

# 2017 “Choose Life” Summer Day Camp Registration Form

## HOW TO REGISTER:

1. Completely fill out all parts of this Registration Form. Parents MUST sign in every appropriate place for signatures throughout this form. Use only one form for each child.
2. Turn in a completed registration form with: \$25.00 Check/Cash for registration fee, copy of birth certificate, updated shot record, and copy of the students last report card. Weekly tuition for camp is \$35.00 per camper plus the cost of field trips. Make checks payable to: **SOLID ROCK COMMUNITY DEVELOPMENT CORPORATION.**
3. Purchase camp T-Shirt for each participant. *(T-Shirts are mandatory for all field trips)*

*After a camper is registered, a confirmation letter with more specific information will be sent prior to the start of camp. Boys and girls are placed on a first come, first served basis. Children of volunteer camp staff will have priority placement. Camp capacity for 2017 is 60.*

**Camp Begins: Tuesday, June 20, 2017**

**Camp Ends: Friday, July 17, 2017**

If cancellation is necessary, please contact us as soon as possible so another child may be given the opportunity to attend camp.

### ~ OFFICE USE ONLY ~

Camp Code: _____	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Shot Record <input type="checkbox"/> Report Card
Session #1: _____ (Rcv'd) \$ _____ (Pd.)	Counselor: _____
Session #2: _____ (Rcv'd) \$ _____ (Pd.)	Assigned Group: _____
Session #3: _____ (Rcv'd) \$ _____ (Pd.)	T-Shirt Order: _____ (Size) \$ _____ (Pd.)

## CAMPER PROFILE

Name: \_\_\_\_\_  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_ School: \_\_\_\_\_

Race:  African American   
 Caucasian   
 Hispanic   
 Asian   
 Other \_\_\_\_\_

### FAMILY INFORMATION:

Father: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ *(Cellular, Pager, etc.)*

Mother: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ *(Cellular, Pager, etc.)*

### If parents or guardians cannot be reached: *(In case of emergency)*

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

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ *(Cellular, Pager, etc.)*

Family Size: \_\_\_\_\_ *(Number in Household)*

Head of Household:  Father     Grandparent(s)

Mother     Legal Guardian

### Family Annual Income:

- |  |  |
|--|--|
| <input type="checkbox"/> 75,000—and up | <input type="checkbox"/> 15,000—24,999     |
| <input type="checkbox"/> 50,000—74,999 | <input type="checkbox"/> 7,500—14,999      |
| <input type="checkbox"/> 35,000—49,999 | <input type="checkbox"/> Below 7,500       |
| <input type="checkbox"/> 25,000—34,999 | <input type="checkbox"/> Public Assistance |

### Other family members registered in “Choose Life” Summer Day Camp 2017? Yes No

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

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

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

**My child, \_\_\_\_\_ has my permission to attend and participate in the “Choose Life” Summer Day Camp and its activities.**

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

# Need Assessment

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

We are here to serve you. Help us take care of our most precious gifts, our campers. Please complete the following need assessment as it will help us determine and meet special needs of each individual participant.

**Academic:** *(How well does he/she perform in school?)*

Weaknesses: \_\_\_\_\_

Strengths: \_\_\_\_\_

**Behavior/Conduct:** *(How well does he/she follow instructions?)*

Weaknesses: \_\_\_\_\_

Strengths: \_\_\_\_\_

**Social Development:** *(How well does he/she get along with others?)*

Weaknesses: \_\_\_\_\_

Strengths: \_\_\_\_\_

Are there any other areas of concern that need to be addressed? \_\_\_\_\_

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

Does your family have any needs that SRCDC can assist with or offer referrals? \_\_\_\_\_

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

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## Need Assessment Evaluation

*(Office Use Only)*

**Directors Comments:**

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

**Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Medical Information and Release

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

## Medical Permission-To-Treat:

I certify that my child is in good health and is free of any communicable diseases. I will not allow my child to attend camp if my child becomes exposed to any contagious disease or if, for any reason, I do not consider him/her in good health. I do not hold the camp personnel responsible for accident or illness. If my child is ill and/or is injured and requires medical treatment, my signature on this form authorizes the Solid Rock Community Development Corporation and "Choose Life" Summer Day Camp personnel to consent to medical treatment for my child in my absence for the "2017" Summer Camp Sessions. I understand that every effort will be made by the day camp director to notify me before such action is taken.

## Medical Treatment Includes:

- Transporting my child by emergency or private vehicle to an appropriate health-care facility.
- Pre-hospital care, all hospital and physician services, whether medical, surgical, or dental that are necessary for the benefit, safety and well-being of my child.

## Insurance:

Insurance Carrier: \_\_\_\_\_ Group/Policy#: \_\_\_\_\_  
Verification Phone: \_\_\_\_\_ Policyholder: \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_

## Health History:

Health conditions requiring medication, treatment or special restrictions or considerations while at camp: \_\_\_\_\_

Currently prescribed medications/treatments: \_\_\_\_\_

Operations or serious injuries: \_\_\_\_\_

Check all that apply:

### Diseases

- Chicken Pox
- Measles
- German Measles
- Mumps

### Allergies

- Animals
  - Food
  - Hay Fever
  - Insect Stings
  - Medicine/Drugs
  - Plants
  - Pollen
  - Other
- Specify: \_\_\_\_\_

### Chronic Illness

- Ear Infections
  - Heart Defect
  - Seizures
  - Bleeding Disorders
  - Asthma
  - Hypertension
  - Other
- Specify: \_\_\_\_\_

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

## TRAVEL AND LIABILITY RELEASE:

I, \_\_\_\_\_ give permission for my child, \_\_\_\_\_ to travel with "Choose Life" Summer Day Camp of the Solid Rock Community Development Corporation on all field trips from June 20, 2017 to July 14, 2017. I will not hold the camp or Solid Rock C.D.C. or any staff member associated with these organizations liable for any accident or injuries my child may incur while involved in activities associated with the "Choose Life" Summer Day Camp. I also agree that the Solid Rock C.D.C. may use photographs, audio and video tapes of my child in day camp situations for Summer Camp public relations and publicity.

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

# Camper Progress Report

(Office Use Only)

Please record camper's progress per session in the four major areas of concern. This information will be reported to parents at the end of each session.

	Week #1	Week #2	Week #3	Week #4
<u>Attendance</u>				
<u>Academic</u>				
<u>Behavior</u>				
<u>Social Development</u>				

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Incident/Disciplinary Report

(Office Use Only)

**Incident #1:** \_\_\_\_\_  
\_\_\_\_\_

Reported by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Reported To: \_\_\_\_\_ Parent Notified:  Yes  No Date: \_\_\_\_\_  
Action Taken: \_\_\_\_\_  
\_\_\_\_\_

**Incident #2:** \_\_\_\_\_  
\_\_\_\_\_

Reported by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Reported To: \_\_\_\_\_ Parent Notified:  Yes  No Date: \_\_\_\_\_  
Action Taken: \_\_\_\_\_  
\_\_\_\_\_

**Incident #3:** \_\_\_\_\_  
\_\_\_\_\_

Reported by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Reported To: \_\_\_\_\_ Parent Notified:  Yes  No Date: \_\_\_\_\_  
Action Taken: \_\_\_\_\_  
\_\_\_\_\_