



HAPPYIAN

Summer Camp 2024

Registration Packet

This registration packet must be completed for all Summer Camp 2024 participants.

Child's Name: _____ DOB: _____

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Address : _____

City: _____ State: _____ Zip Code: _____

Primary Guardian's Name: _____

Phone #: _____ E-mail: _____

Secondary Guardian's Name: _____

Phone #: _____ E-mail: _____

In Case of Emergency and Authorized Pick Up

Persons to contact in case of emergency if parents are unavailable and are authorized to pick the child up.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____



Medical History

Does your child(ren) have any known allergies/health concerns:

Does your child(ren) take any routine medications? Y or N _____

If yes, please list name/s: _____

Select CAMPUS:

CAMPUS 1

St. Ladislaus Church Campus
5345 W Roscoe St.
Chicago, IL 60641

CAMPUS 2

HAPPYIAN Clinic
9950 Lawrence Ave.
Schiller Park, IL 60137



Select Attendance Plan:

NEUROTYPICAL CHILD

Half-Day	Full Day
1 Month Plan - \$1,000.00	1 Month Plan - \$2,000.00
2 Month Plan - \$1,800.00	2 Month Plan - \$3,800.00

<input type="checkbox"/> Weeks 1-4	Half Day <input type="checkbox"/> 9-1pm <input type="checkbox"/> 1-5pm	<input type="checkbox"/> Full Day 9-5pm
<input type="checkbox"/> Weeks 5-8	Half Day <input type="checkbox"/> 9-1pm <input type="checkbox"/> 1-5pm	<input type="checkbox"/> Full Day 9-5pm

Shirt Size:

- X-SMALL
- SMALL
- MEDIUM
- LARGE
- X-LARGE

Waiver of Liability

I understand that I am able and am speaking on behalf of myself and other individuals listed on this application. In consideration of my/our participation in the HAPPYIAN, LLC Summer Camp Program I/we do hereby agree to hold free from any and all liability the HAPPYIAN, LLC and it's respective officers, employees, and members and do hereby for myself/ourselves,



my/our heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages that I/we may hereafter accrue to me/us arising from, or connected with myself/ourselves to be physically sound having medical approval to participate in the summer camp program of the HAPPYIAN, LLC.

Transportation and Off-Campus Activity Authorizations

I give permission for my child to participate in trips, tours, walks, and special events under the supervision of HAPPYIAN, LLC staff. Notifications of any activity will be given in advance of said activity. I further understand the camp staff will be responsible for preparing each child for activities including assisting with changing clothes if the trip requires special clothing (swim suits, gymnastic outfits, etc.). Children will be supervised at all times and no child will be allowed to go to or from any activity without the supervision of a staff person from the camp department.

Parent Payment Agreement

Tuition for all programs is due in advance per month. There will not be any deductions for absence or holidays. Summer Camp Programs are paid on a monthly basis. Families will be charged a late pick up fee of \$5.00 per every 15 minutes after program end time. There will be an additional fee in the event of a returned check. In case of withdrawal of my child from the program, I agree to give the organization a two week notice.

First Aid Consent

I DO or DO NOT give my permission for staff to give first aid or apply antiseptic ointment if it is deemed necessary.

Photography Consent

I DO or DO NOT give consent to let my child be photographed for use by the HAPPYIAN, LLC in newspapers or other media for the purpose of advertisement or publicity.



Permission to Apply Sunscreen to Child

As the parent/guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel of HAPPYIAN, LLC to apply a sunscreen product of SPF-15 or higher to my child. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose, and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

- I do not know of any allergies my child has to sunscreen*

- Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle*

- I have provided the following brand/type of sunscreen for use on my child: _____*

- My child is allergic to some sunscreens. Please only use the following brand(s) and type(s) of sunscreen: _____*

- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body _____*

Parent/Guardian full legal name (print): _____

Parent/Guardian signature: _____ **Date:** _____

I understand that by typing my name above, I am electronically signing.