



In Office Use Only
<input type="checkbox"/> Administration Fee Paid
<input type="checkbox"/> Payment Schedule Explained

Summer Day Camp Registration Form

LOCATION

John Wayland Lacey Spring McGaheysville Mountain View Peak View

RATE

Full Summer (by 5/1/19) - \$560, Sibling - \$525
 Weekly - \$80 per week, Sibling - \$75 per week
 Summer School - \$55 per week
 Daily - \$35 per day, no reg. fee.

*Please note that it is the parent's responsibility to meet the payment deadlines and enroll their child each week. Intended attendance will only be used as an estimate of enrollment numbers.

INTENDED ATTENDANCE

All Summer, Weeks 1-8
 Wk. 1 - June 17-21
 Wk. 2 - June 24-28
 Wk. 3 - July 1-5
 Wk. 4 - July 8-12
 Wk. 5 - July 15-19
 Wk. 6 - July 22-28
 Wk. 7 - July 29-August 4
 Wk. 8 - August 5-9

Child's Name _____ Date of Birth _____ Grade Entering _____

Address _____

First Parent/Guardian _____

Address (if different from child) _____

Primary Phone _____ Secondary Phone _____ Email _____

Employer _____ Work Phone _____

Second Parent/Guardian _____

Address (if different from child) _____

Primary Phone _____ Secondary Phone _____ Email _____

Employer _____ Work Phone _____

Health Information

Physician's Name _____ Phone _____

Allergies/Medical Conditions _____

Daily Medications _____

Emergency Contact Information 1

Name _____

Relationship to child _____

Primary Phone _____

Secondary Phone _____

Emergency Contact Information 2

Name _____

Relationship to child _____

Primary Phone _____

Secondary Phone _____

Person(s) authorized to pick up

Person(s) NOT authorized to pick up (If parent please include custody paperwork)

Emergency Alert for Allergic Reaction

Fill out ONLY if child has allergies!

My child is at risk for a life-threatening allergic reaction

- Yes
- No

My child's allergy was identified through allergy testing:

- Yes
- No

My child had the following symptoms during the reaction:

- Red, watery eyes
- Shortness of breath
- Coughing
- Swelling
- Hives
- Dizziness
- Nausea/Vomiting
- Runny nose
- Tightening of throat

Other _____

My Child has an allergic reaction to:

- Bees
- Latex
- Food (Please specify) _____
- Other _____

Please check circumstances which reaction could occur:

- Skin contact
- Ingestion (eating allergen)
- Inhalation (breathing allergen)

My child had his/her last reaction on the following

date: _____

If an allergic reaction would occur at summer day camp, personnel will administer first aid (remove stinger, apply ice, observe for 15 minutes and record side effects). You will be notified of the incident immediately. Please indicate which further treatment a

- Administer medication – Name and dosage: _____
- Call 911 Immediately
- Call Physician

****Please note that 911 will be called if an EpiPen is given or if your child is demonstrating symptoms of a systemic allergic reaction** If medication is necessary, please complete the Medication Authorization Form.**

AGREEMENTS

Medical

The parent /guardian authorize the Summer Day Camp Program to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately. The parent (s) guardian agree to inform the program within 24 hours or the next business day after his child or any member of the immediate family has developed a reportable disease, as defined by the State Board of a Health, except for life a threatening disease which must be reported immediately.

Release of Liability

I consent to my child's participation in the Summer Day Camp Program sponsored by the Rockingham Parks & Recreation Department. I waive all rights to release all claims that might be held against the County of Rockingham and agents for any and all Injuries or losses which may be suffered because of my child's participation in the Summer Day Camp Program.

Photography Release

I give permission to have my child's picture taken and understand it could be used in Rockingham County Publications, to include the Recreation website, social media, activities guides, etc.. The child's name will not be used. YES NO

Financial Commitment

I understand I am responsible for all charges associated with this enrollment, including any late fees. I also acknowledge that I have received a current copy of the Summer Day Camp Parent Handbook and understand all policies and procedures outlined.

Parent/Guardian Signature _____ **Date** _____

Any additional comments that we should be aware of that will provide valuable information for the Summer Day Camp staff:

Summer Day Camp Pool Permission Form

Child's Name: _____ Day Camp Site: _____

- I hereby give permission for my child, listed above, to attend the field trips to the Pool. I also understand that Summer Day Camp staff will act as their guardian while on this field trip and will help ensure that all facility and program rules are followed.
- I **DO NOT** give permission for my child to attend field trips to the Pool. I understand that my child will still be transported for the field trip, unless he/she is picked up at the Day Camp site before 12:30pm on field trip days.

Check appropriate answers in each section below:

Swimming Ability: ___ My child **can** swim ___ My child **cannot** swim

Depth of Water: ___ Kiddie Pool ___ Shallow End (3ft) ___ Mid-Pool (4-5ft) ___ Deep End (5ft+)

My child may use: ___ Water Climbing Wall (ages 10+) ___ Diving Boards

****Some pool locations require a swimming test. Please see Page 10 to familiarize yourself with this policy.**

Sunscreen: ___ I give permission for Day Camp staff to apply sunscreen. Equate Kids SPF 50 is the sunscreen provided to staff.
 ___ I DO NOT give permission for Day Camp Staff to apply sunscreen

Parent Signature: _____ Date: _____

Summer Day Camp Field Trip Card

This card will accompany your child on all field trips, please print and fully complete

Child's Name: _____ Day Camp Site: _____

Allergies/Medical Conditions: _____

Daily Medications: _____

First Parent/Guardian _____

Primary Phone _____ Secondary Phone _____

Second Parent/Guardian _____

Primary Phone _____ Secondary Phone _____

<u>Emergency Contact Information 1</u>	<u>Emergency Contact Information 2</u>
Name _____	Name _____
Primary Phone _____	Primary Phone _____
Secondary Phone _____	Secondary Phone _____