

**Kids WRAP Day Camp 2019
KWDC**

REGISTRATION FORM

June 17th 9:00 am- 12:30 noon

Centro de Recursos para la Familia

235 S. Auburn St, Grass Valley, CA 95945

Office: (530) 273-4059 Fax: (530) 273-4059 Email: nmead@nevco.org

Welcome and Thank You for Registering Your Child in the KWDC!
Please read the instructions carefully and fill out this form completely, back and front.
Your child needs to be able to express him/herself in writing to benefit from this Camp.

Child's Name: _____ DOB: __/__/__ Gender: **M F**

Age: _____ School: _____

Upcoming Grade: _____

Account Information:

Parent/Guardian-1

Name: _____

Street Address: _____

City/Zip: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Parent/Guardian-2

Name: _____

Street Address: _____

City/Zip: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Emergency Contact Information: Please provide **very reliable** contact information for at least 2 adults **other** than the above parent/guardian(s).

1. Name: _____ Phone: _____ check if OK to pick up child

2. Name: _____ Phone: _____ check if OK to pick up child

Pick Up/Visitation Permission: Please provide the names & numbers for any other adults you are authorizing to pick up and/or visit your child.

1. Name: _____ Phone: _____ Pick Up Visit

2. Name: _____ Phone: _____ Pick Up Visit

Family and Medical Information:

Is there a family situation and/or custody concern about which we need to be aware? **YES** **NO**

If **YES**, please explain.

Does this child have any special health needs, services, restrictions, allergies, asthma, etc.: **YES** **NO**

If **YES**, please explain.

Self-medication, including **any** over the counter medicines, **is not permitted.**

Medical Insurance: **None**

Doctor: _____ Phone: _____

Insurance Carrier: _____ Subscriber: _____

Group #: _____ ID #: _____

PHOTOGRAPHY, VIDEO AND PROMOTIONAL RELEASE

I do hereby acknowledge and authorize the Kids WRAP Day Camp to take and use photographs, video and written comments of or by my child for promotional and informational materials. Further, I agree to release and discharge the Kids WRAP Day Camp and its sponsors from any and all liability in connection with the use of such photographs, videos and written comments of or by my child.

Parent Initials

PARTICIPATION AND EMERGENCY TREATMENT WAIVER

In consideration for being allowed to register and participate in the Kids WRAP Day Camp, held the summer of 2013, as parent/guardian I hereby release the Academy, its Incorporators, Physicians, Board Members, Officers, Employees, Agents, Independent Contractors and Volunteer Workers from any liability for injuries which are sustained during the Kids WRAP Day Camp, **including any necessary transportation**. The child herein described has permission to engage in all scheduled activities except as noted by the physician or parent/guardian. I hereby give permission to the Kids WRAP Day Camp physician to initiate and provide any necessary treatments, including transporting to the nearest certified emergency facility. If hospitalization is required, the child is to be referred to an appropriate physician and all treatments will be at my expense

Parent Initials

Parent/Guardian Signature: _____ **Date:** _____

PARENT NAME (PLEASE PRINT) _____

CODE OF CONDUCT **(Please review with your child)**

It is our hope that everyone that participates in our program will have a positive experience that will last a lifetime. To help everyone get the most out of their experience, we have set up a list of ground rules to help parents and children understand what we expect at the Kids WRAP Day Camp.

The Kids WRAP Day Camp has four basic rules that we explain to the children. We have these rules so that everyone can be assured of a positive experience.

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- **Respect yourself, others and property.** This means abusiveness toward others or using inappropriate language, fighting, stealing, etc. It also covers property damage, graffiti or vandalism.
- **Participate in activities.** It is the academy's responsibility to know where all the participants are at all times. Participants will not be left alone under any circumstances.
- **Follow directions.** We ask the participants to follow staff direction during all activities.
- **No put-downs.** This includes teasing, name-calling, racial slurs or inappropriate practical jokes.

If we do have a problem with inappropriate behavior, the staff will start by giving the child a warning, then a time-out with an explanation and discussion on what is causing the problem. As a last resort, we may need to send a child home and we reserve the right to immediately ask that the child be removed from academy.

These rules are designed to protect the participant's experience so that one unruly child won't ruin the experience for the rest. If you have any questions or comments, please feel free to call. It is our mission to provide a quality experience for everyone.

I understand and accept that my child must abide by the Kids WRAP Day Camp.

Parent's Signature

I agree to abide by the KWDC Code of Conduct _____
Participant's Signature Date