

# Summer Camp Registration Form

## Child's Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Female Male

Medications, Activity Restrictions, and/or Comments: \_\_\_\_\_

Does your child require any special accommodations? If yes, please list: \_\_\_\_\_

Does your child have any siblings in the program? If yes, please list names: \_\_\_\_\_

## Primary Adult Contact Information: *(All additional information will be sent to this person)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## Secondary Adult Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## Please list the names of the individuals who have permission to pick your child up from camp:

*\*Photo ID will be requested\**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Please check off the sessions you are requesting

- Session 1: July 16- July 20—*Horseback Riding Lessons are available for an additional fee*
- Session 2: July 23- July 27—**Horseback Riding Camp Week**
- Session 3: July 30- August 3—*Horseback Riding Lessons are available for an additional fee*
- Session 4: August 6 – August 10—**Horseback Riding Camp Week**
- Session 5: August 13- August 17—*Horseback Riding Lessons are available for an additional fee*

## Tuition Rates:

Regular Tuition: \$ week

Sibling Tuition: 25% Discount on the first sibling's tuition for the same session

A nonrefundable \$75 deposit per session is due at the time of registration. An additional nonrefundable deposit of \$75 per session is due on or before June 1, 2011. Additionally, a copy of your child's most recent immunization report must be filed with the summer program office by June 1, 2011. The balance of each session's tuition is due at the time of camper sign-in on the first day of each session. A \$35 fee will be assessed for any checks returned for insufficient funds. No child will be permitted to enter camp if any balances are unsettled.

**INCOMPLETE REGISTRATION FORMS & REGISTRATIONS SUBMITTED WITHOUT DEPOSIT WILL NOT BE ACCEPTED**

**ONLINE REGISTRATION IS AVAILABLE AT [www.rehabresourcesinc.org](http://www.rehabresourcesinc.org)**

Deposit Paid \$ \_\_\_\_\_ Cash or Check # \_\_\_\_\_ Date Submitted \_\_\_\_\_ Staff Initials \_\_\_\_\_



# Summer Enrichment Program at Elm Hill Center

## Emergency Form

### ***Emergency Information***

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

Parent/Guardian: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Alt / Cell Phone Number: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Dr. Phone Number: \_\_\_\_\_

### ***Additional Emergency Contacts***

*Below, please list the names of the individuals who should be contacted in case of an emergency when the parent/guardian cannot be reached.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Address: \_\_\_\_\_

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

### ***Medical Release Information***

In case of an emergency, I expect the Summer Enrichment Program Director to make every effort to reach me. If I cannot be reached, and if possible, my child should be taken to:

*(list medical facility)* \_\_\_\_\_;

Or the nearest hospital. I hereby authorize the Summer Enrichment Program Director to initiate treatment for my child in my absence.

***Signed:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

# Summer Enrichment Program at Elm Hill Center

## Health Form

### ***Child/Parent Information Section***

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

Parent/Guardian: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Alt / Cell Phone Number: \_\_\_\_\_

### ***Doctor Information Section***

Name of Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Address: \_\_\_\_\_

### ***Physical Exam/Immunizations Record***

Does your child have a recent physical exam and immunization record?  Yes  No

Page 2 of this form outlines the immunization requirements.

### ***Allergies***

Does your child have any allergies?  Yes  No  Unsure

If so, please list all known allergies: \_\_\_\_\_

If your child has allergies, what type of reaction does he/she have when exposed to allergens?

\_\_\_\_\_

What accommodations will your child need to limit his/her exposure to these allergens?

\_\_\_\_\_

### ***Identifying Information***

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Gender:  Male  Female

Weight: \_\_\_\_\_ List other identifying information: \_\_\_\_\_

**Parents/Guardians: Please be sure to update this form whenever there is a change in information regarding your child's health or health care provider.**

# Summer Enrichment Program 2012

## Parent/Guardian Responsibility Contract

### Permission and Waiver Form

**PERMISSION TO ADMINISTER FIRST AID/CPR:**

In the event of an emergency or injury situation at the Elm Hill Center Summer Enrichment Program that requires medical attention, I give authorization to the staff of the program to administer the necessary First Aid/CPR to my child. I additionally give permission to notify and utilize emergency ambulance services as well as the services of Wing Memorial Hospital should that be deemed necessary by the staff.

**PERMISSION TO ADMINISTER MEDICATION:** I give authorization to the health care supervisor to administer medication to my child if it becomes necessary at some time during the summer program. I understand that I am expected to bring in the medications in their original bottle, which clearly states the amounts they are to receive and the times they are to be administered. I also understand that these medications will be kept in a locked box, which will be inaccessible to other campers.

**PERMISSION TO PARTICIPATE IN FIELDTRIPS:** I give permission for my child to participate in all fieldtrips during Elm Hill Center's Summer Enrichment Program.

I understand that it is my responsibility as the parent/guardian to check my child's daily and weekly schedules to obtain specific fieldtrip information as to the dates, times, and locations of my child's fieldtrips.

I also understand that fieldtrips are subject to change at any time and that additional fieldtrip fees may be assessed.

**PAYMENTS:** All scheduled deposit payments must be made on time. A nonrefundable \$75 deposit per session is due at the time of registration. An additional nonrefundable deposit of \$75 per session is due on or before June 1, 2011.

Payment of a sessions balance is due at time of check-in on the first day of a session. Failure to make any payments at this time will result in a forfeit of your child's camp spot and the session deposits.

**MORNING CAMPER DROP OFF PROCEDURES:** No camper is to be dropped off prior to 8am. Parent/Guardian must check their child in every day that they attend each session.

**AFTERNOON CAMPER PICK-UP PROCEDURES:** Structured Camp activities end by 4pm and the Extended day option ends at 5:30pm. ALL CAMPERS MUST BE PICKED UP BY 5:30pm. Traffic and other excuses are not acceptable. Failure to pick-up your child on time will result in additional fees and/or the loss of your child's camp privileges.

**FOOD & BEVERAGE:** Parent/guardians are responsible for providing their child with an adequate lunch, drinks, and snacks.

Please do not send your child with glass bottles or containers. \*\* Please note that there are children who attend Camp who are allergic to peanuts and other nuts. \*\* **We ask that you do not send your child with foods containing nuts or peanut butter.** While children who are affected by these allergies know not to eat certain foods, a serious and possibly fatal allergic reaction can still occur just by coming into contact with the allergen. This most often occurs when a child with the allergen on their hands touches a child who is allergic.

**What To Send Your Child To Camp With Everyday:** Swimwear, Sunscreen (please apply to your child before camp as well), Towel, Lunch, Drinks, Snacks, appropriate footwear for participating in sporting and equestrian activities.

**What Not To Send Your Child To Camp With:** (The program is not responsible for lost or stolen items): Handheld Video Games & Personal Music Devices (iPod, iTouch, Nintendo DS, etc), Toys, weapons of any kind

**I agree that I have read and understand all of my responsibilities and financial liabilities as a parent/guardian who has enrolled my child as a camper in the Elm Hill Center's Summer Enrichment Program. I agree that I will accept any and all penalties associated with not meeting these responsibilities and expectations.**

**I agree to waive and release all rights and claims for damages against the Elm Hill Center's Summer Enrichment Program staff, volunteers, program participants, and any and all sponsors for any or all injuries incurred before, during, and after participation in the program.**

**By agreeing to this waiver, I agree that I am legally responsible for all financial liabilities and fees due to the Elm Hill Center's Summer Enrichment Program 2012 for the child being registered. If the child has another parent or guardian that will be paying for part of his/her camp tuition, I understand that it is my responsibility to collect payments from that individual and to make all payments to the Elm Hill Center's Summer Enrichment Program on time.**

\_\_\_\_\_  
Camper Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date