

Summer Day Camp Registration 2016

\$30.00 (NON REFUNDABLE) REGISTRATION FEE PER CHILD

| | | |
|-------------------------|-----------------|---------------------|
| Grade Entering: _____ | | |
| Child's Name Last _____ | First _____ | Middle _____ |
| Address Street _____ | City _____ | Zip Code _____ |
| Home Telephone _____ | Birthdate _____ | Sex _____ Age _____ |

| | |
|--|--|
| Mother's Name _____ | Address-if other than _____ |
| students _____ | |
| Mother's Employer _____ | |
| City _____ | |
| Phone # you can be reached at during Summer Day Camp Hours (_____) _____ | |
| Cell Phone _____ | Email: _____ |
| Father's Name _____ | Address-if other than student's Father's _____ |
| Employer _____ | City _____ |
| Phone # you can be reached at during Summer Day Camp Hours (_____) _____ | |
| Cell Phone _____ | Email: _____ |
| Step-Parent Name _____ | |
| Address-if other than student's _____ | |
| Doctor's Name _____ | Phone Number _____ |

| | |
|---|---------------------------|
| REQUIRED: PLEASE LIST TWO PEOPLE WHO COULD ASSUME TEMPORARY CARE OF YOUR CHILD IF PARENT CANNOT BE REACHED | |
| Name _____ | Relation to Student _____ |
| Phone Number _____ | |
| Name _____ | Relation to Student _____ |
| Phone Number _____ | |

**Please mark the week(s) that your child is being registered for with a F-
full & P part time \$125.00 per week Full Time/ \$100.00 per week Part
Time**

| | |
|-----------------------------------|--|
| Week 1- (June 27- July 1) _____ | Week 6 - (August 1- August 5) _____ |
| Week 2- (July 5- July 8) _____ | Week 7 - (August 8 - August 12) _____ |
| Week 3- (July 11 - July 15) _____ | Week 8 - (August 15 - August 19) _____ |
| Week 4- (July 18- July 22) _____ | Week 9 - (August 22 - August 26) _____ |
| Week 5- (July 25 - July 29) _____ | <u>(LAST WEEK OF SUMMER DAY CAMP)</u> |

I am in agreement with the fees and the services that will be provided for my child in Summer Day Camp.

Name: _____ Signature: _____

Please complete this form in ink.

HEALTH INFORMATION: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic condition or medication that must be taken on a regular basis:

ALLERGIES and SENSITIVITIES: Is there a history of skin irritations or any other type of reaction or sickness following injection or oral administration of:

| | Circle one | What |
|---|-------------------|-------------|
| Penicillin or other antibiotics | Yes No | _____ |
| Morphine, Codeine, Demerol or other narcotics | Yes No | _____ |
| Novocain or other anesthetics | Yes No | _____ |
| Aspirin, emperin or other pain remedies | Yes No | _____ |
| Sulfa Drugs | Yes No | _____ |
| Tetanus antitoxin or other serums | Yes No | _____ |
| Adhesive tape | Yes No | _____ |
| Iodine or methylate | Yes No | _____ |
| Any medication that must be taken on a regular basis? | Yes No | _____ |
| Latex | Yes No | _____ |

DRUGS TAKEN RECENTLY: Please circle if the student has taken with the past six months:

Cortisone, ACTH, Anticoagulants, Tranquilizers, Hypotensive (high blood pressure medicines)

Has the student ever received treatment for Asthma, Rheumatism, or Rheumatic Fever? Yes___ No___ When?

AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR

I/We the parents/guardians of _____ do hereby authorize Calvary Chapel Christian School, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment and/or hospital care which is deemed advisable by, and is rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given in advance to provide authority and power on the part of the aforesaid agents. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Authorization is hereby given to Calvary Chapel Christian School personnel to administer First-Aid Treatment during school activities or to call the paramedics, Rescue Squad, as deemed necessary.

I give permission for Tylenol to be given when needed by my child:

YES/NO _____ ***Please circle one, then initial blank.***

Initials

I give permission for Ibuprofen (Advil, Motrin) to be given when needed by my child:

YES/NO _____ ***Please circle one, then initial blank.***

Initials

Parent/Guardian (Print Name) _____
Date

Parent/Guardian Signature _____
Date