wk 4: 6/24-6/28

Wk 5: 7/1-7/3 (closed 7/4 & 7/5) Wk 6: 7/8-7/12 Wk 7: 7/15-7/19 Wk 8: 7/22-7/26 Wk 9: 7/29-8/2

Wk 10: 8/5-8/9 Wk 11: 8/12-8/16 (Harlem District 122 starts back mid- week therefore PT rates apply)

Approximate arrival time: _____ **Pick up time:** _____

Health information

_____ I am not aware of any allergies that my child has _____ Yes, my child has allergies

List allergies here: _____

Does your child use an EPI PEN: _____ yes _____ no Does your child have an inhaler: _____ yes _____ no

Any special health or other conditions that staff should be aware of:

Outside play

Your child should be prepared to play outside which includes appropriate dress, play shoes (no flip flops), and sunscreen applied before arriving at camp. We ask each child to donate a bottle of sunscreen for camp usage. If your child is sensitive to the sun or burns easily, please bring a hat to camp for your child to wear outside.

Unless a written note is on file requesting that a child is not to have sunscreen applied, HCC staff will assist young children in applying sunscreen as needed, during warm sunny days. Older children are expected to apply their own sunscreen.

Photos: HCC will take photographs and/or videos of children and participants in our camp and other programs to be used for promotional and advertising reasons and may be posted on the website, facebook or other social media. I give HCC permission to photograph/video my child during their participation in any of the HCC activities.

**Harlem Community Center
Summer Fun Camp Emergency Contact Form**

Child's Name _____ **Birthdate:** _____

Parent's name and number to be called first in an emergency

Name: _____

Phone number (during the time your child is at camp) _____

Second person's name (if unable to reach first) and number to be called)

Name _____ **Relationship** _____

Phone number _____

Allergies or Special Medications _____

Primary Doctor: _____

AUTHORIZATION FOR TREATMENT

I hereby give permission to the emergency medical personnel selected by the camp director to order X-rays, routine tests, treatment and to provide or arrange necessary related transportation for my child. In an emergency, I hereby give permission and authorize the physician to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed for my child.

I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment.

Although, the choice of hospital or medical facility will be made by the attending emergency medical personal at the time, you may list a preferred hospital here _____.

Parent/Guardian Signature _____ **Date** _____

SUMMER FUN CAMP PERMISSION/WAIVER FORM

One permission form is used for all field trips and activities held away from the Roosevelt location

_____ has permission to go on all field trips with the HCC Summer Fun Camp Program. I realize that the campers will be transported to and from HCC by bus. I am also aware that the times of the field are estimations. Exact times will be determined by the activity, number of children, and traffic. I also give permission for my child to play at the playground of Machesney School which is located next door to HCC in the back. I am aware that campers are occasionally taken on a walk with a camp leader in the neighborhood.

Know all men by these presents, that the undersigned, being the legal guardian of the above named individual, hereby releases the Harlem Community Center harmless from any and all claims of liability on the part of either the undersigned or the above named minor, or both, for any injuries and/or claims arising from the above named minor's participation in any activity sponsored by the Harlem Community Center. Further, the undersigned agrees not to commence suit or engage in any litigation directly or indirectly against the Harlem Community Center for any injuries arising from the above named minor's participation in any activity sponsored by the Harlem Community Center.

Pick Up and Drop Off

Please list any person who will be dropping off and picking up the child on a regular basis.

Name: _____ Relationship _____

Name: _____ Relationship _____

Other _____

Is there any specific person who cannot pick up the child: _____

I have reviewed and understand the summer camp information on the registration forms. I have received a copy of the HCC behavior policy form and camp policy/ information sheet.

Parent/Guardian Signature: _____ Date: _____

Medication Dispensing Information

To be completed **ONLY** if a staff person will be dispensing medication to your child.
For prescription medications, a doctor's note must accompany this form.

Child's name _____

Complete the form in its entirety:

Participant's Name: _____ Age: _____

Parent's/Guardian's Name: _____

Daytime Phone: _____ Other Phone: _____

Doctor's Name: _____ Phone: _____

Medication Information:

1. Medication name: _____ Dose: _____ Time: _____

Dispensing and storage instructions: _____

Possible side effects: _____

2. Medication name: _____ Dose: _____ Time: _____

Dispensing and storage instructions: _____

Possible side effects: _____

Other Information:

I understand that it is my responsibility to give the medication directly to the camp leader with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.

In all cases, medication dispensing can only be changed or modified by completing another Medication Dispensing Information form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the Harlem Community Center if any changes in the dispensing of medication change.

Signature of parent or guardian

Date