

# Little Treasures Summer Camp Enrollment Information

## Ages 6-12

Please print and fill out in blue or black ink. – **ONE FORM PER CHILD**

<b>CHILD INFORMATION</b> Name (Last, First, MI)			E-Mail Address		Gender Male / Female	First Day of Attendance
Address – Home (Street, City, Zip)			Telephone Number		Birthdate (mm/dd/yyyy)	Grade
<b>PARENT OR GUARDIAN</b> – All parents / guardians are permitted to visit during program hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any.					School (During School Year)	
Relation- ship to Child	Name	Address – Home (Street, City)	Home / Cell Telephone No.	Name and Address – Place of Employment OR Where Reachable While Child is in Care		Telephone No.
Mother						
Father						
Other						
<b>AUTHORIZED PERSONS</b> – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."						
Relation- ship to Child	Name	Address – Home (Street, City)	Home / Cell Telephone No.	Name and Address – Place of Employment OR Where Reachable While Child is in Care		Telephone No.
<b>EMERGENCY CONTACT</b> – The person to be notified in an emergency when parents / guardians cannot be reached. ____ Yes ____ No <i>This person is authorized to pick up the child.</i>						
Relation- ship to Child	Name	Address – Home (Street, City)	Home / Cell Telephone No.	Name and Address – Place of Employment OR Where Reachable While Child is in Care		Telephone No.
<b>PHYSICIAN OR MEDICAL FACILITY</b>						
Doctor's Name			Desired Hospital			Hospital Telephone No.
<b>AUTHORIZATION</b> ____ Yes ____ No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately. ____ Yes ____ No I have had an opportunity to review the policies of Little Treasures Summer Camp. ____ Yes ____ No I give permission for my child to participate in field trips and other activities during operating hours.						
<b>SIGNATURE</b> – Parent or Guardian					Date Signed	

## Health History

Does your child have any of the conditions listed below? \_\_\_\_ Yes \_\_\_\_ No

Are any conditions life-threatening? \_\_\_\_ Yes \_\_\_\_ No

If yes, please check all that apply

\_\_\_\_ Physical handicaps      \_\_\_\_ Asthma      \_\_\_\_ ADD      \_\_\_\_ Diabetes  
\_\_\_\_ Heart problems      \_\_\_\_ ADHD      \_\_\_\_ ODD      \_\_\_\_ Rheumatic fever  
\_\_\_\_ Seizures      \_\_\_\_ Allergies (please describe): \_\_\_\_\_  
\_\_\_\_ Other (please describe): \_\_\_\_\_

Does your child take any medication for the above conditions?

\_\_\_\_ Yes \_\_\_\_ No      If yes, what is the medication? \_\_\_\_\_

If you checked "Yes," to any of the items listed above are there any special emergency care instructions or other information needed to care for your child? \_\_\_\_ Yes \_\_\_\_ No

**If "Yes" please write out a specific plan for care.** \_\_\_\_\_

Does your child take any medication on a daily bases?

If "Yes" please list: \_\_\_\_\_

Is your child allergic to any medication? \_\_\_\_ Yes \_\_\_\_ No

If "Yes" please list: \_\_\_\_\_

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## Media Release

I hereby irrevocably release, consent and authorize Little Treasures and its agents to use my child's photograph, likeness/voice as it pertains to his/her participation with the Little Treasures Summer Camp in any manner for promotional efforts without exception of or right to any reimbursement in connection with its use.

\_\_\_\_\_  
Signature of Parent or Guardian      Date      \_\_\_\_ Yes      \_\_\_\_ No

## Medical Release

I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the persons listed on this form. In the event I cannot be reached in an emergency during the aforementioned dates, I hereby give my permission to all attending health care professional (including, but not limited to nurses, LPNs, PA, paramedics, doctors, or dentists) selected by the Pastor or activity leader to hospitalize, secure medical treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage will be used as primary and sole coverage for my child in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken by Little Treasures and its agents during all events and activities as described but not limited to the events listed. I recognized the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the directors, pastors, leaders, employees, or volunteer staff of Little Treasures liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I further authorize the Little Treasures staff to send my child home at my expense due to his/her willful misconduct and inappropriate actions contrary to set guidelines or rules.

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Signature of Parent or Guardian

Date

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## Attendance Dates

- My child is attending for the entirety of the summer camp program (June 10-August 30, 2013).
- My child is attending only the weeks/days specified below:  
*Check the appropriate weeks your child will attend. For the "daily" option, please circle which weekdays he/she will be attending.*

- |             |            |             |            |             |            |
|-------------|------------|-------------|------------|-------------|------------|
| ○ 6/10-6/14 | <i>Mon</i> | <i>Tues</i> | <i>Wed</i> | <i>Thur</i> | <i>Fri</i> |
| ○ 6/17-6/21 | <i>Mon</i> | <i>Tues</i> | <i>Wed</i> | <i>Thur</i> | <i>Fri</i> |
| ○ 6/24-6/28 | <i>Mon</i> | <i>Tues</i> | <i>Wed</i> | <i>Thur</i> | <i>Fri</i> |
| ○ 7/1-7/5   | <i>Mon</i> | <i>Tues</i> | <i>Wed</i> | <i>Thur</i> | <i>Fri</i> |
| ○ 7/8-7/12  | <i>Mon</i> | <i>Tues</i> | <i>Wed</i> | <i>Thur</i> | <i>Fri</i> |
| ○ 7/15-7/19 | <i>Mon</i> | <i>Tues</i> | <i>Wed</i> | <i>Thur</i> | <i>Fri</i> |
| ○ 7/22-7/26 | <i>Mon</i> | <i>Tues</i> | <i>Wed</i> | <i>Thur</i> | <i>Fri</i> |
| ○ 7/29-8/2  | <i>Mon</i> | <i>Tues</i> | <i>Wed</i> | <i>Thur</i> | <i>Fri</i> |
| ○ 8/5-8/9   | <i>Mon</i> | <i>Tues</i> | <i>Wed</i> | <i>Thur</i> | <i>Fri</i> |
| ○ 8/12-8/16 | <i>Mon</i> | <i>Tues</i> | <i>Wed</i> | <i>Thur</i> | <i>Fri</i> |
| ○ 8/19-8/23 | <i>Mon</i> | <i>Tues</i> | <i>Wed</i> | <i>Thur</i> | <i>Fri</i> |
| ○ 8/26-8/30 | <i>Mon</i> | <i>Tues</i> | <i>Wed</i> | <i>Thur</i> | <i>Fri</i> |

## Payment Authorization

I agree to pay the summer camp fee rate (\$100 per week OR \$25 per day) plus the one-time registration fee of \$25. I understand that the first week's fee along with the registration fee is due on or before June 10, 2013. Payments need to be placed in the Little Treasures lock box in the Daycare center. After the first payment, I understand that I will be expected to pay each week's balance by the Monday of the following week. I understand my child may be disqualified from participating in the summer camp program if payments are not kept current.

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Signature of Parent or Guardian

Date