



CAMP SCHEDULE

WINTER BREAK- FEBRUARY 17-21

SPRING BREAK- APRIL 7-11

SUMMER BREAK- JUNE 2-JULY31



Info@kidsrchefsacademy.com



404-343-0200



**236 Auburn Ave Ne Suite 203
Atlanta, GA 30303**

Emergency Contact



CAMPER EMERGENCY FORM

Campers will NOT be released to anyone not listed on this card. All names listed below must be as they appear on their photo ID, and must be at least 18 years old. Everyone must show photo identification, including parents. Any changes to this card must be made in person by the parent/guardian who signed the child up.



People picking up or dropping off your child may receive notes/messages regarding payments due, any incidents that occurred that day, etc. Please list below anyone who is authorized to pick up your child from camp.

Best contact number

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Physician: _____

Phone: _____

Pre-Registration

Camper 1

First Name:

Age:

Last Name:

Gender:

Adress:

Allergies:

Camper 2

First Name:

Age:

Last Name:

Gender:

Adress:

Allergies:

Emergency Contact:

Name:

Phone:

Relationship to Camper:

I hereby give permission for my child(ren) to participate in the Kids-R-Chefs Educational Academy Spring Camp. Having ready all the information on this form, I hereby allow my child(ren) to attend Camp this Spring.

Sign:

Date:

Registration fee \$50 non-refundable

Billing Info:

Name:

Email:

Adress:

Phone:

Acknowledgement Form



I, _____ understand that attending Kids-R-Chefs Educational Academy Summer Camp is a privilege and that my behavior and actions can affect the experience of others attending the camp. Therefore, I agree to follow the rules and guidelines set forth by the camp and to behave in a manner that is respectful to others.



1. Respect Others: I will respect the rights and dignity of others attending the camp. I will not engage in any bullying, harassment, or discriminatory behavior toward anyone at the camp.



2. Listen to and Follow Directions: I will listen to and follow the instructions given by the camp counselors and staff. I understand that these instructions are given for my safety and the safety of others.



3. Be Responsible: I will be responsible for my belongings and for the camp's equipment and facilities. I will not damage or deface any property or equipment belonging to the camp.

4. Be On Time: I will be punctual and arrive on time for all scheduled activities and events. I understand that being late can disrupt the camp's schedule and cause inconvenience to others. **5. Participate:** I will participate in all camp activities and events to the best of my ability. I understand that my participation is necessary for the success of the camp and the enjoyment of all participants.

6. Use Appropriate Language: I will use appropriate language and will not use profanity or engage in any vulgar or offensive behavior.

7. Follow Safety Guidelines: I will follow all safety guidelines and rules set forth by the camp. I will not engage in any behavior that puts myself or others at risk. **8. Parental Contact:** I will inform my parent or guardian of any problems or concerns that may arise during my attendance at the camp.

I understand that if I fail to follow these rules and guidelines, I may be subject to disciplinary action, including being sent home from the camp. By signing below, I acknowledge that I have read and understand this agreement and agree to follow its terms and conditions.

Student Signature: _____

Camp Waiver & Release of Liability Form



I hereby give my permission for my child _____ to participate in the Kids-R-Chefs Educational Academy Spring Camp.

In the event of illness, injury, and/or accident, I authorize the camp instructor or any Kids-R-Chefs Educational Academy Camp employee to act on my behalf. They may approve any and all non-emergency or emergency treatment and are authorized to sign any and all medical release or required form(s) on my behalf. In the event of an emergency, I understand that I will be notified of the situation as soon as practicable. I agree to pay any necessary expenses which are not covered by Kids-R-Chefs Camp incurred in the medical treatment of my child, including, but not limited to all transportation costs to and from a medical facility, and, if necessary, transportation to my home or medical facility of choice.

I understand that the Kids-R-Chefs Educational Academy Camp may, in its sole discretion, dismiss any camp participant for inappropriate, disrespectful, or dangerous behavior at any time. If my child breaks or damages any property because of their direct or indirect behavior, I hereby agree to pay for its repair or replacement.

I understand that the risks associated with camp activities could result in injury and/or death to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate. I understand that the camp is not liable for any injuries or other occurrences due to indoor and outdoor camp activities or related risks, and/or the actions or omissions of Kids-R-Chefs Camp counselors, volunteers, employees, trustees, directors, officers, or any other entities being released.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child may participate and that it will govern the actions and responsibilities at said activity.

In consideration of my application and permitting my child to participate in this activity, I hereby: **WAIVE, RELEASE, AND DISCHARGE** from any and all liability, including but not limited to, liability arising from the negligence or fault of the Camp, its trustees, officers, employees, camp counselors, volunteers, entities, or other persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity; **INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE** the Kids-R-Chefs Educational Academy, its trustees, officers, employees, volunteers, or other entities or persons released from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

Camp Waiver & Release of Liability Form



I understand that while participating in this activity, my child may be photographed. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers and assigns.



The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. The Kids-R-Chefs Educational Academy Spring Camp, its Trustees, directors, officers, and all its employees, acting officially or otherwise are hereby released from any and all claims, demands, actions, or causes of an action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.



I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.



Signature _____

Date_____

Check-In/Check-Out Procedures



Parents and campers WILL NOT be permitted to enter the building until 9:00am



You must accompany your child into the building and check them in with a staff member. Unless they are taking public transportation. You must sign each child in every morning with your signature and time dropping off.



You will be asked to show identification when picking up or dropping off your child from camp. This is for the safety of your child. THERE ARE NO EXCEPTIONS!



The only people who will be permitted to pick up your child are those who are listed on your child's Emergency Contact Card. No one will be permitted to pick up a child without being listed on a card and photo ID.

To add someone to your pick-up list, you must do it in person or by email. No one can be added to the emergency card over the phone. This is for everyone's safety.

All campers must be picked up by 4:00 PM. If your child will be taking public transportation, please communicate that with a staff member.

POLICY ON ILLNESS AND MANAGEMENT OF COMMUNICABLE DISEASES



We are concerned with the health and welfare of each child at our camp. To prevent illness from being spread to other campers, please do not send your child to camp when they are ill or possibly contagious.



If any of the following symptoms occur at camp, you will be contacted to pick up your child: Temperature over 100 degrees
Severe cold with cough
Difficult, rapid breathing
Severe pain or discomfort, including ear or throat
Vomiting
Diarrhea
Rashes that cannot be identified or have not been diagnosed by a physician.



Contagious diseases such as measles, chicken pox, mumps, rosella, pink eye, or impetigo.



We would appreciate a call notifying us so we can pass information concerning potential exposure on to the other campers. Your child's name will not be mentioned, just information about the condition for other families to be informed.

Upon notification, we require that your child be picked up within one hour. Children sent home from camp because of illness may not return to camp until they are:

Free of symptoms for 24 hours

Have a physician's note stating that they are free of and not contagious.

Signature _____ Date _____

HEALTH AND WELLNESS RECORD



Name _____

Address: _____

City: _____ State: _____ Zip _____

Birth: _____ Boy/Girl: _____ Age: _____



Parent/Guardian: _____

Relationship: _____ Home Phone: _____

Work Phone: _____

Cell Phone: _____ Address: _____

(if not the same as camper) _____

City _____ State: _____ Zip: _____



Parent/Guardian _____

Relationship: _____

Phone: _____ Phone: _____

Address: (if not the same as camper) _____

City: _____ State: _____

Zip: _____

HEALTH AND WELLNESS RECORD



Is your child allergic to any medication/food/insect stings?
Please list: _____



What type of reaction do they have to the above medication/foods/insects_____



Will your child have an epi-pen? _____

Will your child have an inhaler at camp? _____




Will your child take any medication daily at camp? _____

Describe any physical or medical restrictions your child has. _____

Do we have permission to administer Tylenol to your child? _____

Additional Notes:

MEDICATION



All medication must be turned in to a staff member with a Medication form. Parents must provide any cautionary information specific to the medication. All medication MUST be labeled and stored in the original prescription container and have good expiration dates. Medications will be stored in a secure area that is inaccessible to campers. All pill medications must be given as a one day supply each morning, and the bottle will be returned at the end of the day. Inhalers and Epi-pens can be left at camp for the duration of the program.