

2009 SUMMER DAY CAMP REGISTRATION



CHILD INFORMATION

Child's Name (1st & Last) _____ Date of Birth _____ Grade (in Aug) _____ School _____
Child's Name (1st & Last) _____ Date of Birth _____ Grade (in Aug) _____ School _____
Child's Name (1st & Last) _____ Date of Birth _____ Grade (in Aug) _____ School _____

ADDRESS

Address _____ City _____ State _____ Zip Code _____
Home Phone (____) _____

PARENT INFORMATION

Mother's/Female Guardian's Name (First and Last) _____
Place of Employment _____ Office Phone Number _____
Email (checked regularly) _____ Cell/pager number _____

Father's/Male Guardian's Name (First and Last) _____
Place of Employment _____ Office Phone Number _____
Email (checked regularly) _____ Cell/pager number _____

PICK UP LIMITATIONS

(Mother, Father, and Emergency Contact listed are assumed unless otherwise notified.)

CIRCLE "YES" next to the person's name if they are permitted to pick up. CIRCLE "NO" if that person is NOT permitted to pick up.

Name _____ Relationship to child _____ Yes or No
Name _____ Relationship to child _____ Yes or No
Name _____ Relationship to child _____ Yes or No
Name _____ Relationship to child _____ Yes or No

EMERGENCY CONTACT

(Please consider someone outside of your household with alternate contact information if neither parent can be reached)

Name: _____ Relationship to Child: _____
Home Phone: _____ Work Phone: _____ Cell/Pager Number: _____

ATTENDANCE

Please circle the weeks you would like your child(ren) to attend. Due to limited enrollment, you must pre-register for all weeks you wish your daughter to attend. By checking a week you are not committed to paying for that week. Please notify staff in advance if your child will not be attending.

Week 1 (June 8-12)	Week 4 (June 29-July 3)	Week 7 (July 20-24)	Week 10 (Aug 10-14)
Week 2 (June 15-19)	Week 5 (July 6-10)	Week 8 (July 27-31)	Week 11 (Aug 17-21)
Week 3 (June 22-26)	Week 6 (July 13-17)	Week 9 (Aug 3-7)	

MEDICAL INFORMATION

Doctor: _____ Office Phone Number: _____

Dentist: _____ Office Phone Number: _____

Medical Ins. Co. Name: _____ Policy #: _____ Hospital: _____

Date of last Tetanus Immunization: _____

Present Medical Problems and Chronic Conditions (epilepsy, asthma, etc): _____

Allergies (drugs, insect bites, etc): _____

Medicines taken regularly (medication cannot be distributed by Girls Place staff without a signed medical form and the medication must be provided by the parents – including Tylenol, inhalers, etc.): _____

Special Precautions/ Other: _____

PLEASE INITIAL

By initialing below I, as the parent or legal guardian, acknowledge the following information or policies. I understand that my initials are not required for the photo release.

_____ **PAYMENT POLICY:** The membership fee must accompany this application for registration to be accepted. All fees are due in advance by the Friday prior to the week you child will be attending. We prefer that you pay for four weeks in advance but will accept a minimum of one week’s fee. However, IT MUST BE PAID IN ADVANCE. IF FEES ARE NOT PAID IN ADVANCE, YOUR CHILD WILL BE UNABLE TO ATTEND.

_____ **NON-SUFFICIENT FUNDS (NSF) POLICY:** All NSF checks will be charged a \$10 NSF fee. Please pay for all NSF checks with cash or money order, as they will not be re-deposited. After two returned checks within one year, cash payments will be required thereafter for services plus any bank services accrued by Girls Place, Inc.

_____ **EARLY DROP OFF/LATE PICK UP POLICY:** Summer hours are from 7:30 am – 6:00 pm. Early drop off is between 7:00 am and 7:29 am and is an additional \$1/day paid upon arrival. Girls must be picked up by 6:00 pm. Parents or guardians will be charged \$1 for every five (5) minutes late beyond 6:02 pm.

_____ **PHOTO RELEASE:** I understand that during activities and events at Girls Place my child may be photographed or videotaped by Girls Place staff. I agree that my child or her likeness can be used in Girls Place publications including newsletters, fliers, and brochures in addition to local newspaper and television promotions.

_____ **SNACKS AND LUNCH:** I understand that Girls Place DOES NOT provide snacks or lunch. A snack and lunch period is designated each day with items ranging from \$0.25-\$1.00. We request that parents set up an account in the front office so children will not have money with them. Additional money can be added to the account at any time.

_____ **SWIMMING ABILITY:** I understand that my child will be participating in swimming activities at the City of Gainesville pools. She will be supervised by Girls Place staff and trained lifeguards. I have indicated my child’s swimming ability:

1st Child’s First Name _____ Please circle GOOD FAIR NON She must stay in the shallow end YES NO

2nd Child’s First Name _____ Please circle GOOD FAIR NON She must stay in the shallow end YES NO

3rd Child’s First Name _____ Please circle GOOD FAIR NON She must stay in the shallow end YES NO

FINANCIAL NEED (please circle)

My daughter qualifies for FREE lunch at school (form required) YES NO

My daughter qualifies for REDUCED lunch at school (form required) YES NO

Have you completed a financial assistance application (due two weeks prior to start of program) YES NO

PARENT/GUARDIAN RELEASE

I have read and fully understand the contents of this application. I have completed the application to the best of my knowledge and ability. I understand that if any information listed in this application changes, I will notify GIRLS PLACE, INC. immediately. The child/children listed above has/have my permission to participate in the activities, trips, and events sponsored by GIRLS PLACE, INC as noted on the SUMMER DAY CAMP weekly schedules. In the case of an emergency an alternate person will be called if the parent(s) can not be reached by phone. The undersigned, individually and as parent or guardian of the participant, hereby authorize GIRLS PLACE, INC. to carry out any measures deemed necessary should an emergency occur, including at the expense of the undersigned, appropriate medical treatment for the participant, and hereby releases GIRLS PLACE, INC., its employees and agents, from any liability or claims arising out of the participant's engagement in the above described events.

Signature of Parent / Guardian

Date

QUESTIONNAIRE

(Please complete in an effort to provide the most positive experience for your children)

1. How many **minutes** of physical activity (i.e., *free play, organized sports, bike riding*) does your child get outside of Girls Place during the week? _____

2. What would you consider is your child or children's activity level **outside** of Girls Place?

(Please circle) Active Moderately active Not active

3. What types of community service activities (if any) would you like your child to be involved in this summer?

4. What additional activities or programs should the Girls Place staff consider that would be of interest to you or your child?

5. What physical, educational, social, or life skills would you like your child to gain while in summer day camp?

6. What do you expect your child to gain from the programs offered at Girls Place?

7. Below, please give us any input that you would like to share about Girls Place or Summer Day Camp.