

2012 Enrollment Form

‘Solid Rock’ Day Camp at The Salvation Army

(Please print)

Name of Child Participant _____
First MI Last

Parent(s) and/or legal guardian(s) of child participant _____

Address _____
Street City State Zip

Home Phone (____) _____ Work Phone (____) _____

Age of Child _____ Birth Date _____ Sex _____

Grade (in fall 2012) _____

A \$5.00 deposit per week per child is required at time of registration. This deposit will be applied to your 1st week's fee. (Example: 1 child for all 7 weeks = \$35.00)

Please check the weeks your child is planning to attend Day Camp.

- Week 1 (June 11 - June 15)
- Week 2 (June 18 - June 22)
- Week 3 (June 25 - June 29)

CLOSED WEEK OF JULY 4TH

- Week 4 (July 9 - July 13)
- Week 5 (July 16 - July 20)
- Week 6 (July 23 - July 27)
- Week 7 (July 30 - Aug. 3)

Regular Hours: 9:00-3:00 _____ Extended Hours: 8:00-5:00 _____ *Please check one*

Shirt Size: (One per child): Youth size: s ___ m ___ lg. ___
Adult size: s ___ m ___ lg. ___

Emergency Contacts:

Parent/Guardian Home Phone Work Phone

Other Home Phone Work Phone

Other Home Phone Work Phone

Normal Pick-up Person _____
Name Relationship Phone Number

Others that have permission to pick up your child from Day Camp:

Name Relationship Phone Number

Name Relationship Phone Number

Medical Information:

Please list any special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.)

Medical Doctor _____ Phone Number _____

Hospital (If you have a preference) _____

First Aid and Emergency Medical Treatment:

I recognize that there may be occasions where my child may be in need of first aid or emergency medical treatment as a result of an accident, illness, other health condition, or injury. I do hereby give permission for agents of The Salvation Army to seek and secure any needed medical attention or treatment for my child, including hospitalization if such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

Signature of Parent/Guardian Date

Other Information:

Please list any additional information day camp staff should know about your child.

Publicity Consent:

On occasion, The Salvation Army takes photographs or makes an audio or videotape recording of children and/or adults involved in its programs and activities. Such photographs or videos may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recording may be used in The Salvation Army publications or advertising materials to let others know about our programs. In addition, local news organizations may hear of our activities or events; and The Salvation Army may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of my child to be used, distributed, or displayed as agents of The Salvation Army see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media or for such photographs and other audio or visual records to be used by the news media.

Signature of Parent/Guardian

Date

Day Camp Guidelines:

Please review these guidelines and with your child.

- I understand that it is important for me to listen and obey the Day Camp staff.
- I understand that I need to treat the other Day Campers, staff, and property with respect.
- I understand that foul language is not permitted.
- I understand that if I do not choose to follow these rules every day that one or more of the following consequences could be applied.
 1. Time outs
 2. Parents notified
 3. Missing a field trip
 4. Suspended for a day or longer, with no refund.

My child and I have read, understand, and will accept the guidelines and consequences listed above.

Signature of Parent/Guardian

Date

Camper Signature

Date