



2018 Summer Camp Application

Child

First _____ Middle _____ Last _____

Gender: Male _ Female _

School Name _____ Grade _____

Birth date ____/____/____ Age: ____

Street Address _____

Town/City _____ State ____ Zip code _____

Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other

StreetAddress _____

Town/City _____ State ____ Zip Code _____ Home Phone _____

Work Phone _____

Cell phone _____ E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr.

Street Address _____

Town/City _____ State ____ Zip code _____

Home Phone _____ Day time phone _____

Cell phone _____

E-mail _____

Occupation _____ Employer _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child. Please note that these individuals may be subject to identification check.

1:Name _____ Phone _____

2:Name _____ Phone _____

3:Name _____ Phone _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes__ No__

If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet? Yes__ No__

If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem, which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Extended Arms will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Please circle how you heard about the Extended Arms Summer Program.

After School Program Website School Word of Mouth Flyer
Other _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **Extended Arms After School Care**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Extended Arms,

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official activities by **Extended Arms** modes of transportation agreed to by the organizers.

Parent's/Guardian's Initials _____

Extended Arms Randolph Inc, is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Health/Records Immunization

I hereby confirm that my student is currently enrolled in a school district/facility that requires up-to-date health and immunization records and these forms have been turned into the appropriate record keeper.

Parent's/Guardian's Initials _____

Guardian Signature: _____

Date: _____

Printed Name of Parent/Guardian: _____

FOR OFFICE USE ONLY;

Intake Administrator _____

Voucher or Private _____

Start Date: _____

Initial Payment Received _____

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____
Address: _____
Phone Number: _____

Child's Allergies: _____
Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____	Policy # _____
Parent/Guardian Name: _____	Phone _____ Cell _____
Parent/Guardian Name: _____	Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)