



# SUMMER DAY CAMP REGISTRATION

A summer of adventure for kids entering 1st Grade through entering 8th 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.

## CHILD INFORMATION

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

Age: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F

School: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Physician/Health Clinic Name: \_\_\_\_\_

Physician/Health Clinic Phone: \_\_\_\_\_

Email: **(Please print clearly)**

Mother's Email: \_\_\_\_\_

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

## PARENT INFORMATION (Also used as Emergency Contact and Release of child)

Mother's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

(C/H) \_\_\_\_\_

(W) \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

(C/H) \_\_\_\_\_

(W) \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Employer: \_\_\_\_\_

## Please mark the weeks that your child will be attending Day Camp & Latchkey

☐ **Week 1 June 16-20** ☐ **Week 2 June 23-27** ☐ **Week 3 June 30-July 4 (closed 7/4)**

☐ AM Latchkey ☐ AM Latchkey ☐ AM Latchkey

☐ PM Latchkey ☐ PM Latchkey ☐ PM Latchkey

☐ **Week 4 July 7-11** ☐ **Week 5 July 14-18** ☐ **Week 6 July 21-25**

☐ AM Latchkey ☐ AM Latchkey ☐ AM Latchkey

☐ PM Latchkey ☐ PM Latchkey ☐ PM Latchkey

☐ **Week 7 July 28-Aug 1** ☐ **Week 8 Aug 4-8**

☐ AM Latchkey ☐ AM Latchkey

☐ PM Latchkey ☐ PM Latchkey

**Medication: Yes NO** - If yes, please fill out the separate medication form

**Allergies/Special Needs/Special Instructions:**

**Allergy plan (if needed):**

**Swim Level: Beginner Intermediate Advanced**

**In Case of an Emergency, if parent cannot be reached, please contact: (Also used as Release of Child)**

1) Name: \_\_\_\_\_

Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_

Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**For Provider Use Only:** Date of Admission \_\_\_\_\_ Date of Discharge \_\_\_\_\_

## CAMPER T-SHIRT SIZE

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

Adult Size: Small Medium Large Extra-Large

Additional Shirts: \_\_\_\_\_ Additional shirts are \$10 each

Please make sure you order the proper size.

**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.



# SUMMER DAY CAMP REGISTRATION

A summer of adventure for kids entering 1st Grade through entering 8th 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.

## RELEASE INFORMATION

\_\_\_\_ **Activity Release:** The above name child has my permission to attend the Summer Programs at The SAL, which is sponsored by The Salvation Army in Royal Oak, 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 SAL would wish to use a photo of my child in a publication & websites, my permission is granted.

\_\_\_\_ **Emergency Medical Care:** In the event that a parent or the emergency contact cannot be reached, The SAL Community Center has my permission to secure emergency medical treatment for the above named child. NON-EMERGENCY treatment is not included in this release.

\_\_\_\_ **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, Food service program, 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/michildcare](http://www.michigan.gov/michildcare)

*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 SAL. 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 \$175/week + Latchkey fees

### AM Latchkey (7am-10am)

\$30 per week due at the beginning of each week

### PM Latchkey (3pm-6pm)

\$30 per week due at the beginning of each week

*Paying for Latchkey in full up front allows for a 10% discount off your Latchkey fee.*

**Note: All registration forms must have a 50% deposit included for the number of weeks your child will be attending camp, before being accepted into the program. The remaining 50% is paid prior to the first day your child will attend camp. You must register in person.**

**Refund Policy: There is a 50% refund prior to June 16 and NO refunds once camp begins.**

## FOR OFFICE USE ONLY—DAY CAMP

Total Weeks Attending: \_\_\_\_\_ Deposit Paid Date: \_\_\_\_\_

Day Camp Amount. Paid Upfront: \_\_\_\_\_ Day Camp Balance Due \_\_\_\_\_

Day Camp Receipt # \_\_\_\_\_ Day Camp Check # \_\_\_\_\_

Latchkey Amount Paid: \_\_\_\_\_ (indicate amount paid or paying weekly)

Latchkey Receipt #: \_\_\_\_\_ Latchkey Check #: \_\_\_\_\_

Total Paid Upfront (Day Camp + Latchkey): \_\_\_\_\_

Check list:

O Parent Handbook O Enrollment Form O Health Statement O Licensing Book Info



# THE SALVATION ARMY

## SAL DAY CAMP

### ENROLLMENT AGREEMENT

Enrolling Child(ren): \_\_\_\_\_

\_\_\_\_\_

I agree to pay the tuition fees as stated in The SAL 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 SAL Day Camp Parent Handbook, for each minute my child is not picked up from The SAL after **6:00 PM**

**In case of withdrawal of my child from The SAL Day Camp, I agree to give The SAL one weeks' notice prior to the withdrawal.**

---

I certify that I received, read, and understand the information contained in The SAL Day Camp Parent Handbook and in this enrollment Agreement. I agree to the Financial Terms and Conditions.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



# THE SALVATION ARMY SAL COMMUNITY CENTER

## Health Statement:

By signing this statement I acknowledge that my child is in good health.

My child's immunization records are up to date at the school listed below.

---

Listed below are restrictions for my child

---

---

---

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

Parent's Name (Printed): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

## Michigan Department of Licensing and Regulatory Affairs

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

I have read the above statement issued by **THE SALVATION ARMY—ROYAL OAK**

Child(ren)'s Name(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# SUMMER DAY CAMP WALKING/RIDING PERMISSION SLIP

A summer of adventure for kids entering 1st Grade through entering 8th Grade in the fall

Dear Parents/Guardians,

In order to ensure the safety of our campers, The SAL Summer Day Camp asks that any camper walking or riding their bike home have a signed permission slip in the office. Students who are walkers or riders will be dismissed at dismissal time and walk/ride directly home. Any student who does not have this form on file will not be allowed to walk unless accompanied by an approved adult. If you have given your child permission to walk to another child's house please send a note to the SAL office stating that. Please review this with your child.

The procedure for this process is the following:

- 1) Parent/Guardian Permission (by signing and returning the form below, permission is granted).
- 2) Each day, campers who are walking home will be dismissed from The SAL and will exit from The SAL doors.
- 3) Please complete a separate form for each child attending The SAL Summer Day Camp.

Sincerely,

Jeff Rowland

Community Center Director

Walking/Rider Permission Slip

I give permission for my son/daughter to walk/ride home from school each day unless I otherwise inform the office. I understand that students who are walking home are expected to walk directly home.

Student's Name: \_\_\_\_\_ Counselor: \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name (please print): \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

