**Smart Kids, Inc.’s**

**Summer Day Camp Registration**

**11520 St. Charles Rock Road, Suite 101**

**Bridgeton, MO 63044**

**P: (314) 884-1486**

***Camper’s Information:***

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Nick Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Parent/Guardian Information:***

Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Emergency Contact Information:***

If unable to contact Parent/Guardian in case of an emergency, whom should we contact?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exchange: \_\_\_\_\_\_\_\_\_\_\_

Please list any allergies, physical or developmental conditions that may limit his/her involvement in our program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***WAIVER OF PARTICIPATION:***

I, consent to my child participating in the Smart Kids, Inc. Summer Day Program, field trips, and activities, either on or off camp property. I acknowledge that participation in camp activities has inherent risk. I, the undersigned parent/guardian, assume that risk on behalf of my child and will indemnity and hold harmless the Smart Kids, Inc. company and/or staff from and against all claims and demands on account of, or in any way from way, any accidental occurrence. Also, Smart Kids, Inc. can take and use pictures and video of my child participating in all camp activities.

I have read and understood the above waiver:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Parent or Legal Guardian Date*

***PAYMENT POLICY:***

**All fees are to be paid in full per week on Friday’s for the following week or that Monday, by 12:00 PM. If payment is not made then your child(ren) will be removed from the camp and their slot will be given to the next applicant. Camp is $125.00 per week and the timeframe is 9:00 AM – 4:00 PM. The camp runs from June 3, 2019 to August 2, 2019. A total of 9 weeks. ESSC’s Before Care (BC) and After Care (AC) programs are $10.00 per hour and the timeframe is from 7:00 AM – 9:00 AM (BC) and 4:00 PM – 6:00 PM (AC).**

**Smart Kids, Inc. accepts:**

**Electronic Payments via: VISA, MASTER CARD, AMERICAN EXPRESS. Car holders will be responsible for the transaction fees associate with their payment(s). We also accept: MONEY ORDERS and CASH. NO PERSONAL CHECKS. Unfortunately for the 2019 ESSC are not accepting state payments for childcare.**

**I, consent to the payments that issued for my child(ren) to attend the Explore St. Louis Summer Camp. in the Smart Kids, Inc.. I acknowledge I understand the payment policy will be enforced and I will make it my effort to pay on time each week. I, the undersigned parent/guardian, assume all the financial responsibility of the cost of camp. I also understand that payment is not made by the designed time, then my child will loose their slot/spot and be removed from Explore St. Louis Summer Camp immediately.**

**I have read and understood the above Payment Policy:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Signature of Parent or Legal Guardian Date***

**Smart Kids, Inc.’s**

**Summer Day Camp Registration**

**Medication Authorization and Policy**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATION AUTORIZATION:**

Please sign this waiver even if your child is not currently taking medication. We need signatures of ALL parents/guardians verifying notification of our medication policy, which is “no medication in possession of any campers”. Furthermore, if medication is necessary prior to the end of camp, we will already have this on file. Please bring all medications to camp with your camper daily. Does your child currently require medication during camp? Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_ If no, fill in child’s name and sign at bottom of page. If yes, continue filling out in full. Also, please submit your camper’s **current insurance card(s)** at the time of registration.

Current Pediatrician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescription Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned affirms that he/she is the legal parent/guardians of (insert child’s name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and agrees to the Smart Kids, Inc. policy and medication is not

to be in the possession of the camper. The undersigned has provided a letter from the prescribing

physician(s) specifying the need for the following medication(s) during the day camp hours and

authorizes the Smart Kids, Inc. designated staff member to hold and insure the above listed medication

is taken by the camper based on the instructions found on the label.

The undersigned recognizes the Smart Kids, Inc. staff member who will be responsible for ensuring the

camper above is neither a physician nor pharmacist and the parent accepts full responsibility for requesting

Smart Kids, Inc. staff member(s) to oversee the medication. I further understand that neither any staff from

Smart Kids, Inc. is NOT AT ANY FAULT as to what happens the camper from taking medication as stated on label.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

**SUMMER CAMP POLICY:**

**(Please keep pages 5-7 for your records)**

Smart Kids, Inc. has placed the following policies in order per the summer program:

1. There is **NO TOLERANCE POLICY** for bullying/hitting, disrespect, abuse, misconduct of any kind, and/or misbehaving behaviors while attending Explore St. Louis Summer Camp. Any student that receives three or more write up’s will be removed from the summer camp immediately.
2. Any and all incidents will be reported as soon as possible. Parents/guardians will receive a copy of all incident/injury reports pertaining their camper(s).
3. Campers should be at picked up from camp **ON TIME** when the camp is over at 4:00 PM. If a camper is pick up late, there is a **$1 per minute late charge** and that is due before the student can return back to camp. **Any campers that are constantly picked up late will be removed from the camp**. Any camper that is late being dropped off on a field trip day will be left at the center with other camp counselors. **All campers should be dropped off by 9:15 AM (cut-off time). NO EXPECTIONS.**
4. There are no candy/gum/sodas allowed on the premises unless it is for a party and/or activity.
5. **Campers will be provided both breakfast and lunch for lunch. Please do not send campers in eating their breakfast. Campers are not to share lunches.**
6. No open toe shoes, back out shirts, no low cut (front or back) shirts, no short skirts or shorts allowed. All sandals should have a strap on the back of them allowed. No high-hill shoes will be allowed either.
7. If parents/guardians decide to remove their child from the summer camp, all prepaid fees are surrender to Smart Kids, Inc., and no refunds will be issued.

***WAIVER OF PARTICIPATION:***

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**Medication Policy Information Sheet:**

Smart Kids, Inc. understands that your child may have to take medication on a daily bases but we do not allow the campers to have any medication in their possession at anytime. Parents/guardians are responsible to alert Smart Kids, Inc.’s staff members about any continuing or new medication that camper needs to take at the time of registration or as soon as possible. Please read the following guidelines pertaining to our Medication Policy.

1. **DO NOT SEND STUDENTS WITH ANY MEDICATIONS**. This is an absolute NO, NO. All instructions need to be given by parent/guardian directly to Camp Director or Camp Leader/Counselor.
2. Parents/guardians needs to have a **written statement** from the camper’s pediatrician stating the camper’s diagnosis, the need for the medication, when it is to be given, and how it is to be given. The letter needs to be signed and dated, and the doctor’s contact information should be included.
3. All medication needs to be in its original bottle from the physician with the camper’s information on the label. Please send medication in a zip lock bag with the camper’s name and date of birth on it.
4. No campers can take their own medication, if approved; all medications will be distributed by Camp Leader and/or Camp Director.
5. No camper/Camper Leader/ or Camper Director can give another camper, Camp Leader, or Camper Director any medication under any circumstances.
6. **NO SHARING OF ANY MEDICATIONS!** All medications needs to be labeled with individual camper name’s on it.

**MEDICATION AUTORIZATION:**

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***PAYMENT POLICY:***

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