

2021 DAY CAMP REGISTRATION FORM

Date of Registration: __/__/20__

CHILD'S INFORMATION (Please print legibly.)

Child's name (first/middle/last) _____ Name called _____
Address _____ City _____ Zip _____
 Male Female Birth date _____ Age (as of registration date) _____

Check all that apply to your child, or check "None" for those that don't apply:

- Allergies (type) _____ None
 ADD ADHD None
 Special circumstances (see back page and provide additional information if necessary) None

FAMILY INFORMATION (Check parent to contact for payment and other questions)

Mother/guardian's name _____ Employer _____
Home address _____ City _____ Zip _____
Phone 1 _____ Phone 2 _____ Phone 3 _____
Email address _____
 Father/guardian's name _____ Employer _____
Home address _____ City _____ Zip _____
Phone 1 _____ Phone 2 _____ Phone 3 _____
Email address _____

EMERGENCY INFORMATION

In case of emergency, please contact the following first: Mother/guardian Father/guardian
Child's doctor _____ Doctor's phone _____
Hospital preference _____
Insurance company _____ Policy # _____

If mother, father, or guardian cannot be reached, call:

Name _____ Relationship to child _____
Phone 1 _____ Phone 2 _____ Phone 3 _____
Name _____ Relationship to child _____
Phone 1 _____ Phone 2 _____ Phone 3 _____

I hereby acknowledge that the Summit Care Day Camp will assume that either parent of the child may pick up the child at any time during the program unless there is sufficient court documentation on file that indicates otherwise. Both parents must have code word for child.

I hereby authorize the camp to allow the following individual(s) to pick up my child (photo id and knowledge of code word are required):

Persons not authorized to visit or pick up my child (Court documentation must be attached):

2021 DAY CAMP PROGRAMS POLICIES

Child's Name _____

Please read each of the following policies and sign below to indicate your understanding of these policies.

WAIVERS/PERMISSIONS

I permit my child to participate in activities the Summit Care Day Camp conducts outside the Pisgah United Methodist Church facilities.

Field Trips – I permit my child to leave Pisgah United Methodist Church on authorized trips under the supervision of the Summit Care Day Camp staff. I may review a written schedule of activities to be conducted off the Pisgah UMC premises.

Photography - I permit Summit Care Day Camp to use images of my child as a day camp participant in internal and external promotional material. This includes any printed material, broadcast and print advertising, promotional videos and the Summit Care Day Camp website which are produced or published by Summit Care Day Camp. I also permit Summit Care Day camp and/or the media to use images of my child in broadcast and print media news coverage of the Summit Care Day Camp. I understand that my child's name will not be published.

PAYMENT POLICIES

I understand policies concerning payment, cancellation and refunds.

All weekly payments are due on the Wednesday before each new camp session week; after that a \$10 late fee will be assessed.

I understand that it is my responsibility, if I choose to draft for the program, to provide the SCDC with current up-to-date bank or credit card information throughout the term of the program.

Should any program draft not be honored by my bank, for any reason, I realize that I am still responsible for the payment, plus any applicable service charge assessed by the Summit Care Day Camp.

I understand that the Summit Care Day Camp is using a third party to assist in the collection of returned checks and bank drafts. If my check or bank draft is returned for any reason, my account will be debited electronically for the amount of the check and/or draft plus a processing fee.

Cancellations - Non-attendance, without written cancellation, does not relieve me of the responsibility to pay for the program.

Bank draft participants – I understand that I must cancel, in writing, at least fifteen days prior to the date of bank draft in order to stop payment. I understand that if I need to stop a membership draft I will need to do so at the membership branch in person. Stopping a program draft does not automatically stop a membership draft.

Refunds – I understand that non-attendance does not entitle me to a refund. I understand that no refunds or adjustments are granted for illness, vacation or when Summit Care Day Camp programs are cancelled due to inclement weather. All refunds or program credits given for other reasons are issued on a prorated basis. I understand that the Summit Care Day Camp reserves the right to apply any credit due to other outstanding balances. Refunds are issued within 30 days of cancellation. The registration fee and weekly deposits are non-refundable.

MEDICAL TREATMENT POLICIES

Accident Insurance – Participants are responsible for their own accident insurance when attending Summit Care Day Camp

Medication – Summit Care Day Camp does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. However, in the event of an emergency in which the parent cannot be contacted, Emergency Medical Staff and the Summit Care Day Camp may take appropriate action in the best interest of the child.

Immunization Records – Current copies of each child's immunization records must accompany this form.

Blood Borne Pathogen Exposure – I understand that, while my child is in the care of the Summit Care Day Camp, if a child is exposed to a body fluid on broken skin or mucous membranes (e.g. splashing in mouth or eye), from another child, the Summit Care Day Camp will contact the parents of both children. They will explain what has occurred, and then provide the name of the attending physician of the source child to the parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, the Summit Care Day Camp will provide the name and telephone number of the child's attending physician to the staff member.

I have read and agree with the statement and specifically authorize the Summit Care Day Camp to release the name and telephone number of my child's physician, and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or any staff member who experiences such an exposure from my child.

PROGRAM POLICIES

Babysitting Policy – Summit Care Day Camp strives to employ the very best staff possible in all of our programs. During staff time-off or after they are no longer employed with us, these persons are private citizens and no longer subject to our employment rules and procedures. Summit Care Day Camp cannot and does not endorse or recommend its present or former staff members as babysitters to any parent or guardian of any child in any of our programs. Any babysitting arrangements with present or former staff of the Summit Care Day Camp is separate and independent from any Summit Care Day Camp program and must be based on the independent investigation, responsibility and judgment of the parent or guardian. I agree that the Summit Care Day Camp shall not be responsible and will be held harmless from any claims or liability in connection with such babysitting activities.

Pickup Policy – I hereby acknowledge that the Summit Care Day Camp will assume that either parent of the child may pick up the child at any time during the program unless there is sufficient court documentation on file at the Branch that indicates otherwise. A code word is always required to pick up your child.

Inclement weather – Please refer to local media sources and our website, summitcaredaycamp.com, for program closings related to inclement weather.

Lost Items – I understand that the Summit Care Day Camp is not responsible for any personal items lost or stolen at our programs.

I have read and understand all the policies stated above and agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Parent/legal guardian signature

Date

2021 BEHAVIOR EXPECTATIONS AND DISCIPLINE

Child's Name _____

It is important that staff maintain good order and discipline in all programs. Summit Care Day Camp wishes to provide campers with a safe and positive atmosphere. We make every effort to help children understand clear definitions of acceptable and unacceptable behavior.

Summit Care Day Camp does not condone and will not permit:

1. Corporal punishment
2. Ridiculing, threatening, using an inappropriate loud voice
3. Leaving children unsupervised
4. Use of profanity

A child's behavior is expected to be consistent with the following:

1. Use appropriate language at all times.
2. Cooperate with staff and follow directions.
3. Respect other children and staff, equipment and facilities, and yourself.
4. Maintain a positive attitude.
5. Stay in program areas – running away is not acceptable.

The Discipline Policy

1. If a camper is unable to comply with the behavior expectations, the child will be given an initial warning and his or her parents/guardians will be notified.
2. If a camper's behavior continues to be disruptive, he or she will receive a written reprimand and parents will be notified and consulted concerning the participant's behavior.

3. If the participant receives three written reprimands, the child will be expelled from the program.

Summit Care Day Camp reserves the right to suspend or expel a child from the program if his or her behavior places other participants or staff in immediate harm and/or if his or her behavior places him or herself in immediate harm.

Behaviors which may result in immediate dismissal include but are not limited to:

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff
2. Fighting
3. Possession of a weapon of any kind
4. Vandalism or destruction of Summit Care Day Camp property or property of others
5. Sexual misconduct
6. Possession of or use of alcohol or controlled substances unless under the prescription of a doctor
7. Running away
8. Biting

Special Circumstances

Parents or guardians are required to inform the Summit Care Day Camp in writing, prior to a child's acceptance in a camp, of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions.

Upon being informed of such circumstances, the camp director may require a conference with the parent(s)/guardian to discuss issues created by these circumstances.

I understand and acknowledge that: (i) it is the responsibility of the parent(s)/guardian to make full disclosure to the Summit Care Day Camp of any special circumstances which may affect the ability of my child/ward to participate, as described above; (ii) it is the responsibility of the parent(s)/guardian to inform the Summit Care Day Camp of any requested accommodation believed by the parent(s)/guardian to be necessary and readily achievable for such participation; and (iii) full disclosure of any special circumstances is material to the Summit Care Day Camp's evaluation of the child's/ward's ability to participate and the Summit Care Day Camp's consideration of any requested accommodation.

Please initial, indicating that you have read and understand the above:

Parent/legal guardian

Date

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: _____ Signature of Parent or Guardian _____

I have read, understand and agree with the policies as stated above and have discussed the behavior expectations with my child/ward.

Parent/legal guardian signature

Date

ORDERS FOR MEDICATION

To be completed by parent/guardian:

If it is absolutely necessary for the child named below to take medication during camp or child care hours, or in the event your child has a medical condition of which Summit Care Day Camp should be aware, please complete the information requested, sign and return this form to Summit Care Day Camp.

Please Read: No medication (including Tylenol, sunscreen, etc.) may be dispensed/applied without written authorization from parent/guardian. Prescription drugs may only be dispensed from their original container.

Child's Name _____ Age (as of registration date) _____

Day Camp/Child Care Program _____

Name(s) of Parent(s)/Guardian(s):

Mother's Name _____

Phone 1 _____ Phone 2 _____

Father's Name _____

Phone 1 _____ Phone 2 _____

Medication: (including sunscreen, bug spray, prescription medicine and over the counter medicine)

Medication _____

Dosage _____ Times(s) to Administer _____

Possible Side Effects/Special Instructions _____

Medication _____

Dosage _____ Times(s) to Administer _____

Possible Side Effects/Special Instructions _____

Medical Condition(s): Please list below any allergies (do not include allergies to medications), asthmatic conditions or the like which may require a Summit Care Day Camp staff member to administer the child's medicine.

Condition	Symptoms	Medication/Dosage	Special Instructions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Parent/Guardian Signature and Date)

(Print Parent/Guardian Name)

Medicine	Dosage	Time(s) Given	Caregiver's Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____