

The 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.



## 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 2018) \_\_\_\_\_

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

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**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:** \_\_\_\_\_

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**Amount paid** \_\_\_\_\_ **on** \_\_\_\_\_ (date) for: **Registration Fee** **Weekly fee**

**Receipt #** \_\_\_\_\_ **Initials:** \_\_\_\_\_

## Attendance

Circle what best describes your child's attendance:      **Full time-M-F**      \* **Part time**      **M T W TH F**

\*A minimum payment of \$60.00 (2 days) is required to hold a part time spot. Additional days are available at the cost of \$30 per day. For specific part time schedules with varied days, approval must be granted by the program director. This decision will be based on the current enrollment.

\* A child registered for full time is expected to pay the full time rate (\$130.00/wk) even if a day is missed. 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: 6/4-6/8      Wk 2: 6/11-6/15      Wk 3: 6/18-6/22      Wk 4: 6/25-6/29      Wk 5: 7/2-7/6

Wk 6: 7/9-7/13      Wk 7: 7/16-7/20      Wk 8: 7/23-7/27      Wk 9: 7/30-8/3      Wk 10: 8/6-8/10

Wk 11: 8/13-8/17 (Harlem District 122 starts back on Aug.14<sup>th</sup> therefore are not charged for the full week.

**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.

**Parent/Guardian Signature:** \_\_\_\_\_      **Date** \_\_\_\_\_

**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.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## 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 received and reviewed a copy of the HCC behavior policy form and camp 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:

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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

