

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.



PLEASE PRINT

## HCC Summer Camp Registration Forms

Date of registration: \_\_\_\_\_ Child's T-Shirt size: ys ym yl as am al axl

Child's Name \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (must be 5 before starting camp)

School attending \_\_\_\_\_ Grade (fall of 2020) \_\_\_\_\_

Mother's/guardian's name \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact numbers: Cell/home \_\_\_\_\_ Work: \_\_\_\_\_

Place of employment \_\_\_\_\_ Working hours: \_\_\_\_\_

Father's name \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact numbers: Cell/home \_\_\_\_\_ Work: \_\_\_\_\_

Place of employment \_\_\_\_\_ Working hours: \_\_\_\_\_

.....  
The person listed above **will be contacted first** in the event of an emergency, sickness, behavior or other reason while your child is at camp. Please list any other name and number that could be contacted in the event that the person or persons above could not be reached.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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 (during the time your child is at camp) \_\_\_\_\_

AUTHORIZATION FOR TREATMENT

Primary Doctor: \_\_\_\_\_

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 \_\_\_\_\_.

Does your child have any known allergies \_\_\_\_\_ NO \_\_\_\_\_ YES\*

Does your child have an epi pen? \_\_\_\_\_ NO \_\_\_\_\_ YES\* \* must attach allergy/medicine form

PERMISSION/WAIVER FORM

\_\_\_\_\_ 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.

Authorization and waiver signature

Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**Pick Up and Drop off** Please list any person or persons who may be picking up your child **in addition to** the parent/guardian listed on the registration form.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Other \_\_\_\_\_ Relationship \_\_\_\_\_

Is there any specific person who cannot pick up the child? \_\_\_\_\_

**Attendance** Please circle the option below that best describes your child’s planned attendance.

2 days (\$75)      3 days (\$100)      4-5 days (\$130)      all 10-11 weeks      most weeks (absent 1-2 weeks)

Approximate arrival time: \_\_\_\_\_ Pick up time: \_\_\_\_\_

Please circle one:                  **Self-pay**                  **State Assistance w/ co-pay**

**Camp fees and payments:**

Fees are expected to be paid in full weekly or bi-weekly unless other arrangements have been discussed and approved by the manager. Fees are due on or before the Monday of the previous week or week’s attendance. If your account is delinquent, your child’s name will be taken off the attendance sheet and he/she will not be able to attend until the fees are paid.

**Camps fees can be paid in the following ways:**

- At the desk in the front of the building Monday-Friday from 7:30 a.m.-4:00 p.m.
- Pay by check only at the camp desk at drop off or pick up.
- By phone at 815-633-5817 Mon.-Fri. from 7:30a.m-4:00 p.m.

**State Assistance:** If you expect to receive state assistance for your child’s care, you must submit an approval letter before your child starts attending. If a pre-approval letter is not submitted, you will be required to self-pay until the letter is submitted. Any delays in approval must be addressed with office personnel. After consideration, it may be determined that your child’s application is close to being approved. Permission may be granted to continue participation by paying the expected co-pay only. If, in the event, that approval is granted after payments have been made, you will receive a refund for any over payments that may have been made. All co-pays are due the first week of the every month. If HCC does not receive your co-pay when it is due, your child will not be able to continue participating in summer camp.

**Circle your planned payment schedule:**

Weekly                  Bi-weekly                  First week of the month (all co-pays)

## 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.

**Behavior policy:** Please review our behavior policies with your child.

**I have reviewed and understand the 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:** \_\_\_\_\_

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

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

## Medication/Allergy Form

To be completed if a staff person will be dispensing medication to your child or your child will have an epi pen or inhaler that will be at camp.

**For prescription medications and inhaler, a doctor's note must accompany this form.**

\_\_\_\_\_ 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:

\_\_\_\_\_

**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