

Cornerstone Kids Summer Camp

Registration Packet

**** ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED ****

Today's Date: _____

Camper's Name: _____

Name Camper Is Called: _____

Male or Female: _____

Camper's Address: _____

Age: _____ Birth Date: _____

Upcoming Grade Level(1st-7th): _____ School:

Email Address: _____ Phone:

Shirt Size: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1: _____

Relationship To Child: _____

Name: _____

Home Address: _____

City/State/Zip: _____

Phone: _____

Employer: _____

Work Phone: _____

Cell Phone: _____

Marital Status: _____

Parent/Guardian 2: _____

Relationship To Child: _____

Name: _____

Home Address: _____

City/State/Zip: _____

Phone: _____

Employer: _____

Work Phone: _____

Cell Phone: _____

Marital Status: _____

EMERGENCY NUMBERS

List two local people to contact in case of emergency in the event both parents would be unavailable.

Name 1: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Relationship: _____

Name 2: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Relationship: _____

PICK UP AUTHORIZATION

Please list any individuals (if any) other than parents and the above emergency contacts that are authorized to sign out the camper.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Relationship: _____

Please note: Copies of any court ordered custody arrangements must be on file with the office to prevent a non-custodial parent from signing out the camper.

2018 CORNERSTONE KIDS SUMMER CAMP REGISTRATION FORM

PLEASE FILL OUT ONE FORM PER CHILD

Please mark "X" for each week of summer camp attending (**deposit of \$5/week attending is non-refundable**)

June 11TH - 15TH ____ Yes ____ No June 18TH - 22RD ____ Yes ____ No

June 25TH - 29TH ____ Yes ____ No July 2ND - 6TH ____ Yes ____ No

July 9TH - 13TH ____ Yes ____ No July 16TH - 20TH ____ Yes ____ No

July 23RD - 27TH ____ Yes ____ No July 30TH - Aug 3RD ____ Yes ____ No

August 6TH - 10TH ____ Yes ____ No August 13TH - 17TH ____ Yes ____ No

PLEASE DO NOT MARK IN THIS SECTION, OFFICE USE ONLY

UPDATED: 4/18/2018

Amount Paid: _____ Date Reservation Accepted: _____

By(Staff's Initials): _____

EMERGENCY AUTHORIZATION

Doctor Information:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Dentist Information:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Medical Insurance Information:

Carrier: _____

Insurance Number: _____

Group: _____

Ins Group Number: _____

Name On Card: _____

Plan Begin Date: _____

Dental Insurance Information:

Carrier: _____

Insurance Number: _____

Group: _____

Ins Group Number: _____

Name On Card: _____

Plan Begin Date: _____

Hospital Information:

Name: _____

Address: _____

City/State/Zip: _____

I understand that I will be notified in case of an accident or illness to my camper. I will make arrangements for medical care of my camper with the physician or hospital of my choice. In the event of an emergency in which neither parent can be reached, I hereby authorize the Cornerstone Kids Camp to contact the above named physician or facility.

Parent/Guardian Signature _____ Date _____

2018 CORNERSTONE KIDS SUMMER CAMP REGISTRATION FORM

MEDICAL INFORMATION: Please list any allergies, medical problems, or physical ailments the camper may have:

SPECIAL NEEDS: Please list any special assistance your camper may require: (Please provide a copy of IEP or 504 information.)

_____ * Admittance contingent upon phone interview with director to review needs and concerns with parents.

PHOTO RELEASE I grant the Cornerstone Kids Camp, its agents and the news media, the rights to use photographs of my camper for promotional (Cornerstone Kids Camp website, catalogs or Facebook) or news purposes (press releases). **Please Note: Campers without photo release permission will wear a colored wrist band to aid staff in identifying campers without a photo release in order to avoid having their picture taken.**

Parent/Guardian Signature_____ Date_____

PARENT CODE OF CONDUCT I understand that the policies and procedures of the Summer Camp Dept. are in place for the safety of my camper and the staff. I pledge to respect and obey these rules (as displayed in the handbook, by signage and as brought to my attention by staff members) as they pertain to me as a parent. I understand that failure to adhere to these policies could result in my child's removal from the Summer Camp program.

Parent/Guardian Signature_____ Date_____

TRIPS, EXCURSIONS AND PUBLIC PARK FACILITIES I authorize the Cornerstone Kids Camp staff to take my camper on walking trips, special excursions and to nearby public park facilities. I also authorize the camper to ride as a passenger in a vehicle owned or leased by the above-mentioned organization. I understand all such trips are under the supervision of the Cornerstone Kids Camp staff and that health and safety precautions will be taken.

Parent/Guardian Signature_____ Date_____

2018 CORNERSTONE KIDS SUMMER CAMP REGISTRATION FORM

Request for Medication to be administered at Summer Camp

TO BE COMPLETED BY PHYSICIAN

Name of Child: _____ Date of Birth: _____

Name of Medication:

Time of Medication Administration: _____

Discontinue Date: _____

Intended Effect of Medication:

Possible Side Effects of Medication:

Physician Name (please print):

Office Phone Number: _____

Date: _____

Physician Signature:

Emergency Phone Number (to reach physician):

Campers are not allowed to carry on their person prescriptions or over the counter medications at any time with the exception of inhalers, glucose tablets and epi pens. PARENTS MUST BRING ALL MEDICATION TO CAMP. PARENTS MUST DELIVER AND CHECK IN ALL MEDICINE WITH THE CAMP DIRECTOR OR ADMINISTRATIVE STAFF. TO BE COMPLETED BY PARENT/LEGAL GUARDIAN I confirm that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the Cornerstone Kids Camp staff, employees or agents, in my behalf and stead, to administer or to attempt to administer (or allow my child to self administer, while under Cornerstone Kids Camp staff supervision), lawfully prescribed medications in the manner prescribed above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than the camp nurse or administrative staff, and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the Cornerstone Kids Camp, its employees and agents, either jointly or separately, from and against any and all claims, damages, causes of

action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent(s)/Guardian(s) Name(please print): _____

Parent(s)/Guardian(s) Signature: _____

Date: _____

PLEASE DO NOT send any prescriptions or over the counter medicines with your child.

2018 CORNERSTONE KIDS CAMP SUMMER CAMP REGISTRATION FORM

NO MEDICATION, EITHER PRESCRIPTION OR OVER THE COUNTER, MAY BE BROUGHT TO CAMP OR TRANSPORTED BY A CAMPER.

Inhalers, glucose tablets or Epi Pens require a prescription and must be checked in with the Camp Director or Administrative Staff, even though the camper may carry them.

If a student is found in possession of a prescription or over the counter medication, the student will meet with the Camp Director and a phone call will be made to the camper's parent or guardian. Failure to follow and abide by these guidelines could result in the dismissal of the camper from the Cornerstone Kids Camp.

SHOULD THE NEED FOR PRESCRIPTION OR OVER THE COUNTER MEDICATION ARISE, THE FOLLOWING IS REQUIRED: 1. Contact the Camp Director or Administrative Staff 2. Obtain this form 3. Physician and Parent/Guardian should complete page 1 of this form 4. Medication should be in its original container with proper label.

It is the parent/guardian's responsibility to properly inform the Cornerstone Kids Camp Director or Administrative Staff and assure that the licensed prescriber's order, written signed request, and properly labeled container (by physician or pharmacy) of medication are brought to camp by the parent or responsible adult. Again, Medications must be brought to camp in the original bottle.

When possible, the parent should administer the AM dose of the medication prior to sending your child to camp.

The medication will be stored in a locked space. All campers requiring inhalers must give the prescription order to the Camp Director or a member of the Administrative Staff. The camper may carry the inhaler on his/her person. In the event of a field trip, the Camp Director or Administrative Staff members will instruct staff in the group or grade level of the medication and/or medical treatment.