

Kids Club 2013 Summer Camp Registration and Permission Form

Child Information:

Last Name _____ First _____ Middle _____

Address _____ City _____ Zip _____

Birth Date _____ Grade Entering _____ Child's Home School _____

Any Siblings Attending Camp? (please list) _____

Does Child Have an IEP (Individualized Educational Plan)? (document must be provided to Community Education prior to admission to program) Yes _____ No _____

Parent/Guardian:

Name _____ Relationship to Child _____

Address (if different than child) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Spousal Information (if applicable):

Name _____ Relationship to Child _____

Address (if different than child) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Summer Tuition Information:

All rates include meals, activities and fieldtrips

Daily Rate: \$35.00 / Weekly Rate: \$175.00

Discounted Weekly rate-prepaid \$166.25 (paid by Thursday before 5pm)

Discounted monthly rate-prepaid June \$630 (paid by June 1st)

Discounted monthly rate-prepaid July \$598.50 (paid by July 1st)

Summer Registration Fee: \$25.00 (all enrollments)

H.U.S.D. Employee Discount: 20% per Child

Sibling Discount: 10% per additional Sibling

(discounts may not be combined)

Enrollment Agreement:

I, _____, certify I am the legal guardian of _____.
I understand that only the legal guardian may make changes to this agreement.

I agree that my child will be asked to comply with all program rules and expectations. Violations of such rules may result in my child not being allowed to continue attending should the program determine the behavior(s) poses a safety risk to my child, KIDS CLUB peers, or program staff.

(Please Refer to Parent Handbook for Additional Program Information)

Signature _____ Date _____

Optional:

I hereby grant my permission for my child's photograph to be taken at KIDS CLUB for purposes of brochures, newspaper articles and/or news releases. Use of these images will be at the discretion of Community Education administration.

Signature _____ Date _____

Child Swimming Designation:

I, _____, understand that KIDS CLUB will be using the Hamilton Aquatic Center for scheduled swimming days during summer camp.

Please choose below in regard to your child's classification for swimming. NON-SWIMMERS will be confined to shallow areas of pool at all times.

My child is designated (please indicate): _____ **SWIMMER** _____ **NON SWIMMER**

Signature _____ Date _____

I understand that in the event of a medical and/or emergency transport is required for my child, HUSD staff will first contact parent/guardian and then has the authority to release student to licensed medical personnel for treatment. If I choose to not authorize release of my child, I understand that HUSD is released of liability in this matter.

Signature: _____ **Date:** _____

CAMP T- SHIRT RECEIPT

I was given (one) **summer camp shirt on** _____.

Parent Initials _____

KIDS CLUB SUMMER 2013 FIELDTRIPS

DATES & LOCATIONS

Field Trip Date	Facility / Address
June 7, 2013 Depart: 8:45am Return: 12:30pm	Rockin R Ranch – All Grades 6136 E. Baseline Rd. Mesa, AZ 85206 (480) 832-1539
June 14, 2013 Depart: 9:15am Return: 12:45pm	Makutus Island – K-2nd 6919 W. Ray Rd. Chandler, AZ 85226 (480) 344-3741
June 14, 2013 Depart: 8:30am Return: 1:00pm	Dolly Steamboat – 3rd -7th 16802 Arizona 88 Tortilla Flat, AZ 85290 (480) 827-9144
June 20, 2013 Depart: 9:15am Return: 12:45 pm	Hall of Flame Firefighter Museum – K-2nd 6101 E Van Buren St. Phoenix, AZ 85008 (602) 275-3473
June 20, 2013 Depart: 8:15am Return: 11:45am	Stratum Laser Tag – Grades 3rd -7th 1455 S. Stapley Dr. Mesa, AZ 85051 (480) 545-5500
June 28, 2013 Depart: 9:15am Return: 12:45pm	Brunswick Zone XL – All Grades 1160 S. Gilbert Rd. Gilbert, AZ 85296 (480) 813-2695
July 3, 2013 Depart: 9:00am Return: 12:45pm	Stuffington Bear Factory – All Grades 2302 E. Thomas Rd. Phoenix, AZ 85016 (602) 225-9513
July 11, 2013 Depart: 9:00am Return: 1:45pm	Children's Museum – Grades K-2nd 215 N. 7 th St. Phoenix, AZ 85034 (602) 253-0501
July 12, 2013 Depart: 9:00am Return: 12:00pm	Polar Ice – Grades 3rd -7th 2305 E. Knox Rd. Gilbert, AZ 85296 (480) 503-7080
July 19, 2013 Depart: 9:00am Return: 1:45pm	Arizona Science Center – All Grades 600 E. Washington St. Phoenix, AZ 85004 (602) 716-2028
July 26, 2013 Depart: 9:15am Return: 3:45pm	Amazing Jakes – All Grades 1830 E. Baseline Rd. Mesa, AZ 85204 (480) 926-7508
Depart: 9:30am Return: 12:15pm	KIDS CLUB will be swimming on Tuesdays Hamilton Aquatic Center 3838 S. Arizona Ave. Chandler, AZ 85248 (480) 782-2630
Depart: 9:00am Return: 11:45 am	KIDS CLUB will be going to Harkins Summer Movies on Mondays Chandler Crossroads 2980 E. Germann Rd. Chandler, AZ 85296 <div style="display: flex; justify-content: space-between;"> <div> June 3rd -Hotel Transylvania PG June 10th -Madagascar 3 PG June 17th -The Lorax PG June 24th - Ice Age 4 PG </div> <div> July 1st - Rise of the Guardians PG July 8th -Charlotte's Web PG July 15th - Megamind PG July 22nd -March of the Penguins G </div> </div>

Legal Guardian: _____

Child enrolling: _____

Child enrolling: _____

Kids Club Summer Camp Policy Agreement (Financial Terms and Conditions)

Please initial beside each item to indicate acceptance of terms:

Tuition and Monthly Fees:

- ___ 1. I understand that to receive the discounted weekly rate, tuition is due by 5pm the Thursday prior to each week during summer camp.
- ___ 2. I understand that camp must be prepaid prior to attendance and that camp spots are available on a first come first serve basis.
- ___ 3. I understand that the tuition rates are listed in the Summer Parent Information packet which I was given at time of summer camp enrollment (copies of this document are also available on-line at www.husd.org).
- ___ 4. I understand that if, at any time, the account becomes delinquent, the contract may be terminated and the child may be removed from the program without regard to multiple financially responsible parties.
- ___ 5. I understand that if my check is returned to Community Education for any reason, I will be assessed a returned check fee of \$25.00 by CCM Enterprises. My Child will not be able to attend the program until the returned check is settled in full with CCM Enterprises. I also understand that I will be required to provide cashier's check or money order for all future financial transactions with Community Education.
- ___ 6. **NO REFUNDS OR CREDITS FOR UNUSED CAMP DAYS.**

Additional Fees:

- ___ 1. I understand that if the following applicable fees will be assessed to my account and that I will be held financially responsible for payment of these fees. I understand that all fees are non-refundable and non-transferable.
 - \$25.00 Summer Registration fee – assessed per child for each registration period. Payable upon registration.
 - \$2.00/minute Late Pick-Up fee – assessed to the account for any child picked up after contracted program end time. (This is a per child fee)
 - \$25.00 Returned Check fee – assessed to checks returned to Kids Club for any reason.

Procedural Agreements:

- ___ 1. I am responsible for reading the Summer Parent Information packet and the Registration and Permission form and abiding by all terms and conditions listed on each. These documents are also available at www.husd.org.

I, _____ certify that I have read and agree to all of the financial terms listed above.
(PRINT LEGAL NAME)

(Signature of Financially Responsible Party)

(Date)



CDC/SGH # or name: _____

Emergency Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

Father or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

I authorize the following individuals to collect my child from the facility if I cannot be located:

Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

If Medical care is necessary, CALL:

DOCTOR	Name:	Address (#, Street, City):	Phone:
HOSPITAL	Name:	Address (#, Street, City):	Phone:

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? ☐ No ☐ Yes Name of Insurance Company: _____

Telephone Authorization Code : _____ (optional)

Immunization Information

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? ☐ No ☐ Yes

If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:

Is child usually susceptible to infections and if so, what precautions need to be taken? ☐ No ☐ Yes

If yes, list precautions:

Is child subject to convulsions and what should be our procedure if one occurs? ☐ No ☐ Yes

If yes, specify procedure:

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? ☐ No ☐ Yes

If yes, list precautions:

Additional comments:

Other special instructions:

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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