

REGISTRATION FORM

Only One child per registration form, please.
2020 Summer Day Camp

Summer Day Camp



Child's LAST Name _____ First Name _____ Middle Name _____ Nickname, if any. _____

Grade in Fall 2020 _____ School Attending _____ Birth Date _____ Age _____ Sex _____

Parent/Guardian _____ Parent/Guardian _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Day Phone (Work or Cell?) _____ Home Phone _____ Day Phone (Work or Cell?) _____ Home Phone _____

Email Address _____ Email Address _____

Name of Workplace/Complete Address _____ Name of Workplace/Complete Address _____

Arrival/Departure:

My child's arrival and departure from day camp is as follows: _____ (Regular hours 8:30 am – 4:30 pm).

Campers arriving prior to 8:25 a.m. or leaving after 4:30 p.m. Arrival Time: _____ Departure Time: _____

These campers will be required to pay \$3 per day or \$10.00 per week for each extension (a.m. or p.m.) and prompt pick-up is required or additional fees will be accessed.

Individuals authorized to pick up my child (other than registered parents) are:

Any changes to authorized pick up list must be made in writing to The Salvation Army Day Camp Director.
Authorized pick up persons will be asked to present photo ID.

Name	Day Phone	Complete Address	Relationship to Child
1. _____	_____	_____	_____
2. _____	_____	_____	_____

I will _____ I will not _____ allow members of The Salvation Army staff to apply Sun Block and/or Pure Aloe Vera gel I have provided, on my child if needed. Lotion will be applied in the presence of others and only to exposed areas.

By signing, I acknowledge The Salvation Army is not responsible for lost, stolen, or damaged personal articles. I also acknowledge I am giving permission to use any video or photographs of my child for future promotions.

Parent/Guardian Signature _____ Date _____

DATE RECEIVED: _____ DEPOSIT PAID: _____ DATE CONFIRMED: _____

Health History and Emergency Contacts for: _____
(child's name)

EMERGENCY CONTACT INFORMATION:

A minimum of two emergency contacts other than parents are required. Emergency contacts must be at least 18 years old and be available at the listed number during day camp hours.

_____ Name of Emergency Contact 1	_____ Day Phone Number	_____ Complete Address	_____ Relationship to child	Auth. Pickup <input type="checkbox"/>
_____ Name of Emergency Contact 2	_____ Day Phone Number	_____ Complete Address	_____ Relationship to child	Auth. Pickup <input type="checkbox"/>

PHYSICIAN/MEDICAL FACILITY INFORMATION

_____ Name of Physician	_____ Name and Address of Medical Facility	_____ Phone Number
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SPECIAL HEALTH INFORMATION (Be specific)

Check any special medical condition that your child may have:

- No specific medical condition
- Asthma
- Diabetes
- Epilepsy/Seizure Disorder
- Gastrointestinal or feeding concerns including special diet and supplements
- Cerebral Palsy/Motor Disorder
- Emotional/Behavior Disorder including ADD or ADHD or other Mental Health concerns or diagnosis –
Please Specify: _____
- Other condition(s) requiring special care –
Please Specify: _____
- Food Allergies –
Please Specify: _____
- Non-food Allergies –
Please Specify: _____

IMMUNIZATIONS ARE CURRENT _____ Yes _____ NO – what is lacking _____

My Child may/will required medications to be taken during camp hours YES _____ NO _____
*******If yes please complete Form 4 – Medical Release Form**

Other information or special instructions:

Continue on separate sheet if needed.

In the event my child becomes ill or injured, I understand every effort will be made to reach me or an emergency contact person on file. I agree that my insurance company or I will assume financial responsibility for any hospital visits or medical treatment. I give consent for The Salvation Army to act on my behalf to obtain emergency care and treatment if it is deemed necessary.

Parent/Guardian
Signature _____ Date _____