

# FALL BREAK CAMP 2020



Please complete one (1) per child.

## CONTACT INFORMATION

CAMPER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT (GUARDIAN) NAME: \_\_\_\_\_ CAMPER LIVES WITH (custodial parent): \_\_\_\_\_

PHONE: DAY: \_\_\_\_\_ CELL: \_\_\_\_\_ ALTERNATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?  MEMBER# \_\_\_\_\_  PREVIOUS CAMPER  CAMP GUIDE/MAILING  SCHOOL  
 INTERNET  AT THE KROC CENTER  OTHER \_\_\_\_\_

Date/Time	Full Camp Fee	Camp Dates	Total Fee:
<b>FALL BREAK CAMP</b>			
<b>Fall Break Camp</b>  <b>Oct 12-16</b>  <b>8:30am-4:30pm</b>	<b>Member:</b> <input type="radio"/> \$24 (1 day) <input type="radio"/> \$48 (2 day) <input type="radio"/> \$72 (3 days) <input type="radio"/> \$96 (4 day) <input type="radio"/> \$120 (5 days)	<b>Guest:</b> <input type="radio"/> \$30 (1 day) <input type="radio"/> \$60 (2 days) <input type="radio"/> \$90 (3 days) <input type="radio"/> \$120 (4 days) <input type="radio"/> \$150 (5 days)	<b>Days</b> <input type="radio"/> Monday -October 12 <input type="radio"/> Tuesday - October 13 <input type="radio"/> Wednesday - October 14 <input type="radio"/> Thursday - October 15 <input type="radio"/> Friday - October 16
	<b>EXTENDED CARE - \$10/DAY 7:30am-6pm</b> <input type="radio"/> Monday - October 12 <input type="radio"/> Tuesday - October 13 <input type="radio"/> Wednesday - October 14 <input type="radio"/> Thursday - October 15 <input type="radio"/> Friday - October 16		<b>PURCHASED LUNCH - \$32.50/WEEK</b> <input type="radio"/> Monday - October 12 thru Friday - October 16

### ADMINISTRATIVE USE ONLY

Total (above): \_\_\_\_\_ Discounts Applied: \_\_\_\_\_ Total Program Cost: \_\_\_\_\_

For office use only:  Approved Signature \_\_\_\_\_ Date \_\_\_\_\_

# FALL BREAK CAMP 2020



## CANCELLATION/TRANSFER POLICY

Monetary refunds will not be issued unless a Day Camp session is cancelled by the Kroc Center. Extenuating circumstances such as a death in the family, illness, etc. require refund approval through the Afterschool/Camp Coordinator. If the program is cancelled by the Kroc Center, you will be given the choice of a full credit or a cash refund.

**Cancellation prior to the start of camp session:** Full credit minus a \$10 administrative fee will be issued.

**Transfers:** A \$5 administrative fee will be applied for a transfer from one day of camp to another.

*No credits or pro-rated credits will be issued for partial attendance at a camp or missed days of camp due to illness, behavior issues, or any other reason. A refund request form must be completed within one week of cancellation. Refunds placed on Kroctivity cards are applicable towards any Kroc Center Program or merchandise and are not redeemable for cash. Please see the current Program Guide for the full cancellation policy.*

**I have read, understood, and agree to the Kroc Center policies regarding payments, transfers, cancellations, and credits.**

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

## CONSENT FOR PICTURES/VIDEO & LIABILITY WAIVER

I agree to allow The Salvation Army, a Georgia Corporation, (Kroc Center) to use and publish any pictures or videos of my Camper (the minor child for whom I am signing) with or without their name, for such purposes as publicity, promotional materials, illustration, advertising, and Web content. (Pictures will only be used to promote the Kroc Center.)  YES  NO

**Parent/Guardian is required to sign authorization and waiver below to acknowledge understanding and agreement of the content.**

In condition of the participation of my child at the Salvation Army's Day Camp program at the Ray and Joan Kroc Corps Community Center, I (on behalf of myself and my child) agree to the following:

- (1) I have been advised of and understand the types of activities that my child will be participating in while at the Kroc Center. While the Kroc Center will provide supervision and act responsibly to ensure the safety and well being of my child, I understand that it is possible that by participating in these activities, my child may be hurt or injured or may suffer the damage or loss of property, and I agree to assume that risk.
- (2) I also agree that the safety of my child is a shared responsibility and that I will promptly advise employees/staff of any medical or physical condition that may create a safety or health risk for my child or other persons at the Kroc Center.
- (3) I agree on behalf of myself and my child to waive any claims that I or my child may have against Kroc Center, its agents, employees and volunteers for any injuries or property damages suffered as a result of my child's participation in activities offered during Day Camp, except for losses caused by the gross negligence or willful misconduct of the Salvation Army.
- (4) I am authorizing the Kroc Center to seek medical attention for my camper if an emergency were to arise while the minor camper is involved in these activities. I understand that The Salvation Army Ray and Joan Kroc Corps Community Center is not responsible for medical expenses.

**I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasee's or otherwise and understand that by signing below, I am giving up the right to sue The Salvation Army.**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**For questions please contact: Kenyota Ward 901-729-8089, kenyota.ward@uss.salvationarmy.org**

Please bring in your finished forms to the Welcome Desk to purchase and register for your chosen camp.

# FALL BREAK CAMP 2020



## PICK-UP AUTHORIZATION & HEALTH HISTORY FORM (Complete 1 per child)

### EMERGENCY CONTACT & PICK-UP AUTHORIZATION

We require at least 3 emergency contacts /adults authorized for pick up other than parents listed on registration form.

(Only those listed will be allowed to sign your camper out of camp.)  
People AUTHORIZED to pick-up my camper :

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Ph: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Ph: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Ph: ( \_\_\_\_\_ ) \_\_\_\_\_

People NOT AUTHORIZED to pick-up my camper :

Name: \_\_\_\_\_

Name: \_\_\_\_\_

### HEALTH HISTORY

#### ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE?

Yes  No

Date of last Tetanus Shot: \_\_\_\_\_

*Signature Required for those who do not have immunizations due to religious reasons:*

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

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

DIETARY RESTRICTIONS: \_\_\_\_\_

Name & Purpose of any Medication: \_\_\_\_\_

(for medications to be administered at camp fill out the back side of this form)

### HEALTH HISTORY (continued)

The information provided below will assist our staff in providing the best care for your child.

#### CHECK IF APPLICABLE OR ALLERGIC:

- Diabetes  Asthma  Carries Epi-Pen  Epilepsy  
 Penicillin  Insect Stings  Carries Inhaler  
 Behavioral Challenges

Other: \_\_\_\_\_

Operations/Serious Injuries/ Diseases/ Restrictions on Physical Activity:

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

Please list anything else that may affect your child's experience at camp, (i.e.: moving to new home, divorce):

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

### INFORMATION REQUIRED BY STATE LAW

HEALTH INSURANCE:  Yes  No

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctor's Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

# FALL BREAK CAMP 2020



## MEDICATION INFORMATION FORM

Medications must be dropped off & picked up each day by the parent or authorized adult at the sign in/out table.

All Medications must be in their original prescription container with the child's name printed on the label, and placed in a plastic bag. Any medication not brought in the appropriate container may prevent your child from participating in camp that day.

### MEDICATION INFORMATION FORM

Camper's Name \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Please repeat the following section as necessary. A manager may contact you for additional information.

**Medication & Strength:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

Administration Instructions (time of day, etc): \_\_\_\_\_

Storage Instructions: \_\_\_\_\_ Quantity Sent to Camp: \_\_\_\_\_

Date Prescribed: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Temporary: \_\_\_\_\_ Permanent: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Possible Side Effects (i.e.: reactions to food, dehydration, stress, drowsiness, etc.): \_\_\_\_\_

Which, if any, of the above side effects has your child experienced? To what extent? \_\_\_\_\_

Other important information regarding medication: \_\_\_\_\_

Expected consequence if medicine is not taken as directed: \_\_\_\_\_

**Medication & Strength:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

Administration Instructions (time of day, etc): \_\_\_\_\_

Storage Instructions: \_\_\_\_\_ Quantity Sent to Camp: \_\_\_\_\_

Date Prescribed: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Temporary: \_\_\_\_\_ Permanent: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Possible Side Effects (i.e.: reactions to food, dehydration, stress, drowsiness, etc.): \_\_\_\_\_

Which, if any, of the above side effects has your child experienced? To what extent? \_\_\_\_\_

Other important information regarding medication: \_\_\_\_\_

Expected consequence if medicine is not taken as directed: \_\_\_\_\_

### CAMPER PERMISSION-TO-CARRY

All medications are to be administered by a Camp Counselor, or other designated personnel. By filling out the information below, Parents may authorize campers to carry/administer their own medication in the case of those needed for potentially life-threatening situations (e.g.: Epi-pens for anaphylactic reactions or inhalers).

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of administration: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

By signing below, the parent/ legal guardian acknowledges that the child has been instructed in the purpose of and appropriate administration of this medication and all other pertinent information regarding the medication and has authorized him or her to self-administer as necessary.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FALL BREAK CAMP 2020



## INCLUSION IN-TAKE FORM

Last Name: \_\_\_\_\_

Season/Session: \_\_\_\_\_

**Directions: Carefully read and thoroughly complete each answer. Clearly print all responses.**

**This form has been prepared to provide accommodations and support for the Kroc Center Day Camp Program campers and their families.**

### CONTACT INFORMATION

Camper Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

### ABILITY PROFILE

Describe your child's level of ability:

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What type of daily living assistance/ accommodations does your child need?

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Indicate which of the following camp activities you foresee your child needing accommodations for in order to successfully participate. If known, please list the type of accommodation(s) requested below.

- Morning rally    Arts & Crafts    Board games    Dancing    Cards    Computers  
 Traditional sports    Library    Lunch    Movies    Swimming    Tag games  
 Other \_\_\_\_\_

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If known, how would you describe your child's learning style? (example: visual, auditory, kinesthetic).

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# FALL BREAK CAMP 2020



## FOR PARENTS

List anything that upsets (stresses) your child such as loud noises, lots of people, or having to stop doing an enjoyable activity.

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List techniques or "tools" that help your child calm down when stressed (*example: speaking quietly, having something to hold or "fidget" with, taking deep breaths*).

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**What tips or tricks work for you, school, or other recreation settings to help your child with the following:**

*Make new friends:* \_\_\_\_\_

*Speak respectfully to others:* \_\_\_\_\_

*Avoid using hands or feet in ways that might hurt himself or others:* \_\_\_\_\_

*Remain with his or her assigned group:* \_\_\_\_\_

*Diminish or decrease fidgeting or repetitive behaviors:* \_\_\_\_\_

*Be helpful with group projects (picking up after lunch, playing on a team):* \_\_\_\_\_

*Please understand that poor choices (negative behavior) result in negative consequences. We anticipate all campers will show safe, respectful and acceptable behavior. In the unlikely event your camper earns negative consequences; please tell us what you find to be most effective in correcting the behavior.*

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*My child needs the following:*

*Verbal reminders (i.e. it's time to get ready for the next activity) How many times?* \_\_\_\_\_

*Partial participation in the following activity area(s):* \_\_\_\_\_

*To sit next to a counselor (when and why):* \_\_\_\_\_

*Incentive/ sticker chart*

**Parents, please read the BELOW expectations for EVERY camper with your child and sign, acknowledging your understanding. Additional age-appropriate group expectations are reviewed at the beginning of each session with the group counselors.**

1. Stay with the group at all times.
2. Keep hands and feet to oneself; choose to use hands and feet for helping, not hitting, punching or kicking others or property of others.
3. Listen to all instructions given by staff. (If a child needs alternative ways of receiving information and instructions, please be sure to indicate such needs on this form).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_