



DAY CAMP APPLICATION FORM

Date of Application: _____

CHILD INFORMATION

Child's Name _____
Last First Middle

Preferred Name: _____ Sex _____

Birth Date _____ Age before or on June 1st: _____ years _____ months

Address _____
Street City State Zip

Home Phone _____ Cell Phone (if available) _____

Preschool/Elementary School Child Will Attend: (After the Summer) _____

County of Residence _____ Did child attend a Preschool? No ___ Yes ___

If Yes, Name of School _____

What language(s) does the child speak? _____

What language(s) is spoken in the home? _____

FAMILY INFORMATION

Parent's/Guardian's Name _____

Email Address _____

Cell Phone _____ Work Phone _____

Occupation _____ Relationship to Child _____

Child Lives With: Both Parents ___ Mother ___ Father ___ Other ___

Legal Custody with _____ (Must have document/court papers)

Ethnic or Cultural Heritage _____

EMERGENCY CONTACT INFORMATION

Name: _____

Address: _____

Cell: _____

Name: _____

Address: _____

Cell: _____



HEALTH INFORMATION

Does your child have an updated immunizations record? No ___ Yes ___

Does child have health insurance coverage? No ___ Yes ___

If No, Why? _____

Name of Physician or Clinic: _____ Phone Number: _____

Has child ever had surgery? No ___ Yes ___

If Yes, What type of Operation: _____ Date: _____

Does child have allergies? No ___ Yes ___, Type: _____

Allergy Medication: _____

Does child have allergies to any medication? No ___ Yes ___, Type: _____

List prescription medication child is currently taking:

Medical Conditions: Please circle(s)

Diabetes	Heart Problems	Vision Impairment
Epilepsy	Asthma	Hearing Impairment
Walking Problems	Migraine/Headaches	Hay Fever
Speech Impairment	Bladder Problems	
Other Health Issues/Problems _____		

OTHER INFORMATION

In order to properly plan for an upcoming camper, the program needs to know if there is any educational, developmental, psychological, behavioral, social, or medical history that affects the child's ability.

If Yes, please briefly

describe: _____



WAIVERS OF CONSENT & LIABILITY:

I hereby give permission for the child listed to participate in the activity listed on the registration form. I hereby acknowledge that there are obvious risks of injury involved in participation in all sports activities and, specifically, the sports activity for which I have registered my child as set forth above. I the parent/guardian of said child, assume all risks and hazards incidental to such participation including transportation to and from activities, and do hereby waive, release, absolve and indemnify and agree to hold harmless Enhancing Minds for Applied Knowledge Services, the sponsors, supervisors, participants and persons transporting the child to and from activities, for any claim arising out of injury to the child. I do hereby covenant that on my behalf and for the minor not to file a claim or bring suit with respect to any such injury or damage. Permission is granted for my child to appear in still or motion pictures using my child's name for educational, promotional or other proper purposes.

I also give permission to a representative of Enhancing Minds for Applied Knowledge Services and/or other sponsoring agency/agent, licensed physician, and emergency medical personnel to obtain medical treatment for the minor of whom I am either parent/guardian should the child become injured or ill in the event I am not available and medical treatment is required. The physicians, medical personnel, agents, or employees of Enhancing Minds for Applied Knowledge Services are hereby released from any claim with respect to such injury during the event of program, including transportation to or from the event and/or to any program. I understand that if hospitalization or medical treatment of a more serious nature is required, I will be contacted if at all possible, by telephone for permission. I have read and fully understand the provisions of the above releases and will be bound thereby. **Parent Initials** _____

State Exemption Notice:

Enhancing Minds for Applied Knowledge Services, LLC's day camp is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements. **Parent Initials** _____

Rule 591-1-1-.46 Exemptions

(1) All programs providing group care for children shall obtain either a license or a commission for an early care and education program or an exemption from the department, as applicable. Any person or entity operating or planning to operate such a service believed to meet the criteria for exemption from licensure, as listed below, shall apply to the department for exemption by submitting the department's application for exemption.

Day camp programs for children five (5) years and older that are operated between school terms, whose primary purpose is to provide organized recreational, religious, or instructional activities. The day camp programs may operate during summer and other school breaks and shall operate for no more than twelve (12) hours per day.

NOTE: Exemption approval means this program is not licensed as a childcare learning center and is not required to be licensed. Therefore, the program is not required to comply with the Bright from the Start: Georgia Department of Early Care and Learning rules for childcare learning centers. Bright from the Start does not regulate or routinely inspect this program and would only monitor the program to determine or verify compliance with exemption criteria and requirements. The facility must meet all local requirements, such as complying with building, zoning, and fire requirements.

By placing my signature below, I verify that all information is accurate and complete. I realize that failure to provide accurate about my child may jeopardize your child camp enrollment.

Parent/Guardian Signature

Please Print Name

Date

Staff Signature

Please Print Name

Date