



The Salvation Army Community Youth Center
 2901 N Clinton Street Fort Wayne, IN 46805 (260) 744-2311
 2016 Summer Day Camp Application



GENERAL INFORMATION

Name of Child: _____ Birthdate: _____
 (Last) (First) (M.I) Gender: _____ Age: _____

Address: _____ Zip Code: _____

Sessions child will attend: June 6-10 [] June 13-17 [] June 20-24 [] June 27- July 1 []
 July 5-8 [] July 11-15 [] July 18-22 [] Vacation Bible School July 25-29 []

Hours child will attend: Regular hours (9:00am to 3:00pm) [] Extended hours (8:00am to 5:00pm) []

FAMILY INFORMATION

Name of Parent/Guardian: _____ Relationship to Child: _____

Address: _____ Zip Code: _____

Phone 1: _____ Cell [] Home [] Work [] Email: _____

Phone 2: _____ Cell [] Home [] Work [] Employer: _____

Name of Other Parent/Guardian: _____ Relationship to Child: _____

Phone 1: _____ Cell [] Home [] Work [] Email: _____

Phone 2: _____ Cell [] Home [] Work [] Employer: _____

INDIVIDUALS AUTHORIZE TO DROP OFF AND PICK UP CHILD

Name: _____ Relationship: _____ Contact #: _____

Name: _____ Relationship: _____ Contact #: _____

Name: _____ Relationship: _____ Contact #: _____

Is there any custody or restraining orders for person(s) who may attempt to pick up or have contact with your child while in care at the center?

Name: _____

Name: _____

PERSONAL & STATISTICAL INFORMATION

Child's School: _____ Grade Level (Next Yr): _____ Reading Level: _____

Child Lives with: Mother [] Father [] Both Mother & Father [] Other [] Family Size: _____

Child has previously attended this Summer Day Camp: Yes [] No []

Child received Free or Reduced Lunch this past school year: Yes [] No []

Parents: Married [] Single [] Divorced [] Separated [] Re-Married []

Ethnicity: African-American [] Asian [] Caucasian [] Hispanic [] Multi-Racial [] Other []

Family Annual Income (Employment Earnings; TANF; Food Stamps; Child Support; Alimony, etc):

Under \$10,000 []	\$20,000 - \$30,000 []	\$40,000 - \$50,000 []
\$10,000 - \$20,000 []	\$30,000 - \$40,000 []	Over \$50,000 []

TUITION AGREEMENT

Application Fee: \$100.00 (Regular Hours) or \$125.00 (Extended Hours)
(Above fee is your first week's tuition and is due when application is completed and returned)

Weekly Tuition (Regular Hours) \$100.00

Weekly Tuition (Extended Hours) \$125.00

(\$10.00 weekly tuition discount for each additional child in the same family)

Late Pick-up Fee: \$15.00 for first 15 minutes + \$1.00 per minute thereafter

Returned Check Fee: \$25.00

Child's Name: _____ **Starting Date:** _____ **Regular Hrs [] Extended Hrs []**

I, (Parent/Guardian's full name) _____, hereby agree to pay according to the schedule indicated above to The Salvation Army Summer Day Camp Program. I also acknowledge that I will pay a non-refundable application fee equal to my child's first week of tuition, which is due when this completed application is returned to The Salvation Army Community Youth Center Director.

- I will make payment weekly tuition payments as listed below and in accordance with the policies stated in this Tuition Agreement:
 - The first weekly tuition payment is due at the time this application is returned to the Community Youth Center Director (Josh Yonts). This payment will reserve your child's place in the Summer Day Camp Program.
 - All weekly tuition payments are due on Monday Morning of each week. If payment is NOT made on Monday Morning, your child WILL NOT be able to stay until payment is made in full.

- I understand that 30 days' notice will be given prior to any rate change.

- Fees will not be prorated for days missed due to illness, holidays or personal days.

- If more than one (1) child in the family is enrolled in Summer Day Camp, there is a \$10.00 discount on the weekly tuition of the each additional child.

- The above named child will not be allowed to stay for Summer Day Camp if the total weekly tuition amount is not received by the 9:00 a.m. Monday of the week enrolled, and may result in the loss of the child's space within that week's session.

- If the above named child is picked up later than the agreed upon pick-up time (3:00 p.m. for Regular Hours and 5:00 p.m. for Extended Hours), a \$15.00 Late Pick-Up Fee will be assessed for the first 15 minutes and \$1.00 per minute thereafter. This fee will occur **each time** the child is picked up late. Late Pick-up Fees accumulated **must** be paid in order to confirm the next week's enrollment.

- A \$25.00 fee will be assessed for any check returned by the bank. Returned Check Fee **must** be paid in order to confirm the next week's enrollment. After two (2) returned checks, only cash or money orders will be accepted for subsequent payments.

- Termination Policy: We (The Salvation Army) reserve the right to terminate and/or discontinue services for non-payment and/or partial payment.

Parent/Guardian Signature

Date

EMERGENCY CARE HEALTH INFORMATION

Name of Child: _____

Name of child's doctor: _____ Office Phone: _____

Name of child's dentist: _____ Office Phone: _____

Hospital Preference: _____ Phone: _____

Insurance Carrier: _____ Policy Number: _____

Emergency Contacts (in case Parents/Guardians cannot be reached):

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Does your child have any allergies? Yes [] No [] Please List: _____

List any medications your child takes: _____

****If you child will be taking any medications while at Summer Day Camp, a separate Medication List for will need to be completed.**

List any medical conditions you child has: _____

List any behavioral or physical disabilities: _____

Date of Last Tetanus Shot: _____

Has your child completed age-appropriate immunizations? Yes [] No [] If no explain: _____

Other information you feel we should know about your child: _____

I agree that the agents of The Salvation Army Community Youth Center may authorize the physician of choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery. I acknowledge that The Salvation Army Community Youth Center does not provide accident insurance for participants and I agree to assume financial responsibility of for the cost incurred. I agree that my child can be transported in a Salvation Army vehicle to/from Camp activities. I am the parent or legal guardian of the minor named above and I am signing this waiver/release on behalf of said minor.

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Date

YOUR CHILD'S INTERESTS AND PERSONALITY

Activities that your child enjoys:

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Sports/Outdoor Activities | <input type="checkbox"/> Board/Table Games | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Art/Drawing/Painting | <input type="checkbox"/> Playing Musical Instrument <input type="checkbox"/> | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Listening to Music | <input type="checkbox"/> Exploring Nature | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Building Things | <input type="checkbox"/> Socializing with Friends | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Working on a Hobby | <input type="checkbox"/> Crafts |

List any other examples of your child's favorite activities:

Please give any information concerning your child which would be helpful in a group setting (such as play, eating and sleeping habits, special likes or dislikes):

Tell us about your child's temperament and personal style, so we can provide appropriate guidance and support. For example, is your child active? Quiet? Shy? Outgoing? Intense? Easygoing? Persistent? Distractible?

What are the most important things we can do to help your child have a positive experience in our program? Are there areas in which you feel that your child may need extra help or support?

We may have the opportunity to go swimming. Does your child enjoy swimming: Yes No
If they are a swimmer please indicate their ability beginner moderate advanced
Please give any information that may be helpful.

PLEASE NOTE: Some of our activities will be held outside and sunscreen will be appropriate to use in order to prevent sun burns or skin damage. If you wish your child to use a certain type of sunscreen, please send it with your child and labeled with their name. If your child is allergic to the sun or a certain type of sunscreen, please make sure we are made aware of it.

PARENT RESPONSIBILITY

To insure that the Summer Day Camp runs smoothly, we ask that the parents take responsibility of the following:

- Make weekly tuition payments on Monday Morning by 9:00 a.m.
- Sign your child "IN" and "OUT" at the Community Youth Center desk each day.
- Check and Read the Parent Communication Board near the Community Youth Center desk both morning and evening.
- Insure that your child brings necessary items for fieldtrips/activities (i.e. sunscreen, hats, jackets, etc.).

SUMMER DAY CAMP GUIDELINES

(Students initial in agreement)

_____ I understand that it is important for me to listen to and follow instructions of all The Salvation Army Summer Day Camp staff.

_____ I understand that I need to treat the other participants, staff, and property with respect.

_____ I understand that foul language is not permitted.

_____ Although cell phones and other electronic devices are not prohibited, I understand that staff of The Salvation Army will not be held responsible for such items and that I have the responsibility to keep such items under my own care.

_____ I understand that lockers are provided and that I may bring my own lock to use for safe keeping of my personal property. I understand that I am expected to keep all of my belongings either in a locker or hanging on a coat hook in the hallway.

_____ I understand the dress code guidelines listed below and will dress accordingly at all times during Summer Day Camp.

_____ I understand that participation in all organized activities is a requirement to remain in Summer Day Camp.

_____ I understand that if I do not choose to follow these guidelines every day that one or more of the following consequences for my behavior may be applied:

1st Offense: Verbal Warning

2nd Offense: A written warning will be sent home.

3rd Offense: Conference with parents.

4th Offense: Conference with parents and dismissal from Summer Day Camp for a minimum of one day / longer suspensions if deemed necessary.

(Any acts of violence/bullying are subject to immediate suspension. A phone call and a note home will be mailed home)



The Salvation Army – Fort Wayne, Indiana
 2901 N Clinton Street Fort Wayne, IN 46805 (260) 744-2311
 2016 Summer Day Camp



BULLYING PREVENTION POLICY

The Salvation Army Summer Day Camp Program needs to be aware of issues that might offer risks to the young people in our care, and we realize that bullying is an issue that can occur in school and at places where parents are not present. Bullying is when one or more people exclude, tease, taunt, gossip, hit, kick or “put down” another person with the intent to hurt said person.

At The Salvation Army Sumer Day Camp, bullying is inexcusable, and we have a firm policy against all types of bullying. Our philosophy is based on our mission statement, which ensures that every child is provided a positive and safe Christian experience that will quicken their spirit.

Our leadership addresses all incidents of bullying, and we take it seriously. Our staff promotes communication with the children so that children feel comfortable to express to the staff any issues that may cause problems for them during the week. Every person has the right to expect to have the best possible experience at Day Camp. We want to assure you that incidents of bullying can be managed by a strong partnership between the Summer Day Camp Program and the parents. To form this partnership, we ask that you and your child read this bullying policy and sign below stating that you agree to it.

I, the parent or legal guardian, have read and reviewed the policy regarding bullying, and I have also reviewed this information with my child. We both understand and agree to abide by these policies and accept that any violations to these policies may be a cause for immediate dismissal from the Summer Day Camp Program.

Please take the time to review this policy with your child, then both you and your child must sign below.

Child’s Printed Name

Child’s Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

PERMISSION/WAIVER FORM: PART I

Name of Child Participant (Please Print): _____

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

Activity Responsibility Agreement:

I, the undersigned, understand that there are risks and dangers inherent in participating in The Salvation Army Summer Day Camp program and activities (hereafter referred to as "Activity"), which may include transportation. I also understand that in order to be allowed to participate in this Activity and associated Activities, I must agree not to hold The Salvation Army liable for any injury or damage which may be suffered while participating in any Activity or going to/from any Activity.

Knowing this, and in consideration of being permitted to voluntarily participate in any Activity, and recognizing the charitable nature of The Salvation Army, I hereby voluntarily release The Salvation Army from any and all liability resulting from or arising in any manner at all out of any participation in any Activity.

- I understand and agree that I am releasing not only The Salvation Army, but also its officers, agents, and employees. I understand and agree that this waiver/release will have the effect of releasing, discharging, saving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present, or future; whether known or unknown, and whether anticipated or unanticipated by me, whether through acts or omissions by The Salvation Army's personnel or other unrelated third parties or other participants.
- I understand and agree that this waiver/release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children, and any guardian ad litem for said child.
- I understand and agree that by signing this waiver/release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by the child named above, while participating in any Activity, including but not limited to health care expenses.
- I understand and agree that by signing this waiver/release, I am agreeing to release, indemnify and hold harmless The Salvation Army, its officers, agents or employees from any and all liability or costs, including attorney fees, associated with or arising from my child's participation in any Activity.
- I understand and agree that I am signing this waiver/release on behalf of my minor child; that I will be giving up the same rights for said minor as I would be giving up if I had signed this document of my own behalf.
- I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT.

I acknowledge that I have read this waiver/release agreement and that I understand the words and language in it. I understand there are potential dangers incidental to participating in any Activity and going to/from any Activity. I execute it voluntarily and with full knowledge of its meaning and significance.

Signature of Parent or Legal Guardian

Date

PERMISSION/WAIVER FORM: PART II

Name of Child Participant: _____

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

Special Events and Field Trips:

I understand that the child named above will be participating in The Salvation Army Summer Day Camp activities between June 6, 2016 and July 22, 2016. I understand that during this period my child may take part in activities such as games, sports, fieldtrips, and other activities consistent with the purposes of the program. I realize that some of these activities may take place off premises and I give my permission for my child to be transported in a Salvation Army vehicle to and from any Summer Day Camp activity. (This consent is valid from June 6, 2016 and July 22, 2016.)

First Aid and Emergency Medical Treatment:

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or 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 the child named above, including hospitalization if in the agent’s opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again; I agree to pay for the medical treatment.

Consent to Publication by The Salvation Army:

I certify that I am at least 21 years of age, and the legal parent or guardian of the child named above. I hereby grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, display, placation or media, my child’s name, signature and likeness, and any portraits, pictures, photographic prints or other representations of my child, or in which my child may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as with discretion may be made, either testimonials made by my child or authorized by me which with discretion may be prepared for use in connection therewith. I warrant that I have not limited or restricted the use of my child’s name or photograph to the use of any organization or person. I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate.

I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Authorization Relating To A Minor or Individual Under Local Guardianship:

I hereby certify that I am the parent/legal guardian of the minor child, _____,
And have executed this release on his/her behalf. (Child’s Name)

OR

I **do not** give The Salvation Army consent to publish pictures of my child, _____,
(Child’s Name)

Signature of Parent or Legal Guardian

Date