

Outreach Christian Education Summer Camp Enrollment Form

Student Information

Today's Date: _____ Grade to Enter: _____

Student's Legal Name: _____
Last First Middle Name Child Goes By

Soc. Sec. # (required): _____ DOB: _____ Gender ___ Age _____

Home Address: _____
Street City State Zip

Home Phone Number: _____ Listed Unlisted

Family Information

Natural Father

Natural Mother

Full Name: _____
Mr. Dr. Other

Address: _____

Home Phone: _____

E-mail Address: _____

Employer: _____

Work Phone: _____

Position/Title: _____

Education Level: _____

Mrs. Ms. Dr. Other

Parents Married Parents Divorced
 Father Remarried Lives with Father
 Father Deceased

Parents Separated Single Parent
 Mother Remarried Lives with Mother
 Mother Deceased

Step Father

Step Mother

Full Name: _____
Mr. Dr. Other

Address: _____

Home Phone: _____

E-mail Address: _____

Employer: _____

Work Number: _____

Position/Title: _____

Education Level: _____

Mrs. Ms. Dr. Other

If natural parents are not in the same household, please give legal custody arrangements: _____

(Please furnish a photocopy of current custody judgment.)

Who is responsible for financial obligations? _____

Policies

- Fees: \$110 per week for first child and \$95 per week for second child or \$25 daily for first child and \$20 daily for second child.
- We staff according to the number of children attending each day. You are required to sign up for the dates your camper will be attending. If plans change and you decide not to attend on a reserved date, you must provide a two-week written notice that your camper will not be attending. Without a two-week written notice, you will be expected to pay full tuition for the dates you have reserved.
- You may fax attendance or cancellation dates to us two weeks in advance at 816.455.5168 or give written notice to a camp staff member.
- You must sign your camper in and out each day.
- Only those authorized will be allowed to pick up your camper.
- Permission slips must be signed and payment must be made for each and every activity. When signing your camper in, you will be asked to sign the permission slip for the upcoming event(s). Campers will not be allowed to attend events without a signed permission slip.
- Campers are expected to attend all field trips. Staff members attend field trips and we do not have supervision for those not attending.
- All campers are expected to be well behaved. We reserve the right to dismiss any camper at anytime for unacceptable behavior.
- Campers must bring a sack lunch and drink every day. We will eat lunch off-campus during most field trips. The lunch must be a sack lunch with throw-a-ways only (no lunch boxes or thermoses).
- Female campers must wear a modest, one-piece bathing suit with a full cover up. Campers must be completely covered (you may not wear “just” a pair of shorts over your suit). Male campers may not wear a Speedo-type bathing suit.
- Campers must be **modest** in their every day dress.
- Campers must submit an up to date Immunization Record and a copy of his/her Medical Insurance Card.

Signatures

I have read this enrollment form in its entirety including the above stated policies; my signature indicates that I understand, agree to, and will uphold the policies. I have read and understand my financial responsibility to the summer camp. I understand that I must give a two-week written notice if plans change regarding the dates I have reserved for my child. I understand my child must have a signed permission slip and payment for field trip before my child can attend. I understand that my child is expected to attend field trips. I also understand that Outreach Christian Summer Camp reserves the right to dismiss any student anytime for unacceptable behavior. I take full responsibility for my child and do not hold Outreach, Gospel Center Inc., Staff members, liable for accidents or injuries. I understand that my child(ren) will be transported by bus to and from field trips and take full responsibility for accidents or injuries.

Father's Signature

Date

Mother's Signature

Date

Our signatures below indicate that

- We have been informed of the required health and safety inspections and the inspection forms are available for review.
- When my child is ill, I understand and agree that my child may not be accepted for care. If my child becomes ill during the day, I will be called to pick him/her up.
- Tuition must be paid in advance. The tuition has been explained to me as follows: Infants (0-12 months) \$195; Toddlers (13 months to 24 months) \$165; Two year old (25 months-36 months) \$155; Preschool—all day (three and up) \$135.00; Preschool;(three full days) \$90; Half-Day Preschool (five half days per week) is \$75 weekly; Before-school care \$45; After-school care \$45; Before- and After-school care \$85. (Public school students only). (OCE students see the school policy for before and after school care cost.), Summer Camp \$115 full week, or \$30.00 per day. Full tuition is due whether my child attends school or not, there are no deductions for student absence. A two week vacation time per year is given to each family without tuition payment required upon the receipt of a 30 day notice.
- I have read this packet in its entirety. I understand and accept the rules and policies including tuition.

_____ Date

Father's Signature

_____ Date

Mother's Signature

How did you hear about us? Phone Book _____ Advertisement _____ Granny's Coupon _____ Friend _____

Medical Information

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize staff of OUTREACH CHRISTIAN EDUCATION, GOSPEL CENTER, INC. to have my child cared for.

 (Mother's Signature) (Date) (Father's Signature) (Date)

Name of Doctor/Clinic: _____ Phone () _____
 Address: _____ (Street, City, State, Zip)

For emergency medical treatment for my child, my preferred hospital is: _____
 Address: _____ Phone () _____

Sunscreen Permission

In signing this form, I am giving permission for Outreach staff to apply sunscreen to my child for outdoor time.

- I understand that sunscreen will be shared unless otherwise specified.
- I understand that it is my responsibility to provide sunscreen for my child and if I fail to do so it may result in sun burn.
- Waterproof sunscreen is recommended because we will be having outside water play every week in the summer.
- Please note that we will be going out at least one hour a day through the summer unless the heat does not allow us to do so.

Child's Name: _____

 (Mother's Signature) (Date)

 (Father's Signature) (Date)

Pick Up Authorization

Child's Full Name: _____ DOB: _____
This child will normally be picked up by: _____

Note: Please advise anyone picking up your child he/she will be required to present he/her photo ID.

Name _____

Relationship: _____

Phone #: _____

Last 4 of SS#: (ID Code) _____

Name _____

Relationship: _____

Phone #: _____

Last 4 of SS#: (ID Code) _____

Name _____

Relationship: _____

Phone #: _____

Last 4 of SS#: (ID Code) _____

Name _____

Relationship: _____

Phone #: _____

Last 4 of SS#: (ID Code) _____

Name _____

Relationship: _____

Phone #: _____

Last 4 of SS#: (ID Code) _____

Name _____

Relationship: _____

Phone #: _____

Last 4 of SS#: (ID Code) _____

I authorize the above listed people to pick up my child from day care.

(Mother's Signature)

(Date)

(Father's Signature)

(Date)

I. IDENTIFYING INFORMATION	
Patient's Name	Birthdate

II. CURRENT STATE OF HEALTH
I have examined the above named child and verify that this child's medical history and current state of health <input type="checkbox"/> are <input type="checkbox"/> are not satisfactory for participation in a day care program.
Does this child require any specialized care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in section IV.

III. IMMUNIZATION HISTORY						
Our records indicate that this child has the following immunizations						
IMMUNIZATIONS	DATES GIVEN					
	Dose No. 1	Dose No. 2	Dose No. 3	Dose No. 4	Dose No. 5	Dose No. 6
_____ DTap						
_____ Polio						
_____ PCV						
_____ Hib						
_____ MMR						
_____ Hep B						
_____ Hep A						
_____ RV						
_____ Varicella						

IV. COMMENTS / RECOMMENDATIONS
(Special diets, allergies, ear infections, convulsions, diabetes, emotional problems, etc.) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>

V. SIGNATURES		
Signature of Physician or Registered Nurse under the supervision of a Physician	Physician's or Nurse's Name (Please Print)	
Name of Clinic, Group Practice, Other	If Nurse is Supervised by Physician, indicate Physician's Name	
Address (Street, City, State, Zip)	Telephone Number ()	Date

Outreach Christian Education

Parent's Report of Medical History

Note: This side of form should be completed by parents prior to physician's examination.

Student's Name: _____ Birth date: _____

Father's Name: _____ Mother's Name: _____

SS#: _____ SS#: _____

Father's condition of health: _____

Mother's condition of health: _____

Brothers (ages and health): _____ Sisters (ages and health): _____

General Condition of Health (Please check or explain any of the below.)

- | | | | | | |
|----------------------|--------------------------|-----------------------------------|--------------------------|---------------------|--------------------------|
| Abdominal pain | <input type="checkbox"/> | Frequent sore throat | <input type="checkbox"/> | Muscle cramps | <input type="checkbox"/> |
| Allergies | <input type="checkbox"/> | Frequent boils, sties, infections | <input type="checkbox"/> | Nose bleed | <input type="checkbox"/> |
| Crippling conditions | <input type="checkbox"/> | Frequent urination | <input type="checkbox"/> | Persistent cough | <input type="checkbox"/> |
| Dental defects | <input type="checkbox"/> | How often? | <input type="checkbox"/> | Poor vision | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> | Frequent leg pains | <input type="checkbox"/> | Parasites (worms) | <input type="checkbox"/> |
| Dizziness | <input type="checkbox"/> | Headaches | <input type="checkbox"/> | Speech difficulty | <input type="checkbox"/> |
| Earaches | <input type="checkbox"/> | Hearing difficulty | <input type="checkbox"/> | Shortness of breath | <input type="checkbox"/> |
| Fainting spells | <input type="checkbox"/> | Hernia | <input type="checkbox"/> | Tires easily | <input type="checkbox"/> |

How many colds has student in last 12 months _____

Personal Record (Please answer each of the following.)

- | | | | | | | | | | |
|---------------------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| | Yes | No | | Yes | No | Yes | No | | |
| Does student have disabilities? | <input type="checkbox"/> | <input type="checkbox"/> | Deformities? | <input type="checkbox"/> | <input type="checkbox"/> | Is student shy? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Overactive? | <input type="checkbox"/> | <input type="checkbox"/> | Bites fingernails? | <input type="checkbox"/> | <input type="checkbox"/> | Does he/she suck thumb? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have excessive fears? | <input type="checkbox"/> | <input type="checkbox"/> | Temper tantrums? | <input type="checkbox"/> | <input type="checkbox"/> | Does he/she like school? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Play well with others? | <input type="checkbox"/> | <input type="checkbox"/> | Eat breakfast? | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Does he/she take a nap? | <input type="checkbox"/> | <input type="checkbox"/> | time: _____ | | | | | | |

When is his/her regular bed time? _____ Rising time? _____

Date _____

Signatures of Parents: _____

Signatures of Parents: _____