

# School's Out! Day Camp Application



## 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	CLASS #	DATES
510001	MARTIN LUTHER KING JR DAY: JAN 18	510008	SPRING BREAK: MAR 29
510002	STAFF WORK DAY: JAN 29	510009	SPRING BREAK: MAR 30
510003	TEACHERS' DAY: FEB 12	510010	SPRING BREAK: MAR 31
510004	PRESIDENTS DAY: FEB 15	510011	SPRING BREAK: APRIL 1
510005	STAFF WORK DAY: MAR 12	510012	SPRING BREAK: APRIL 2
510006	PARENT CONFERENCES: MAR 25	510013	TEACHERS' DAY: MAY 28
510007	PARENT CONFERENCES: MAR 26		

## CAMP INFORMATION

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

## 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

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DIETARY RESTRICTIONS

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PLEASE LIST ANY ACTIVITY RESTRICTIONS

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NAME AND PURPOSE OF ANY MEDICATIONS

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DO ANY MEDICATIONS NEED TO BE GIVEN DURING PROGRAM TIMES?

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

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## IMMUNIZATIONS

ARE IMMUNIZATIONS CURRENT?       YES       NO      DATE OF LAST TETANUS SHOT

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## HEALTH INSURANCE

HEALTH INSURANCE     YES     NO    COMPANY

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POLICY #    FAMILY DOCTOR

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DOC PHONE #    DOCTORS ADDRESS

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SIGNATURE    DATE

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## 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

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SIGNATURE

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YOUTH PARTICIPANT (PARENT/GUARDIAN SIGNATURE)

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