KU SUMMER CAMP 2017
REGISTRATION FORM & AGREEMENT

Student Information

Student First Name: _____ Last Name: _____ Last grade completed 2016-17: _____

Summer Camp Attending: ☐ Table Rock (K -5th)

Student Address: _____ City: _____ State: _____ Zip: _____

Section II Financially Responsible Party

Relationship to Student: ☐ Parent ☐ Grandparent ☐ Legal Guardian ☐ Other: _____

Name: _____ Last Name: _____

Address if different from student: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Email Address: _____

Employer: _____ Work Phone (____) _____

Is someone willing to pay tuition for you? ☐ Yes ☐ No **Third Party Agreement** with: ☐ DHS ☐ Migrant Ed ☐ Other: _____

Do you receive: ☐ Snap ☐ OHP ☐ Unemployment ☐ Contact Person: _____

Section III Family Income & Ethnicity

☐ $0-14,999 ☐ $15,000-25,000 ☐ $26,000-40,000 ☐ $40,000+ *Confidential Information for funding source statistics only

☐ African American ☐ Asian ☐ Hispanic ☐ Native American ☐ Caucasian ☐ Decline to answer

Section IV: Read & Initial each line Commitments

_____ **PICK-UP:** I understand that I may pick up my child starting at 4:00pm

_____ **LATE PICK-UP:** I understand that the program ends at 5:30pm each day. 10 minutes following schedule closure, emergency contact will be called by staff. If no one can be reached within the hour, the police will be called to escort your child(ren) to Protective Services for child abandonment.

_____ **FIELD TRIPS:** Typically, sites will be participating in field trips on occasion. A schedule will be provided to you for your student. If you do not want your child to participate in field trips please refer to the calendar and have them **not** attend that day.

_____ **ALLERGIES**: If allergic, you must have a note from doctor & release for Epi-pen if applicable.

_____ **DEPOSIT**: In order to reserve your child's spot, you will need to pay a **non-refundable$10.00 per week per child.**

_____ **REGISTRATION FEE: $20.00 Charge fee** if your child is not currently attending any program at KU.

_____ **VACATION/MISSING DAYS**: Please notify your site manager in writing if you will be leaving for any length of time so we know not to expect your child (for safety reasons). Refunds will not be given due to missed days.

_____ **CHANGES/CANCELLATIONS**: In order to assure proper processing, 5 days notice is required for cancellation. A refund or credit will be issued for proper notice given, for tuition that was paid in advance. Refunds will not be issued if the student stops attending without written notification. (Drop Form)

_____ **THIRD PARTY PAYMENTS**: We welcome payments from DHS & JOBS as long as proper verification is provided. Unpaid portions (co-pays) and vouchers are the responsibility of the parent or guardian.

Weekly Fee Due 7 days prior to the camp week. NFS fee $25 for all returned payments.

If you need to have changes with your billing please go to the main office at 821 N. Riverside Ave, Medford from 8pm to 5pm

Section V: Summer Weeks:

☐ **Week 1** June 26 – 30 ☐ **Week 2** July 5 –7 ☐ **Week 3** July 10 – 14 ☐ **Week 4** July 17–21

Closed July 3rd & 4th

☐ **Week 5** July 24 – 28 ☐ **Week 6** July 31 – Aug. 4 ☐ **Week 7** Aug. 7 – 11 ☐ **Week 8** Aug 14-18

Print Name: _____Signed: _____ Date: _____

Office Use Only:

Acct Key_____ ☐ Prior participant ☐ outstanding balance _____ Deposit: $10 x _____ weeks=_____ Paid: Cash Credit Check#_____

Amount Paid: _____ Paid: Cash Credit Check#_____

Rcvd by: _____ Billing Entered by: _____ Start Date_____ Site Manager Contacted_____

Kids Unlimited Summer Camp Health Form

Last Grade Completed in 2016-17 ☐K ☐1st ☐ 2nd ☐3rd ☐4th ☐ 5th

School _____ Fall Grade 2017-18: _____
Child's Name: _____ Gender: ☐Male ☐Female Birthdate: _____
Address: _____ City: _____ State: _____ Zip: _____
Child Lives with: ❒ Both Parents ❒ Mother ❒ Father ❒ Other _____
Name: _____ (Cell) _____ (H) _____ (W) _____

Name: _____ (Cell) _____ (H) _____ (W) _____

My child's picture may be used for promotional purposes: ☐No ☐Yes____ May attend field trips ☐No ☐Yes
Shirt Size: ☐Youth Small ☐ Youth Medium ☐Youth Large ☐Adult Small ☐ Adult Medium ☐Adult Large ☐Adult XL

EMERGENCY CONTACT(S): OTHER THAN PARENTS AUTHORIZED TO PICK-UP (Must show picture ID to staff)

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

ALLERGIES: Please list any and all allergies, such as bee stings, food, or other: _____
_____*Physicians note must be supplied for food allergies
Has your child ever been stung by a bee? ❒ YES ❒ NO
DIETARY RESTRICTIONS: Please list any and all dietary modifications _____
PHYSICAL LIMITATIONS: Please list any limitations and reasons for all listed limitations. _____
OTHER: Please use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the staff should be aware. _____
_____

MEDICAL: Please list any medical conditions that you think may be helpful for the staff to know about (things like recent surgeries, healing injuries, or ongoing conditions needing special attention). _____
Medications: Please list all medications (including over-the counter or nonprescription drugs taken on a routine basis **including those that are given at home**). For prescription medications to be dispensed at camp, they must be in **ORIGINAL CONTAINERS** with child's name listed on the bottle and specific instructions for proper dispensing. Send enough to last the entire length of camp. ALL over-the-counter and nonprescription drugs need to be labeled with student's name. Any medications sent to camp without written instructions will not be administered to the student.

❒ This person takes **NO** medications on a routine basis **AND NO** medications have been sent to camp with this person.
❒ This person takes medications as follows and it may be administered by Kids Unlimited staff:

Medication: _____ Amount/dosage: _____ Time: _____
Medication _____ Amount/dosage: _____ Time: _____
Medication _____ Amount/dosage: _____ Time: _____

DOES YOUR CHILD HAVE ANY HEALTH INSURANCE? ☐ Yes ☐ No IF YES, PLEASE COMPLETE THE FOLLOWING:

Name of Insured_____DOB_____Relationship to Patient _____
SSN#: _____ Name of Employer: _____
Insurance Company_____ Grp # _____ ID#_____
Ins Co Address: _____ Ins Co. Phone: _____

PARTICIPATION AGREEMENT

I understand that Kids Unlimited assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation in any Kids Unlimited activity. I hereby (and on behalf of my children) release, discharge and agree not to sue Kids Unlimited, its employees, officers, or directors for any and all claims for injury, illness, loss or damage that I may suffer as a result of my participation. I hereby give Kids Unlimited permission to use their judgment in obtaining medical service for myself and/or my child. I give permission to the physician selected by Kids Unlimited personnel to render medical treatment deemed necessary and appropriate. Payment of any resulting medical, hospital or related costs and expenses must be paid by my insurance or available benefit plan of mine or my spouse. I have read and understand this release and waiver.

Parent/Guardian Signature: _____ Date: _____