

For center use:  
Reg. amount pd: \_\_\_\_\_  
Date registered: \_\_\_\_\_



## Champ Camp Registration Form Summer 2016

Child's Name \_\_\_\_\_ Name preferred \_\_\_\_\_  
Birth Date (MM/DD/YY) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
Work Address \_\_\_\_\_  
Email address \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
Work Address \_\_\_\_\_  
Email address \_\_\_\_\_

Child Lives With: Both Parents \_\_\_\_\_; Mom Only \_\_\_\_\_; Dad Only \_\_\_\_\_; Other \_\_\_\_\_  
Child's Legal Guardian(s): Both Parents \_\_\_\_\_; Mom Only \_\_\_\_\_; Dad Only \_\_\_\_\_; Other \_\_\_\_\_

The child may be released to the person(s) signing this agreement or to the following:

<u>Name</u>	<u>Address</u>	<u>Relationship to child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persons to contact in the case of an emergency when parents cannot be reached:

<u>Name</u>	<u>Telephone number(s)</u>	<u>Relationship to child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's Physician or Clinic's Name (Child's Primary Health Source):

\_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Please list below any special needs or allergies that we should be aware of during your child's time at Champ Camp (please write "N/A" if this does not apply to your child):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mark your child's t-shirt size (Champ Camp t-shirt included in registration fee):

- Small                       Medium                       Large                       Extra Large

Please be aware that by signing your child up for Champ Camp, you will be responsible for paying for the weeks you have signed up for (\$100/week).

**Please place a check mark in the box next to the weeks your child *WILL* be here:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> May 25 - May 27                                | <input type="checkbox"/> June 20 - June 24                              | <input type="checkbox"/> July 18 - July 22 |
| <input type="checkbox"/> May 31 - June 3 <small>(closed May 30)</small> | <input type="checkbox"/> June 27 - July 1                               | <input type="checkbox"/> July 25 - July 29 |
| <input type="checkbox"/> June 6 - June 10                               | <input type="checkbox"/> July 5 - July 8 <small>(closed July 4)</small> | <input type="checkbox"/> Aug. 1 - Aug. 3   |
| <input type="checkbox"/> June 13 - June 17                              | <input type="checkbox"/> July 11 - July 15                              |  |

\* Please note: We cannot guarantee care for a week that is unmarked. If plans change and you do need care, please contact us as soon as possible to determine if there is availability.

By signing below, I understand that I am required to pay for the weeks I have placed a check mark beside regardless of attendance.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

# PARENTAL AGREEMENT WITH CHAMPIONS FOR CHILDREN

1. Champions for Children agrees to provide day care for \_\_\_\_\_  
on \_\_\_\_\_, \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
from \_\_\_\_\_ to \_\_\_\_\_. My child will participate in the  
following meal plan: (please circle) Breakfast snack; Lunch; Afternoon snack.  
Child's name  
Days of week  
Month      Month
2. Before any medication is dispensed to my child, I will provide a written authorization which includes: date, name of child, name of medication, prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
6. Champions for Children agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than (2) feet deep.
7. I authorize Champions for Children to obtain emergency medical care for my child in the event the parent(s) are not available.
8. I have received a copy and agree to abide by the policies and procedures for Champions for Children.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/ Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Facility Administrator