



Summer Camp Child Enrollment Record

Childs full Legal Name: _____ Shirt Size: _____

Sex: _____ Age: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Who has legal custody: _____ Relationship: _____

Mothers Name: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Fathers Name: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Other Household members: _____

The child will only be to persons authorized, or in the manner authorized in writing by the custodial parents or legal guardians. The following persons must be someone other than the custodial parent and is authorized to remove the child from the facility in case if illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached

Name: _____ Cell Phone: _____

Address: _____ Work Phone: _____

Name: _____ Cell Phone: _____

Address: _____ Work Phone: _____

Name: _____ Cell Phone: _____

Address: _____ Cell Phone: _____

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Childs Physician/health resource: _____

Address: _____ Telephone: _____

Hospital Preference: _____

MISCELLANEOUS INFORMATION

List all Known allergies: _____

List all identifying Scars, Birthmarks, Skin discolorations: _____

Special medical or dietary needs: _____

List any areas of concern: _____

Childs habits, fears etc: _____

Previous group experience: _____

Parents Email Address: _____

I AGREE TO BE SUPPORTIVE OF ALL ASPECTS OF THE PROGRAM, AND ITS DIRECTORS AND EMPLOYEES. I AGREE TO BE SUPPORTIVE IF THERE ARISE ANY PROBLEMS WITH MY CHILD/CHILDREN AND ANOTHER CHILD OR STAFF OF THE SALVATION ARMY. I WILL NOT HOLD THE SALVATION ARMY RESPONSIBLE FOR ANY PERSONAL PROPERTY THAT IS LOST, STOLEN OR DAMAGED. I AGREE TO PAY THE WEEKLY FEE FOR MY CHILD/CHILDRES ATTENDANCE TO THE SUMMER CAMP.

SIGNATURE

DATE

CAMPER BEHAVIOR EXPECTATIONS AT THE SALVATION ARMY SUMMER CAMP

At The Salvation Army summer Camp we want every camper to have the best camp experience possible; full of fun, learning and growth.

To ensure that we maintain a safe environment and each camper is free to experience camp life to its fullest, we will not tolerate any behavior that takes that opportunity away from other campers. We will be addressing all incidents such as bullying and irresponsible behavior seriously and will train the staff to recognize and deal effectively with such behavior.

Understanding that camp is for ALL campers, any behavior deemed by the camp to be outside of the camper behavior expectations and/or unmanageable may result in any or all of the following:

1. Meeting with the Camp Leader, Camp Director, or Executive Director to discuss the behavior.
2. A telephone call home to the parent/guardian to discuss the behavior.
3. Being dismissed from the camp program.

As a camper, I will:

- Show respect to other campers and treat them as well as I would like to be treated and try to be a friend to all.
- Have **fun**, but not at the expense of others.
- Show respect to camp staff and cooperate fully with their instructions.
- Respect the rights of others and treat others with courtesy and consideration.
- Communicate in an appropriate manner, which means I must not use foul language or gestures, harsh words or tone of voice.
- Conduct myself responsibly. I understand that unwelcome teasing or other unkind behaviors are not allowed.
- Refrain from deliberately causing bodily harm to other campers or staff. I understand that pushing, kicking, hitting or fighting are not acceptable and will not be tolerated.
- Respect the property of others and camp, which includes no stealing, property damage, graffiti, or vandalism.
- Remain with the group and within the boundaries that have been set.
- Remember that physical displays of affection or of a romantic nature are not allowed under any circumstances.
- Be fully responsible for my actions and understand that irresponsible behavior will result in disciplinary action or dismissal from camp.
- Know and follow the rules of camp.
- Have lots of **fun**, learn, grow, and have a **great** time!

Parent signature: _____ Child Signature: _____

Automobile Consent

I _____ give permission for The Salvation Army and
Parent/guardian (print name)

Staff Member's to transport my child _____
(Name of child)

To and from The Salvation Army of Sanford. I also give permission for my child to attend field trips which have been organized for the program.

Parent/Guardian signature

Date

BUS RULES

- Campers must remain seated while on the bus.
- Campers are not allowed on the bus until accompanied by a camp leader.
- Keep hands, arms and head inside the bus.
- Nothing is to be dropped out of windows.
- Noise level must be regulated so as not to interfere or disturb the driver.
- No eating or drinking allowed on the bus.
- Windows are opened and closed by Camp Leaders. No objects are to be tossed out the window.
- All passengers on the bus are required to follow bus driver instructions.

Movie Consent

I _____ give permission to The Salvation Army to
Parent Name (print)

Show my Child _____ PG rated movies which have been
Childs Name (Print)

Viewed suitable by the Salvation Army staff members.

Signature of parent

Date

Permission to Photograph

I, _____, give permission for _____ to
 (Parent or Guardian name) (Child Care Provider)

photograph my child, _____, for the following purposes:
 (Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

I agree that this form will remain in effect during the term of my child's enrollment.

Signed: _____

Date: _____

EMERGENCY MEDICAL RELEASE FORM

PLEASE PRINT INFORMATION

Childs Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent/Legal Guardian: _____

Address: _____

Mom Cell Phone: _____ Work Phone: _____

Dad Cell Phone: _____ Work Phone: _____

Family Physicians name/Health Care resource: _____

Address: _____

Telephone: _____ Hospital preference _____

Medical Insurance Company: _____

Policy Number: _____ Expiration: _____

Emergency contact (if parent cannot be reached): _____

Cell phone: _____ Work Phone: _____

Sign in the presence of Notary

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child

_____, in the event of an emergency at which time I cannot be

reached. I give consent to transport by ambulance if situation warrants it _____

signature of parent

STATE OF FLORIDA COUNTY OF: _____

The foregoing instrument was acknowledged before me on: _____

Month Day Year

By _____, who is personally known to me or who has produced
(name of affiant)

_____ as identification

SEAL OF NOTARY

Signed: _____ (Signature of notary)

