



SUMMER DAY CAMP REGISTRATION 2024

A summer of adventure for children entering 1st Grade through entering 6th Grade in the fall.

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

HILD INFORMATION (Please print clearly)

Child's Name: _____

Age: _____ Grade in Fall: _____

DOB: _____ M/F

School: _____

Home Address: _____

City: _____ Zip: _____

Physician/Health Clinic Name: _____

Physician/Health Clinic Phone: _____

CAMPER T-SHIRTS (Circle the size needed)

Child Size

Small(6/8) Medium(10/12) Large(14/16)

Adult Size

Small Medium Large X Large

Additional Shirts: _____ (\$10 each)

When in doubt, order a larger size! Parents will be charged for any additional shirts that need to be ordered due to an error in size.

PARENT INFORMATION

(Also used as Emergency Contact and Release of child)

Mother's Name: _____

Phone: _____

(C/H) _____

(W) _____

Home Address: _____

City: _____ Zip: _____

Employer: _____

Mother's Email: _____

Father's Name: _____

Phone: _____

(C/H) _____

(W) _____

Home Address: _____

City: _____ Zip: _____

Employer: _____

Father's Email: _____

PLEASE MARK THE WEEKS YOUR CHILD WILL BE ATTENDING DAY CAMP AND AFTERCARE NEEDED.

Session One:

- Week One** June 24-28
 - Week One After care**
- Week Two** July 1-5 (closed July 4th)
 - Week Two Aftercare**
- Week Three** July 8-12
 - Week Three Aftercare**
- Week Four** July 15-19
 - Week Four Aftercare**

DAY CAMPCLOSED WEEK of July 22-26, 2024

Session Two:

- Week One** July 29-August 2
 - Week One Aftercare**
- Week Two** August 5-9
 - Week Two Aftercare**
- Week Three** August 12-16
 - Week Three Aftercare**
- Week Four** August 19-23
 - Week Four Aftercare**



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RELEASE INFORMATION

____ **Activity Release:** The above name child has my permission to attend the Summer Programs at The Traverse City Salvation Army Summer Day Camp, which is sponsored by The Salvation Army in Traverse City, MI. They are free to participate in all the outlined activities, as well as all the offsite activities which are provided to the family each week. It is agreed that I do not hold The Salvation Army responsible for negligence on the part of my child during any aspect of the summer program. I understand that my child is protected by The Salvation Army's insurance coverage, provided the injury occurs between the regular hours of the program and that The Salvation Army or an outside organization is liable for the negligence.

____ **Photo Release:** In the event that The Traverse City Salvation Army Summer Day Camp would wish to use a photo of my child in a publication & websites, my permission is granted.

____ **I Have Received The Parent Handbook/Policies:** A written information packet has been provided at registration. The packet includes the following information.

- Criteria for admission/withdrawal. Schedule of operation (denoting hours, days and holidays during which the center is open and services are provided, Fee policy, Discipline policy, Program Philosophy, Typical Daily routine, Parent notification plan for accidents, injuries, incidents, illnesses, Exclusion policy for child illnesses, Notice of the availability of the center's licensing notebook (The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans. The licensing notebook is available during regular business hours. Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at www.michigan.gov/LARA CAMPS.

Initial the above to which you agree and sign here

Parent: _____ **Date:** _____

CAMPER AGREEMENT I promise to do my best to make good choices while I am a camper at The Traverse City Salvation Army Summer Day Camp. I will obey the rules and respect all other campers and leaders. I understand that if I break the rules or show disrespect to others, my participation in the day camp could be terminated. I sign this agreement on my honor.

Camper Signature: _____

Day Camp \$110 + After care \$20/week

Note: All registration forms must have a 50% deposit included for the number of weeks your child will be attending day camp, before being accepted into the program. The remaining 50% is paid on a weekly basis.

Refund Policy: There is a 50% refund prior to June 7 and NO refunds once camp begins.

FOR OFFICE USE ONLY—DAY CAMP

Total Weeks Attending: _____

Deposit Paid Date: _____ Aftercare Paid: _____

Day Camp Amount Paid Upfront: _____

Day Camp Balance Due _____

Day Camp Receipt # _____

Day Camp Check # _____

Scholarship Awarded _____

Check list: Parent Handbook Enrollment Form

Health Appraisal Inclusion Form



THE SALVATION ARMY SUMMER DAY CAMP ENROLLMENT AGREEMENT

Enrolling Child: _____

I agree to pay the tuition fees as stated in The Salvation Army Summer Day Camp Parent Handbook (Please refer to parent handbook for more details.)

I agree to pay a late pick-up fee, as stated in The Salvation Army Summer Day Camp Parent Handbook, for each minute my child is not picked up from The Salvation Army Summer Day Camp after 5:00PM.

In case of withdrawal of my child from The Salvation Army Summer Day Camp, I agree to give The Salvation Army Summer Day Camp one weeks' notice prior to the withdrawal in writing.

I certify that I received, read, and understand the information contained in The Salvation Army Summer Day Camp Parent Handbook and in this enrollment Agreement. I agree to the Financial Terms and Conditions. I understand that the registration will be reviewed by the Day Camp Team and that my child will not be officially enrolled until notified by the Summer Day Camp Director.

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____



EMERGENCY CONTACT/PICKUP AUTHORIZATION

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EMERGENCY CONTACTS (IN ADDITION TO GUARDIANS)

1. NAME _____ RELATIONSHIP _____ PHONE _____ CELL HOME

THIS PERSON IS AUTHORIZED TO PICK UP MY CAMPER

2. NAME _____ RELATIONSHIP _____ PHONE _____ CELL HOME

THIS PERSON IS AUTHORIZED TO PICK UP MY CAMPER

3. NAME _____ RELATIONSHIP _____ PHONE _____ CELL HOME

THIS PERSON IS AUTHORIZED TO PICK UP MY CAMPER

ANY ADDITIONAL PEOPLE WHO ARE APPROVED TO PICK UP YOUR CAMPER

1. NAME _____ RELATIONSHIP _____ PHONE _____ CELL HOME

1. NAME _____ RELATIONSHIP _____ PHONE _____ CELL HOME

RELEASE OF LIABILITY

_____ (Initials) By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed herein. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release The Salvation Army and its staff, volunteer, and agents from any claim that my child may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's family, representatives, or assigns may have against The Salvation Army or its staff, volunteers, or agents.

I further agree to indemnify and hold harmless The Salvation Army and its staff, volunteers, or agents from any and all claims arising from my child's participation in its activities and programs, or as a result of injury or illness of my child during such activities.

FIRST AID AND EMERGENCY MEDICAL TREATMENT & HEALTH INFORMATION

_____ (Initials) I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical and/or emergency surgical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of The Salvation Army to seek and secure any needed medical attention or treatment for the child named above, including hospitalization if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

_____ (Initials) I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again; I agree to pay for the medical treatment.

Allergies (Include dietary restrictions)			
Restrictions (Include learning, behavioral, mental, and physical disabilities)			
Insurance Company Name		Policy Holder Name	
Ins. Company Policy #		Ins. Company Phone	

ATTACH THESE ITEMS TO APPLICATION:

- A Copy Of Medical Cards
- Camper's Immunization Record (If not part of Health Appraisal)
- Health Appraisal From Child's Doctor (Must be current)
- Salvation Army Camp Inclusion Application





ADHERENCE TO SUMMER DAY CAMP POLICIES & PROCEDURES 2024

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have received and read the Registration Packet 2024 and Parent Handbook and understand it fully and agree to adhere to the policy as stated.

I give permission for the child named above to participate in the activities of The Salvation Army, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of The Salvation Army, I hereby consent to the Form, including Registration Form, Enrollment Agreement, Release of Liability, and Scheduled Field Trips on behalf of the child, and agree that this Registration Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Parent/Guardian Signature _____ Parent/Guardian Print _____ Date _____