

**Blind Children's Learning Center**  
**Mary Ann White Summer Camp**  
**Exploring Our Community**  
July 16-20, 2018

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**EMERGENCY INFORMATION**

List below the attending physicians of the child to be contacted in case of an emergency.

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Specialty \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Specialty \_\_\_\_\_

**TRANSPORTATION ARRANGEMENT**

Parent \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Both \_\_\_\_\_

Other (specify) \_\_\_\_\_

**PICK UP AUTHORIZATION**

In case of an emergency and neither parent can be contacted, please list below the names, addresses and telephone numbers of two or more responsible people to be contacted to pick up your child.

I, \_\_\_\_\_ parent/guardian of the above child, hereby authorize the following persons to pick up my child/ward from school if I cannot do so.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Blind Children's Learning Center**  
**Mary Ann White Summer Camp**  
**Exploring Our Community**  
July 16-20, 2018

Child/ Youth Name: \_\_\_\_\_

**DAILY ROUTINES**

**Sleeping**

1. How do you know your child is sleepy/tired? \_\_\_\_\_
2. Does your child nap? \_\_\_\_\_ How many hours on average? \_\_\_\_\_
3. Does your child sleep with a special blanket, toy, pacifier, song? \_\_\_\_\_

**Eating**

1. Does your child generally enjoy eating? \_\_\_\_\_ Do you consider your child a good eater? \_\_\_\_\_
2. What are some of your child's favorite foods (temperatures, textures, etc.)?  
\_\_\_\_\_
3. Are there any foods you do not want us to offer your child? \_\_\_\_\_
4. Is your child on a special diet (if yes, please explain)?  
\_\_\_\_\_
5. What does your child eat with (circle all that applies)? \_\_\_\_\_ spoon    fork    hands
6. What does your child use to drink? bottle    sippy cup    open cup

**Toileting**

1. What does your child usually wear during the day (circle one)? Underwear    diaper    pull-ups
2. What does your child wear for naps? \_\_\_\_\_

**Play**

1. What is your child's favorite toy/object or song? \_\_\_\_\_
2. Does your child enjoy playing with others? \_\_\_\_\_ Does your child do well playing alone? \_\_\_\_\_
3. What activities and toys does your child enjoy? \_\_\_\_\_

**Health**

1. Does your child have any health problems? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_
2. Is your child taking medication(s) regularly? \_\_\_\_\_ If yes, will your child need to be given medication during camp? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_

**General Development**

1. Do you have any concerns about your child's:
  - a. Hearing and/or vision? \_\_\_\_\_
  - b. Speech and language development? \_\_\_\_\_
  - c. Ability to move? \_\_\_\_\_
  - d. Overall development? \_\_\_\_\_
2. What languages are spoken at home? \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Blind Children's Learning Center**  
**Mary Ann White Summer Camp**  
**Exploring Our Community**  
July 16-20, 2018

**ALLERGY INFORMATION**

Child's Name: \_\_\_\_\_

FOOD ALLERGIES:

\_\_\_\_\_

Known Reactions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SKIN ALLERGIES:

\_\_\_\_\_

Known Reactions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER ALLERGIES:

\_\_\_\_\_

Known Reactions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Blind Children's Learning Center**  
**Mary Ann White Summer Camp**  
**Exploring Our Community**  
July 16-20, 2018

Release and Authorization for Field Trips

CONSIDERATIONS:

This RELEASE AND AUTHORIZATION FOR FIELD TRIPS is given by the Parent/Legal Guardian on behalf of the Child named above, in consideration for the agreement of the BCLC to provide services to the Child and the Parent/Legal Guardian, and for other good and valuable considerations from BCLC of which are hereby acknowledged. The Parent/Legal Guardian understands that the BCLC would not permit a Child to enroll in the BCLC's programs in the absence of Parent's/Legal Guardian agreement to the terms herein.

ACKNOWLEDGEMENT OF HAZARDS: Representation Concerning Health:

Parent/Legal Guardian acknowledges that the Child's vision impairment and any other impairment condition may result in the Child being susceptible to greater risk of physical injury, which may occur while participating in BCLC programs and/or receiving treatment at BCLC. The risks that may be encountered include, the risk of "Losses" as defined above, accidents, equipment failures, natural conditions, the actions of other children, sickness and acts or omissions of other individuals, or services. The Parent/Legal Guardian also acknowledge that medical attention or care for personal injuries, sickness, or accidents involving the Child may not be immediately available. With full knowledge of the stated risks, Parent/Legal Guardian represents and warrants to the "Releasees" that the Child is in good physical health and that except for his/her visual and/or other impairments that may exist, does not have any physical condition which will interfere with his/her ability to participate in the BCLC programs, including FIELD TRIPS, or endanger his/her health in connection with such programs.

ASSUMPTION OF RISK; RELEASE; COVENANT NOT TO SUE: The Parent represents that the Child is voluntarily participating in the BCLC programs and treatment at the BCLC. THE PARENT/LEGAL GUARDIAN ON BEHALF OF THE CHILD, VOLUNTARILY ASSUMES ALL RISK OF "LOSS", AS DEFINED HEREIN. The Parent/Legal Guardian does hereby release and discharge each and every one of the "Releasees" of any responsibility for, and shall indemnify each of the "Releasees" against and hold them harmless from, any and all "Loss" suffered or incurred by the Child which arise out of, or are in any way connected with the BCLC programs, the activities, in diagnosis, or treatment of the Child by BCLC or its employees or services. The Parent/Legal Guardian, on his/her own behalf and on behalf of the Child, hereby agrees not to sue or bring suit or legal or equitable action against any of the "Releasees" of the matters covered by the foregoing releases and indemnities.

SUCCESSORS AND ASSIGNS; SEVERABILITY; MODIFICATION: The releases and covenants given herein shall be binding upon the Parent/Legal Guardian and Child, and the Child's heirs, assigns, and personal representative. If any of the provisions or any portion thereof of this RELEASE AND AUTHORIZATION FOR FIELD TRIPS shall be held invalid or inoperative, the remaining provisions, or portions thereof, shall nevertheless be given full effect. This RELEASE AND AUTHORIZATION FOR FIELD TRIPS cannot be modified or terminated orally by the Parent/Legal Guardian of the Child.

BY YOUR SIGNATURE, THIS DOCUMENT BECOMES A LEGAL AND BINDING CONTRACT BETWEEN YOU, AND ON BEHALF OF YOUR CHILD, AND BCLC.

I have read and understand fully, all elements of this RELEASE AND AUTHORIZATION FOR FIELD TRIPS FORM. I further understand fully that this FORM is legally binding in all terms presented herein. As Parent/Legal Guardian of the named Child and on behalf of the Child, I wish to voluntarily participate in the BCLC FIELD TRIP Program. I represent to you that I, as parent/legal guardian, am legally authorized to sign for the Child named herein.

SIGNATURE OF PARENT/LEGAL GUARDIAN:

DATE: \_\_\_\_\_

**Blind Children's Learning Center**  
**Mary Ann White Summer Camp**  
**Exploring Our Community**  
July 16-20, 2018

Consent to Release for Use of Videotape, Digital Images and Photographs

CHILD'S NAME (PLEASE PRINT): \_\_\_\_\_

The Blind Children's Learning Center (BCLC) routinely develop publications to inform and invite the public to become involved in BCLC through monetary means, volunteerism, Professional service, in-kind donations, and to obtain grants to aid in the continued BCLC service to those in need of our expertise. Pictures of our enrolled children and stories of their accomplishments play a key role in these activities. Your Consent to use videotape, digital images and/or photographs of your Child is required.

I have read, understand and hereby **give my CONSENT** to BCLC for the use of my Child's photographs for publicity purposes. I further waive all claims for any damage or compensation for such use of my Child's photographs. I represent to you that I, as parent/legal guardian, am legally authorized to sign this CONSENT FOR RELEASE FOR USE OF PHOTOGRAPHS FORM for the above named Child.

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE : \_\_\_\_\_

I have read, understand and hereby **DO NOT give my CONSENT** to BCLC for the use of my Child's photographs for publicity purposes

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE : \_\_\_\_\_

**Blind Children's Learning Center**  
**Mary Ann White Summer Camp**  
**Exploring Our Community**  
July 16-20, 2018

**SUN BLOCK AUTHORIZATION**

Name of Student: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Areas NOT to apply sun block: \_\_\_\_\_

Reason (not to apply sun block): \_\_\_\_\_

All non-prescription, over the counter medication must be provided by the parents or guardian. All medications are to be in their **original container** and **clearly labeled with your child's name**. Medications should also be in a re-sealable bag that is also clearly marked with the child's name.

I authorize the above medication to be applied as indicated to my son/daughter.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Effective through August 27, 2018.

**Blind Children's Learning Center**  
**Mary Ann White Summer Camp**  
**Exploring Our Community**  
July 16-20, 2018

**HOLD HARMLESS AGREEMENT**

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**NOTICE: THIS HOLD HARMLESS AGREEMENT IS A CONTRACT WITH LEGAL CONSEQUENCES. PLEASE READ IT CAREFULLY BEFORE SIGNING.**

1. DEFINITIONS: Provided to assist you in a clear and concise understanding of this document.
  - 1.1 The term "Child" means (PRINT CHILD'S NAME) \_\_\_\_\_
  - 1.2 The term "Parent/Legal Guardian" represents the person legally authorized to sign legal documents for the above named child.
  - 1.3 The term "Loss" means any property damage, financial loss, cost (including attorneys' fees), expense, other damage, personal injury, or death that may be suffered, incurred, or sustained by the Child as a result of being engaged in Blind Children's Learning Center program activities, **WHETHER CAUSED OR PERCEIVED TO BE CAUSED BY THE NEGLIGENCE OF THE RELEASEES.**
  - 1.4 The term "RELEASEES" means the Blind Children's Learning Center (BCLC), all of its officers, trustees, directors, contracted agents, employees, teachers, and volunteers.
2. CONSIDERATIONS: This Hold Harmless Agreement is given by the Parent/Legal Guardian on behalf of the Child named above, in consideration for the agreement of the BCLC to provide services to the Child and the Parent/Legal Guardian, and for other good and valuable considerations from BCLC of which are hereby acknowledged. The Parent/Legal Guardian understands that the BCLC would not permit a Child to enroll in the BCLC's programs in the absence of Parent's/Legal Guardian agreement to the terms herein.
3. ACKNOWLEDGEMENT OF HAZARDS: Representation Concerning Health: Parent/Legal Guardian acknowledges that the Child's vision impairment and any other impairment condition may result in the Child being susceptible to greater risk of physical injury, which may occur while participating in BCLC programs and/or receiving treatment at BCLC. The risks that may be encountered include, the risk of "Losses" as defined above, accidents, equipment failures, natural conditions, the actions of other children, sickness and acts or omissions of other individuals, or services. The Parent/ Legal Guardian also acknowledges that medical attention or care for personal

**Blind Children's Learning Center  
Mary Ann White Summer Camp  
Exploring Our Community  
July 16-20, 2018**

3. (CONTINUED) injuries, sickness, or accidents involving the Child may not be immediately available. With full knowledge of the stated risks, Parent/Legal Guardian represents and warrants to the "Releasees" that the Child is in good physical health and that except for his/her visual and/or other impairments that may exist, does not have any physical condition which will interfere with his/her ability to participate in the BCLC programs, or endanger his/her health in connection with such programs.
4. ASSUMPTION OF RISK; RELEASE; COVENANT NOT TO SUE: The Parent represents that the Child is voluntarily participating in the BCLC programs and treatment at the BCLC. THE PARENT/LEGAL GUARDIAN ON BEHALF OF THE CHILD, VOLUNTARILY ASSUMES ALL RISK OF "LOSS", AS DEFINED HEREIN. The Parent/Legal Guardian does hereby release and discharge each and every one of the "Releasees" of any responsibility for, and shall indemnify each of the "Releasees" against and hold them harmless from, any and all "Loss" suffered or incurred by the Child which arise out of, or are in any way connected with the BCLC programs, the activities, in diagnosis, or treatment of the Child by BCLC or its employees or services. The Parent/Legal Guardian, on his/her own behalf and on behalf of the Child, hereby agrees not to sue or bring suit or legal or equitable action against any of the "Releasees" of the matters covered by the foregoing releases and indemnities.
5. SUCCESSORS AND ASSIGNS; SEVERABILITY; MODIFICATION: The releases and covenants given herein shall be binding upon the Parent/Legal Guardian and Child, and the Child's heirs, assigns, and personal representative. If any of the provisions or any portion thereof of this HOLD HARMLESS AGREEMENT shall be held invalid or inoperative, the remaining provisions, or portions thereof, shall nevertheless be given full effect. This Hold Harmless Agreement cannot be modified or terminated orally by the Parent/Legal Guardian of the Child.

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**I have read and understand fully, all elements of this HOLD HARMLESS AGREEMENT. I further understand fully that this HOLD HARMLESS AGREEMENT is legally binding in all terms presented herein. As Parent/Legal Guardian of the named Child and on behalf of the Child, wish to voluntarily participate in the BCLC Programs. I represent to you that I am legally authorized to sign this AGREEMENT for the herein named Child.**

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE: \_\_\_\_\_



**Blind Children's Learning Center**  
**Mary Ann White Summer Camp**  
**Exploring Our Community**  
July 16-20, 2018

**CONSENT TO EMERGENCY MEDICAL TREATMENT**

MEDICAL AUTHORIZATION FOR (CHILD'S NAME) \_\_\_\_\_

(PLEASE PRINT)

I, the parent/legal guardian of the above named minor Child, give full authority to the Blind Children's Learning Center (BCLC) and its officers, employees, and agents to take whatever action they deem is warranted, under the circumstances of the emergency, and to act as agent of the Child and myself, the parent/legal guardian, at my expense, regarding the Child's health and safety. This full authority includes giving permission to a physician, paramedic, and/or health care facility to render medical treatment to the Child, including the giving of medication, medical examinations, X-rays, anesthetic, medical and/or surgical diagnosis and hospital care, when deemed necessary by the attending medical professional. I fully acknowledge, as the Child's parent/legal guardian, that this CONSENT is not given in advance of any specific diagnosis, treatment or health care facility being required.

**BCLC has a series of Policies in place for the safety and health of your Child. You may obtain a copy of any or all of those Policies, upon request.**

BCLC Policy No. B-XII provides for the Child's legal representative to prohibit the use of a medical physician's involvement in the medical treatment of the Child, because of a religious faith/other spiritual means. If BCLC has not received a written statement of refusal to obtain a physician's medical assessment, a written statement that no medical care be given to the Child, and a written statement accepting full responsibility for the Child's health, BCLC will put into effect the full authority of providing EMERGENCY MEDICAL TREATMENT, as stated in the first paragraph of this document. The BCLC HOLD HARMLESS AGREEMENT is applicable to this Document.

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I have read and understand fully, all elements of this CONSENT TO EMERGENCY MEDICAL TREATMENT document. I further understand fully that this DOCUMENT is legally binding in all terms presented herein. As Parent/Legal Guardian of above named Child, I represent to you that I am legally authorized to sign this CONSENT TO EMERGENCY MEDICAL TREATMENT.

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

**Blind Children's Learning Center**  
**Mary Ann White Summer Camp**  
**Exploring Our Community**  
 July 16-20, 2018

**CASH OR CHECK PAYMENT FORM**

**Parent Information**

<b>Last Name:</b>	<b>First Name:</b>	
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Phone:</b>	
<b>Email:</b>		

**Child/Children Attending**

	Name(s)	Amount
1		
2		
3		
4		
<b>Total:</b>		

Please make checks payable to **Blind Children's Learning Center**.

Submit this form and payment into the black tuition drop box located in the administration building.

Payment should be placed in an envelope and labeled "Summer Camp 2018 Payment."

**Blind Children's Learning Center**  
**Mary Ann White Summer Camp**  
**Exploring Our Community**  
July 16-20, 2018

**Scholarships Qualifications:**

- Camper must have a diagnosed visual impairment.
- Financial need.

To apply, complete the attached application and return it by **06/01/2018**.

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**Scholarship Application**

**The following 3 sections must be complete to be considered:**

- I. General Information
- II. Financial Need
- III. Written Statement

**I. General Information:**

First and Last Name of Camper: \_\_\_\_\_

Visual diagnosis: \_\_\_\_\_ Camper Date of Birth \_\_\_\_\_

First and Last Name of Parent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

**Blind Children's Learning Center  
Mary Ann White Summer Camp  
Exploring Our Community**

July 16-20, 2018

**II. Financial Need:**

Persons Living in Your Household:

Full Name	Relationship	Age	Income Source	Gross Yearly Income

Total Household Gross Annual Income (a copy your 2017 tax returns are required):

\$ \_\_\_\_\_

**III. Written Statement:**

In 100 or more words (attach a separate document if needed) describe why your child would benefit from the scholarship to attend BCLC's Summer Camp:

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**Note: Only complete applications will be considered.**

Please remember to submit:

1. A copy of your 2017 tax returns.
2. Your written statement.