THANKSGIVING BREAK CAMP 2026

Please complete one (1) per child.

KROC MEMPHIS

CONTACT INFORMATION

CAMPER'S NAME: _____ DATE OF BIRTH: _____ AGE: _____

PARENT (GUARDIAN) NAME: _____ CAMPER LIVES WITH (custodial parent): _____

PHONE: DAY: _____ CELL: _____ ALTERNATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

EMAIL: _____ SCHOOL: _____ GRADE: : _____

HOW DID YOU HEAR ABOUT US? ◯ MEMBER# _____ ◯ PREVIOUS CAMPER ◯ CAMP GUIDE/MAILING ◯ SCHOOL

◯ INTERNET ◯ AT THE KROC CENTER ◯ OTHER _____

THANKSGIVING BREAK CAMP			
Date/Time	**Full Camp Fee**	**Camp Dates**	**Total Fee:**
(November 23-25) 8:30am - 4:30pm	**Member:** ◯ $27 (1 day) ◯ $54 (2 day) ◯ $81 (3 days) **Guest:** ◯ $34 (1 day) ◯ $68 (2 days) ◯ $102 (3 days)	**Days** ◯ Monday - November 23 ◯ Tuesday - November 24 ◯ Wednesday - November 25	
EXTENDED CARE - $10/DAY 7:30am-6pm			**Total Fee:**
Drop off as early as 7:30AM Pick up as late as 6:00PM	◯ Monday - November 23 ◯ Tuesday - November 24 ◯ Wednesday - November 25		

Lunch will not be provided for this year's Thanksgiving Break Camp. Please ensure your child arrives with a packed lunch every day.

Please submit completed forms to the Welcome Desk or email to ktnmemphiskroccamps@uss.salvationarmy.org

ADMINISTRATIVE USE ONLY

Total (above): _____ Discounts Applied: _____ Total Program Cost: _____

For office use only: ◯ Approved Signature: _____ Date: _____

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CANCELLATION/TRANSFER POLICY

Monetary refunds will not be issued unless a Day Camp session is cancelled by the Kroc Center. Extenuating circumstances such as a death in the family, illness, etc. require refund approval through the Afterschool/Camp Coordinator. If the program is cancelled by the Kroc Center, you will be given the choice of a full credit or a cash refund.

Cancellation prior to the start of camp session: Full credit.

No credits or pro-rated credits will be issued for partial attendance at a camp or missed days of camp due to illness, behavior issues, or any other reason. A refund request form must be completed within one week of cancellation. Refunds placed on Kroctivity cards are applicable towards any Kroc Center Program or merchandise and are not redeemable for cash. Please see the current Program Guide for the full cancellation policy.

I have read, understood, and agree to the Kroc Center policies regarding payments, transfers, cancellations, and credits.

Signature: _____ **Date:** _____

CONSENT FOR PICTURES/VIDEO & LIABILITY WAIVER

I agree to allow The Salvation Army, a Georgia Corporation, (Kroc Center) to use and publish any pictures or videos of my Camper (the minor child for whom I am signing) with or without their name, for such purposes as publicity, promotional materials, illustration, advertising, and Web content. (Pictures will only be used to promote the Kroc Center.) ○ **YES** ○ **NO**

Parent/Guardian is required to sign authorization and waiver below to acknowledge understanding and agreement of the content.

In condition of the participation of my child at the Salvation Army's Day Camp program at the Ray and Joan Kroc Corps Community Center, I (on behalf of myself and my child) agree to the following:

(1)I have been advised of and understand the types of activities that my child will be participating in while at the Kroc Center. While the Kroc Center will provide supervision and act responsibly to ensure the safety and well being of my child, I understand that it is possible that by participating in these activities, my child may be hurt or injured or may suffer the damage or loss of property, and I agree to assume that risk.
(2)I also agree that the safety of my child is a shared responsibility and that I will promptly advise employees/staff of any medical or physical condition that may create a safety or health risk for my child or other persons at the Kroc Center.
(3)I agree on behalf of myself and my child to waive any claims that I or my child may have against Kroc Center, its agents, employees and volunteers for any injuries or property damages suffered as a result of my child's participation in activities offered during Day Camp, except for losses caused by the gross negligence or willful misconduct of the Salvation Army.
(4)I am authorizing the Kroc Center to seek medical attention for my camper if an emergency were to arise while the minor camper is involved in these activities. I understand that The Salvation Army Ray and Joan Kroc Corps Community Center is not responsible for medical expenses.

I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasee's or otherwise and understand that by signing below, I am giving up the right to sue The Salvation Army.

Signature: _____ **Print Name:** _____ **Date:** _____

THANKSGIVING BREAK CAMP 2026

Please complete one (1) per child.

THE SALVATION ARMY KROC MEMPHIS

PICK-UP AUTHORIZATION & HEALTH HISTORY FORM (Complete 1 per child)

EMERGENCY CONTACT & PICK-UP AUTHORIZATION

We require at least 3 emergency contacts /adults authorized for pick up other than parents listed on registration form.

(Only those listed will be allowed to sign your camper out camp.) People AUTHORIZED to pick-up my camper:

Name:_____

Relationship:_____ **Ph: (__)** _____

Name:_____

Relationship:_____ **Ph: (__)** _____

Name:_____

Relationship:_____ **Ph: (__)** _____

People NOT AUTHORIZED to pick-up my camper :

Name:_____

Name:_____

Name:_____

HEALTH HISTORY

ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE?

○ Yes ○ No

Date of last Tetanus Shot: _____

Signature Required for those who do not have immunizations due to religious reasons:

Signature: _____

Date: _____

DIETARY RESTRICTIONS:_____

_____

_____

_____

Name & Purpose of any Medication:_____

_____

_____

(for medications to be administered at camp fill out the back side of this form)

HEALTH HISTORY (continued)

The information provided below will assist our staff in providing the best care for your child.

CHECK IF APPLICABLE OR ALLERGIC:

○ Diabetes ○Asthma ○Carries Epi-Pen ○ Epilepsy
○ Penicillin ○Insect Stings ○Carries Inhaler
○ Behavioral Challenges

Other:_____

Operations/Serious Injuries/ Diseases/ Restrictions on Physical Activity:

_____

_____

_____

Please list anything else that may affect your child's experience at camp, (i.e.: moving to new home, divorce):

_____

_____

_____

_____

INFORMATION REQUIRED BY STATE LAW

HEALTH INSURANCE: ○ Yes ○No

Company:_____

Policy Number: _____

Family Doctor:_____

Doctor's Phone: (____) _____

Doctor's Address:_____

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KROC MEMPHIS

MEDICATION INFORMATION FORM

Medications must be dropped off & picked up each day by the parent or authorized adult at the sign in/out table.

All Medications must be in their original prescription container with the child's name printed on the label, and placed in a plastic bag. Any medication not brought in the appropriate container may prevent your child from participating in camp that day.

MEDICATION INFORMATION FORM

Camper's Name_____ Age: _____ Date: _____

Please repeat the following section as necessary. A manager may contact you for additional information.

Medication & Strength: _____ Dosage: _____

Administration Instructions (time of day, etc): _____

Storage Instructions: _____Quantity Sent to Camp: _____

Date Prescribed: _____ Expiration Date: _____ Temporary: _____ Permanent: _____

Reason for Medication: _____

Possible Side Effects (i.e.: reactions to food, dehydration, stress, drowsiness, etc.): _____

_____

Which, if any, of the above side effects has your child experienced? To what extent? _____

_____

Other important information regarding medication: _____

Expected consequence if medicine is not taken as directed: _____

Medication & Strength: _____ Dosage: _____

Administration Instructions (time of day, etc): _____

Storage Instructions: _____Quantity Sent to Camp: _____

Date Prescribed: _____ Expiration Date: _____ Temporary: _____ Permanent: _____

Reason for Medication: _____

Possible Side Effects (i.e.: reactions to food, dehydration, stress, drowsiness, etc.): _____

_____

Which, if any, of the above side effects has your child experienced? To what extent? _____

_____

Other important information regarding medication: _____

Expected consequence if medicine is not taken as directed: _____

CAMPER PERMISSION-TO-CARRY

All medications are to be administered by a Camp Counselor, or other designated personnel. By filling out the information below, Parents may authorize campers to carry/administer their own medication in the case of those needed for potentially life-threatening situations (e.g.: Epi-pens for anaphylactic reactions or inhalers).

Medication: _____ Dosage: _____Time of administration: _____

Name of Physician: _____ Phone Number: _____

By signing below, the parent/ legal guardian acknowledges that the child has been instructed in the purpose of and appropriate administrationof this medication and all other pertinent information regarding the medication and has authorized him or her to self-administer as necessary.

Printed Name: _____ Signature: _____ Date: _____

THANKSGIVING BREAK CAMP 2026

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KROC MEMPHIS

INCLUSION IN-TAKE FORM

Last Name: _____

Season/Session:_____

Directions: Carefully read and thoroughly complete each answer. Clearly print all responses. This form has been prepared to provide accommodations and support for the Kroc Center Day Camp Program campers and their families.

CONTACT INFORMATION

Camper Name:_____ Nickname:_____

Date of Birth:_____ School:_____ Grade:_____

ABILITY PROFILE

Describe your child's level of ability:

_____

_____

_____

_____

_____

What type of daily living assistance/ accommodations does your child need?

_____

_____

_____

_____

_____

Indicate which of the following camp activities you foresee your child needing accommodations for in order to successfully participate. If known, please list the type of accommodation(s) requested below.

○ Morning rally ○ Arts & Crafts ○ Board games ○ Dancing ○ Cards ○ Computers

○ Traditional sports ○ Library ○ Lunch ○ Movies ○ Swimming ○ Tag games

○ Other _____

_____

_____

_____

If known, how would you describe your child's learning style? (example: visual, auditory, kinesthetic).

_____

_____

_____

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THE SALVATION ARMY KROC MEMPHIS

FOR PARENTS

List anything that upsets (stresses) your child such as loud noises, lots of people, or having to stop doing an enjoyable activity.

_____

_____

_____

_____

List techniques or "tools" that help your child calm down when stressed (example: speaking quietly, having something to hold or "fidget" with, taking deep breaths).

_____

_____

_____

_____

_____

What tips or tricks work for you, school, or other recreation settings to help your child with the following:

Make new friends: _____

Speak respectfully to others: _____

Avoid using hands or feet in ways that might hurt himself or others: _____

Remain with his or her assigned group: _____

Diminish or decrease fidgeting or repetitive behaviors: _____

Be helpful with group projects (picking up after lunch, playing on a team): _____

Please understand that poor choices (negative behavior) result in negative consequences. We anticipate all campers will show safe, respectful and acceptable behavior. In the unlikely event your camper earns negative consequences; please tell us what you find to be most effective in correcting the behavior.

_____

_____

_____

My child needs the following:

○ Verbal reminders (i.e. it's time to get ready for the next activity) How many times? _____

○ Partial participation in the following activity area(s): _____

○ To sit next to a counselor (when and why): _____

○ Incentive/ sticker chart

Parents, please read the BELOW expectations for EVERY camper with your child and sign, acknowledging your understanding. Additional age-appropriate group expectations are reviewed at the beginning of each session with the group counselors.

1. **Stay with the group at all times.**
2. **Keep hands and feet to oneself; choose to use hands and feet for helping, not hitting, punching or kicking others or property of others.**
3. **Listen to all instructions given by staff. (If a child needs alternative ways of receiving information and instructions, please be sure to indicate such needs on this form).**

Parent Signature: _____ **Date:** _____

Camper Signature: _____ **Date:** _____

Please detach this page and keep it for your reference.

What is KidCheck?

KidCheck SECURE CHILDREN'S CHECK-IN

KidCheck is a secure children's check-in system that enhances your provider's security system and simplifies the check-in process. KidCheck helps ensure no one can pick up your child without your consent. **More information about KidCheck can be found at www.kidcheck.com.**

Account Setup Instructions

Signing up for KidCheck is easy and free!

1. Visit **https://go.kidcheck.com** or **download the KidCheck app** on a mobile device
2. Select the link to create a free KidCheck account
3. Fill in the requested fields, and then add children and authorized and unauthorized guardians

Download on the App Store

ANDROID APP ON Google play

Express Check-In Instructions

Check-in using your personal smartphone/tablet!

1. Create your free KidCheck account (see above).
2. Download the free KidCheck app if you haven't already.
3. Select Check-In on your smartphone using the KidCheck app. Start check-in from home, the car, the parking lot – anywhere with a Wi-Fi or cellular data connection.
4. Select the organization, campus and template(s) where you'll be checking into.

The Salvation Army Kroc Center - Memphis (Memphis, TN)

5. Choose the children on your KidCheck account to check-in, along with their appropriate location/class. Complete any additional items such as volunteer check-in, pick-up guardian, or check-in notes.
6. When you arrive at the facility, you will be prompted via notification on your mobile device to complete the check-in by tapping the green "submit" button.* (Note: the "submit" button will be gray and unavailable until this time).
7. Go to the printer noted on your mobile device to pick up your child name labels and guardian receipts.

*Some organizations may not be set up for label printing with Express Check-In. If this is the case, you can still prepare check-in elsewhere on your mobile device, and upon arrival type your phone number into the check-in station where your Express Check-In will be waiting to be completed.