***Taylor Academy of the Arts***

***Summer Camp***

***Parent Handbook***

**Parent Letter**

**Welcome to Taylor Academy of the Arts Summer Camp**

We are celebrating another great summer, and are committed to making your child’s camp experience safe, exciting, and educational. As a teacher who is passionate about the arts, I hope that we can count on you to help us make that happen. We encourage you to become an active participant in your child’s preparation for camp and we are always happy to assist you with any questions you might have.

This handbook is your starting point for preparing your child for camp. It is made especially with the questions and concerns of day-campers in mind. It is also a resource for campers while they are attending camp, so please take the time to read it carefully.

If you have not already received it, you will be getting a packet as well. We rely on the information provided on these forms to tell us essential details about your child that only you can provide. Please take the time to fill out these forms accurately and completely, adding in any additional information that you feel is pertinent to your child’s well-being at camp. We ask that you return these forms with you to check-in.

Thank you for choosing the Taylor Academy of the Arts Summer Camp for 2019 and we look forward to an exciting summer.

Thankfully,

Dirk Taylor

Director

 **ContactInformation**

 **OFFICE ADDRESS**

4465 North State Rd 7 Lauderdale lakes fl 33319

Phone: 786-385-9981 **(**please note that this phone is NOT answered on weekends)

Email: tayloracademyofthearts.com@gmail or taylorsummermusicacademy@gmail.com

Office Hours: Monday - Thursday, 9:00am - 3:00pm

**IN CASE OF EMERGENCY**

Day Time Emergencies (9am-3pm):

If you need to reach your camper or camp staff during normal business hours, please call.

Camp administrators will be available to assist you in reaching your child.

Evening Emergencies (after 3pm):

For emergencies after 3:00pm, please contact Mr. Taylor 786-385-9981

**PAYMENT PROCEDURES**

A non-fundable registration fee of $45.00 must be paid at the time of registration. If you have not yet paid this registration you must do so at orientation to secure your campers place at camp. Fees are paid in advance for services and are due on the given due date. Non-payment of scheduled fees will result in the student being withdrawn from the program. Once a student is withdrawn from the program a new registration fee of $25.00 must be paid providing there is a seat available.

Pick up after 3:00 pm is billed at the rate of $1.00 for every minute past closing time. Payment is due the same day. Please be advised that our Aftercare program is a service for our parents who need their children to remain in camp until 6:00pm.

**Payment Methods**

* We accept cash, checks money orders, credit cards and debit cards.
* Make checks payable to: **Blueprintmediagroup*.*** Please allow a minimum processing time of 5 business days. Clearly indicate the camper’s name and camp attending in the memo portion of the check.
* Office Hours: Monday - Thursday, 9:00am-3:00pm
* **Late fees will automatically be applied in the amount of $25.00.**
* **Please print child’s name on the bottom of all checks**
* Make money orders payable to Blueprintmediagroup.
* On **Orientation Day June 1st at 3:00 pm** balances must be paid in full for campers to start. (Payments made for the full 9 weeks receive a free week off their balance.

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| --- |
| CAMP PAYMENT SCHEDULE |
| *WEEK* | *PROGRAM DATES* | *DUE DATE* | *Tuition per week* |  *Field Trips estimate per week (Varies)*  |  *AFTERCARE* |
| *1* | *06/10/19-06/14/19* | *06/01/19* | *$69* |  *$20* | *$40* |
| *2* | *06/17/19 -06/21/19* | *06/10/19* | *$69* |  *$20* | *$40* |
| *3* | *06/24/19-06/28/19* | *06/24/19* | *$69* |  *$20* | *$40* |
| *4* | *07/01/19-07/05/19* | *07/01/19* | *$69* |  *$20* | *$40* |
| *5* | *07/08/19-07/12/19* | *07/08/19* | *$69*  |  *$20* | *$40* |
| *6* |  *07/15/19-07/19/19* | *07/15/19* | *$69* |  *$20* | *$40* |
| *7* | *07/22/19-07/26/19* | *07/22/19* | *$69* |  *$20* | *$40* |
| *8* | *07/29/19-08/02/19* | *07/29/19* | *$69* |  *$20* | *$40* |
| *9* |  *08/05/19-08/09/19* | *08/05/19* | *$69* |  *$20* | *$40* |
|  |  *Martial Arts Gi $35.00* |  | *\*\*Discounted rate is for a limited time*  |  |  |
|  |  *Camp T-shirts $10.00* |  | *Post Deadline June 1st Price is $80.00* |  |  |

 **CANCELLATION POLICY**

Please notify us immediately if the camper is no longer planning to attend camp. We would appreciate the opportunity to allow another camper to attend camp if you are not planning to come.

If you are unable to attend camp for any reason and the camp administration office receives a written cancellation request, below are acceptable forms of notification

Acceptable forms of written notification include:

Emails sent to the camp administration office taylormusicacademy@gmail.com

 **No Refunds** after camp has started unless participants have not attended camp.

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**DAILY ROUTINE**

When dropping-off and picking-up your child each day, please do so at the front entrance of building There is a specific traffic route for drop off and pick up, or you are welcome to park and drop off and pick up your child.

**AM Drop-Off**

Staff will be ready to receive campers beginning at 9:00am. Please be prepared to stop only briefly to let your child out of the car or you are welcome to park and walk your child in**.**

**PM Pick-Up**

PM pick-up can get a bit hectic - especially in the rain. But we will do our best to get your children out to your car as quickly and efficiently as possible. Please be patient and stay in your car. We will walk your child out to meet you. **Campers who are not in aftercare and have not been picked-up by 3:30pm will be taken to aftercare, once the camper enters aftercare parents are responsible for all aftercare payments that day.**

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ATTENDANCE AND CAMPER SIGN-OUT

Attendance will be taken at the start of each class, every day. If your child can not attend camp on a particular day, or if you need to take them out of camp for a portion of the day, please call us at

 786-385-9981 to let us know they will be absent.

 **Campers are only permitted to leave camp as follows:**

* Parents/Guardians must sign-out campers in the front office.
* Parents must give written permission to all persons 18 or older to sign-out their child by using the Sign-Out • Permission Form (available in the back of this handbook).

**DRESS CODE**

Dress for all camp activities are (shorts, t-shirts, jeans) but should be appropriate for classroom instruction and for group recreation activities including swimming.

Revealing clothing is not permitted and it is at the discretion of the camp staff to require campers to change or cover up if an outfit or bathing suit is deemed inappropriate.

**On designated field trip days all campers are required to wear the camp T-shirt, shirts will be given during the first week of camp.**

Casual clothes to wear to camp:

* Tennis shoes and other comfortable footwear\*
* \*SAFETYNOTE - though flip flops may be comfortable summer footwear, they can often be dangerous.
* Rain jacket and/or umbrella
* Hat, sun visor, sunglasses
* Bathing Suit for pool days
* Camp T-shirt on field trip days

**PERFORMANCE DRESS**

 Girls: Black Skirt or Pants, White Blouse; Black Shoes; Stockings

 Boys: Black Trousers; White Dress Shirt (long or short sleeve);

 Black Shoes; Black Socks

BEHAVIOR **AND DISCIPLINE POLICY**

 All campers enrolled in the summer camp must adhere to the following rules:

Any student that injures another child will be suspended from the program. If the behavior continues the camper will be terminated from the program and no refund will apply for remaining weeks.

**These actions are considered unacceptable behavior:**

* Fighting.
* Theft.
* Intimidating, harassing, or threatening others.(Bulling will not be tolerated)
* The use of profane language, gestures, or behaviors.
* Disrespect of adult authority figures on campus.
* Damaging and/or destroying property belonging to the camp and/or others.
* Leaving the grounds without permission.

**DISCIPLINE AND POLICY PROCEDURES**

 - First Offense – Counselor/ Student conference

 - Second Offense - Director/Parent/Student conference and suspension from the field trip for that week

 - Third Offense - Suspension from the program 1-3 Days

 - Fourth Offense - Expulsion from the program

CELL PHONE POLICY

Campers are allowed to have cell phones for use during free time, but they must be **TURNED OFF COMPLETELY and PUT AWAY OUT OF** **SIGHT** during all classes, and rehearsals

Cell phones that are turned on, visible and/or used during class, rehearsals may be confiscated according to the following policy:

First Offense: The cell phone or device will be confiscated until dismissal.

Second Offense: The cell phone or device will be confiscated and a parent or guardian will have to pick up at the front office.

Third Offense: The cell phone or device will be confiscated and not allowed for the duration of camp.

If a camper’s cell phone is confiscated, parents will still be able to contact the camper either through the Camp Office. The phone number is listed on page 3 of this handbook.

**HEALTH CARE INSURANCE**

Enclosed with your packet of required forms is a Medical Information Form. This form is used to alert of us of any ongoing medical issues and/or daily medications. Please be sure to fill out this form completely and to include as much information as possible.

If your son or daughter has an ongoing medical condition has a history of other ailments, or was recently hospitalized for any reason, please alert us and make sure that your child knows to alert an adult immediately if they are experiencing any signs or symptoms.

Taylor Summer Music Camp does not have a nurse on staff and employees of the Summer Music Camp are not responsible for making health decisions on behalf of the campers. You will be contacted if your son/daughter requires medical care. If it is an emergency situation, 911 will be called first, and then you will be contacted. For non-emergency situations, you will be contacted before any medical decisions are made. Medical care would be given by a health professional at the nearest Medical Facility. Please provide proof of insurance please attach a copy of your insurance card or military ID to the medical history form.

If your family does not have medical insurance, you must indicate this on the Statement of Voluntary Consent Form and agree that all medical costs which may be incurred at camp will be the family’s responsibility.

**FEES**

 Ice Cream Day $1.00

 Donut Day$ 1.00

**RECITAL Saturday August 10th 2019**

**7:00 pm- 9:00 pm***.*

**Refreshments will be served afterward**

 **SIGN-OUT PERMISSION FORM**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ print parent/guardian name print camper’s name

 to leave camp with the person(s) listed below. I understand that only designated adults over the age of 21 may check-out my child from camp, and that he or she must have a valid photo ID on his or her person at the time of check‐out. I understand that my student may only be signed out from the camp at office.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number(s)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name of authorized person

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student

Phone number(s)

Print name of authorized person

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian signature Date

This form may be used for you to give permission for the camper to be signed-out from camp by someone other than the designated parents/guardian. Only persons listed on this form, and the parents/guardians on record from your camp registration, will be permitted to sign-out campers. **If you do not want anyone other than the designated parent/guardian on the camper’s registration to be able to sign the camper out, then you do not need to return this form*.*** If you have any questions please contact our office at

786-385-9981

**FINANCIAL RESPONSIBILITY**

 **FORM**

 Because the registered camper is a minor, the parent or legal guardian is responsible for all charges incurred by the camper. This includes the $45.00 registration fee, appropriate tuition amounts.

All monies are due on the first day of camp and payment can be made in the form of cash, check, or credit card.

**To pay by check** Make checks payable to **Blueprintmediagroup**. Be sure to reference the student’s name in the memo portion of the check.

I have read the above Financial Responsibility Agreement and understand that I, as parent/ legal guardian, am responsible for all charges incurred by my student for the Taylor Academy of the Arts Summer Camp.

**This form must be completed and signed even if balance has been paid in full.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Legal Guardian (Print) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/ Legal Guardian Name (Signature) Date

Parent/ Legal Guardian Address if different from campers mailing address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Camper’s Name (Print) Camper’s Age

**MEDICAL INFORMATION & HISTORY FORM**

This form will be used to guide our staff when providing any necessary medical care to your child, and will be used in the event of any emergency. It is imperative that this form be completed in full with accurate information. If you have any questions about this form, an ongoing medical condition that requires attention, or any other health concerns, please call our office at 786-385-9981

**\*\*IF YOU HAVE INSURANCE, YOU MUST SEND A PHOTOCOPY OF THE MEDICAL INSURANCE CARD WITH THIS FORM. IF YOU ARE COVERED UNDER MILITARY INSURANCE, PLEASE PROVIDE A PHOTOCOPY OF YOUR MILITARY ID.\*\***

**If you do NOT have insurance, you must initial the statement below:**

\_\_\_\_\_\_ I do not have private insurance and I understand and agree that any and all costs which may be incurred for medical care during the course of the Camp will be solely my responsibility.

Print Camper’s Full Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL HISTORY**

Does your child have any of the following medical conditions:

 Diabetes  Epilepsy

 ADD or ADHD  Cardiac Problems

 Asthma  Autism

 Depression

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

please attach another sheet if needed

Does the above condition restrict participation in any activity?

  Yes  No

If Yes, what activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

please attach another sheet if needed

Is your child allergic to any of the following:

 Aspirin  Insect Stings

 Penicillin  Sulfa

 Iodine Products  Food Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_

 Amoxicillian  Nut Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

please attach another sheet if needed

Does your child carry an Epi-Pen?  Yes  No

Does your child carry a rescue inhaler?  Yes  No

Does your child take any prescription or over-the-counter (OTC) medications on a daily basis:  Yes  No

**Photography Release/Video Form**

I herby give permission for images of my child, captured during regular and special activities through video, camera and digital camera to be used solely for the purposes of the Taylor Music Academy. For promotional material, publication, or websites and waive any rights of compensation there to. Last names of minors will not be given or posted on the website.

Name of minor

Name of Parent of/ Guardian

Signature Date

**Wavier Form**

**Please Note: This wavier of Liability, Release, Acknowledgement of Risk and Indemnification Agreement (“Waiver Agreement”) is intended to be, and is, legally binding.**

In consideration of having Taylor Academy of the Arts , allow my child, , who is under the age of 18 to participate in the activities and programs of Taylor Academy of the Arts. I hereby for my child’s heir, executors, administrators and or assigns, waive and release any and all rights and claims of any nature my child may have against Taylor Music Academy, Blueprintmediagroup, Taylor Tae Kwon Do, Taylor Academy of the Arts, its officers, employees, agents, chapters, assignees, ,licensees, and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns for and against any and all injuries or damages of any nature my child may suffer while taking part in any activities connected with Taylor Academy of the Arts Summer Camp. This release and consent shall be binding upon my child’s heirs, executors, administrators and assigns.

(Please Initial)

Parent’s /Guardian’s Signature Date

Start Date \_\_\_\_\_\_\_\_\_

Full Time \_\_\_\_\_\_\_\_\_

Part Time \_\_\_\_\_\_\_\_\_

Registration fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date paid \_\_\_\_\_\_\_\_\_

**Cash / Debit / Check**

Child'sName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First)

Name Called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt Size: YXS YS YM YL YXL AXS AS AM AL (circle one)

Sex\_\_\_\_\_ Age\_\_\_\_\_\_\_Grade \_\_\_\_\_\_\_Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Living Arrangements: [] Both Parents [] Mother [] Father [] Other

Child's Legal Guardians): [] Both Parents [] Mother [] Father [] Other

Mother’sName\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from child’s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’sName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_

Address (if different from child’s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_

The child may be released to the person(s) signing this agreement or to the following:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address:

Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Persons to contact in the case of an emergency when parents cannot be reached:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Physician or Clinic's Name and Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has the following special need(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns (medical, mental, emotional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The camp must be notified immediately of any change in telephone numbers, work locations, emergency numbers, child’s physician, etc.

Signature (Parent/Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_