

School's Out! Day Camp Application

WINTER/SPRING 2012



STUDENT/PARENT CONTACT INFORMATION

STUDENT NAME (FIRST, MIDDLE, LAST) _____

SCHOOL _____ GRADE _____

STUDENT HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

STUDENT DATE OF BIRTH _____ AGE _____ MALE FEMALE

STUDENT CELL _____ STUDENT EMAIL _____

PARENT/GUARDIAN(S) NAME: _____

PARENT CELL _____ PARENT EMAIL _____

HOME PHONE _____



SCHOOL'S OUT! DAY CAMPS DATES

AGES 6-13 \$35 PER DAY 9AM-4PM

CLASS #	DATES	TIME	CLASS #	DATES	TIME
21PCA101	JANUARY 16	9:00AM-4:00PM	21PCA108	MARCH 26	9:00AM-4:00PM
21PCA102	JANUARY 27	9:00AM-4:00PM	21PCA109	MARCH 27	9:00AM-4:00PM
21PCA103	FEBRUARY 17	9:00AM-4:00PM	21PCA110	MARCH 28	9:00AM-4:00PM
21PCA104	FEBRUARY 20	9:00AM-4:00PM	21PCA111	MARCH 29	9:00AM-4:00PM
21PCA105	MARCH 9	9:00AM-4:00PM	21PCA112	MARCH 30	9:00AM-4:00PM
21PCA106	MARCH 22	9:00AM-4:00PM			
21PCA107	MARCH 23	9:00AM-4:00PM			

CAMP INFORMATION

CLASS #	DAY CAMP DATE	FEE \$
SUBTOTAL		\$
LESS GOLD MEMBER 10% DISCOUNT		-
GRAND TOTAL		\$

PAYMENT INFORMATION

I AM PAYING WITH CASH/CHECK CHECK NUMBER # _____

PLEASE CHARGE MY CREDIT CARD VISA MASTERCARD

I authorize The Salvation Army Kroc Center to charge my credit card indicated below.

NAME (AS IT APPEARS ON CARD) _____

CARD NUMBER _____ EXPIRATION DATE (MM/DD/YY) _____

SIGNATURE _____ DATE _____

Inquire about scholarship availability at 208.763.0624.

MEMBERSHIP INFO

IS THE STUDENT CURRENTLY A KROC MEMBER?

GOLD

MEMBERSHIP # _____

SILVER

MEMBERSHIP # _____

NOT CURRENTLY A MEMBER

EMERGENCY CONTACT INFORMATION

FIRST NAME _____

LAST NAME _____

CELL PHONE _____

ALTERNATE PHONE _____

AUTHORIZED TO PICK UP

Only those listed will be able to sign your child out of the program. You will be contacted if someone else tries to sign-out your student.

NAME _____

PHONE _____

NAME _____

PHONE _____

NAME _____

PHONE _____

NOT AUTHORIZED TO PICK UP

NAME _____

NAME _____

STAFF USE ONLY

DATE RECEIVED _____

BY WHO _____

CHECK CASH CREDIT CARD

NOTES _____

MEDICAL INFORMATION

The information provided below will assist our staff in providing the best care for your child. Check if applicable or allergic. If your child needs medicine administered, please fill out a "Right to Distribute Medication Form".

- | | | | |
|--------------------------------|---------------------------------------|---|--|
| <input type="radio"/> DIABETES | <input type="radio"/> ASTHMA | <input type="radio"/> CARRIES EPI-PEN | <input type="radio"/> ALLERGIC TO PENICILLIN |
| <input type="radio"/> EPILEPSY | <input type="radio"/> CARRIES INHALER | <input type="radio"/> ALLERGIC TO INSECT STINGS | <input type="radio"/> BEHAVIORAL CHALLENGES |

OTHER/PLEASE DESCRIBE ANY CONDITION

DIETARY RESTRICTIONS

PLEASE LIST ANY ACTIVITY RESTRICTIONS

NAME AND PURPOSE OF ANY MEDICATIONS

DO ANY MEDICATIONS NEED TO BE GIVEN DURING PROGRAM TIMES?

PLEASE LIST ANYTHING ELSE THAT MAY AFFECT YOUR CHILD'S AFTER-SCHOOL EXPERIENCE (IE. MOVING, DIVORCE, ETC)

IMMUNIZATIONS

ARE IMMUNIZATIONS CURRENT? YES NO DATE OF LAST TETANUS SHOT

HEALTH INSURANCE

HEALTH INSURANCE YES NO COMPANY

POLICY # FAMILY DOCTOR

DOC PHONE # DOCTORS ADDRESS

SIGNATURE DATE

LIABILITY WAIVER

By signing this document I (we) agree to the following terms: In case of illness or accident The Salvation Army Kroc Center is authorized to secure emergency medical treatment at my expense. The Salvation Army Kroc Center reserves the right to dismiss any participant who does not show respect for the facility, including but not limited to: property, equipment, policies, other members and staff. Members who are dismissed will not be given a refund of fees paid. The Salvation Army Kroc Center assumes no responsibility for personal property that is either in or out of lockers. By signing this Class/Program Enrollment Form, I (we) hereby waive any and all claims against The Salvation Army Kroc Center. I understand that use of the facilities and equipment at The Salvation Army Kroc Center may involve risk of bodily injury or property damage and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that I can safely participate in activities and events at The Salvation Army Kroc Center. I also understand and agree that by signing this Agreement, I am giving up my (or the minor for whom I sign) right to make any claim against The Salvation Army, its agents, employees and volunteers, including the right to sue them, for bodily injury or property damage or any other loss that I might suffer while using The Salvation Army Kroc Center facilities and services, except as limited by law.

NOTICE - In order to promote a safe and secure environment, The Salvation Army Kroc Center has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, The Salvation Army Kroc Center reserves the right to consult public sources to determine whether any member or guest of any member poses an unreasonable risk of harm to its patrons, staff, or visitors. The Salvation Army Ray and Joan Kroc Corps Community Center may use the above listed participants photo for promotional purposes.

For information regarding The Kroc Center's cancellation policy, please see the program guide.

NAME, PLEASE PRINT DATE

SIGNATURE

YOUTH PARTICIPANT (PARENT/GUARDIAN SIGNATURE)
