



Summer Camp Child Enrollment Form

Enrollment Date: _____
Start Date: _____
Withdrawal Date: _____
Enrolled in Brightwheels? Yes/ No

Please complete this entire form. DO NOT LEAVE ANY LINES BLANK. You may write "N/A" if necessary.

Child's Full Name: _____ Nickname: _____

Child's Birthdate: _____ Resides With: _____

Child's Full Name: _____ Nickname: _____

Child's Birthdate: _____ Resides With: _____

Family Information

Mother's Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____

Father's Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____

Parents are: Married Divorced Separated Widowed Single

Date of first attendance: _____ **Expected Hours of Care:**

Monday: _____ to _____

Tuesday: _____ to _____

Wednesday: _____ to _____

Thursday: _____ to _____

Friday: _____ to _____

Person(s) authorized to pick up in a non-emergency situation or in case of a medical emergency and/or if a parent cannot be reached:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Child Information and Habits

Has your child been in a summer camp setting before? _____

What type (center, in home daycare, family member, etc.)? _____

What is your normal method of discipline? _____

What is your child(s) temperament (easy going, hard to please, demanding, aggressive, etc.)? _____

Are there any food restrictions? _____

Does your child have any special needs or concerns? _____

General State of Health: _____

A current copy of your child(s) immunizations must be on file if attending multiple weeks

In case of a medical emergency. Please sign granting your consent for us to take to the e.r or call ambulance:

X _____ Date: _____

Doctor/Physician's Name: _____

Doctor/Physician's Number: _____

Doctor/Physician's Address: _____ City: _____ State: _____ Zip: _____

Are your child(s) immunizations up to date? _____

Are you concerned that your child may be prone to any type of allergies? _____ if so, please describe the reactions and the appropriate steps that need to be taken: _____

Medications: _____

Physical Assistance Devices (glasses, hearing aids. Wheel chair, etc.): _____

Does your child have any other medical conditions which we should be made aware of?

Has your child had any of the following common childhood illnesses? (Please circle all that apply)

Does your child have problems with any of these?

- Constipations
- Convulsions
- Diarrhea
- Fainting Spells
- Frequent Colds
- Frequent ear infections
- Frequent sore throats
- Lice
- Ringworm
- Seizures
- Skin Rash
- Soiling
- Stomach Upsets
- Urinary problems

Has your child had any of these diseases?

- Asthma
- Bronchitis
- Chicken Pox
- Diabetes
- German measles
- Heart Disease
- Hepatitis
- Impetigo
- Measles
- Mumps
- Polio
- Scarlet Fever
- Tuberculosis
- Whooping Cough

What a
Blast: Kids Camp

Permissions

I hereby give permission to the staff of Kids Warrior Gym to use any photographs, slides and videos in which my child appears on any publication that Kids Warrior Gym produces. This would include any newspaper advertising, fliers, brochures, power point presentations, posters, Kids Warrior Gym website, social media or other forms of advertising and public relations used to promote the services of Kids Warrior Gym.

Signature of Parent/ Guardian: _____ Date: _____

OR

I do not wish for Kids Warrior Gym to use my child(s) photo for anything other than the inside of the room.

Signature of Parent/ Guardian: _____ Date: _____

My child may be taken on outings away from the Gym that will be within walking distance.

Signature of Parent/ Guardian: _____ Date: _____

My child may be taken on field trips in a company vehicle/van that is driven by a licensed, insured, appropriately trained employee of Kids Warrior Gym. I understand that I will be notified in advance of these plans. I also understand that all children will be transported according to the Iowa Child Safety Laws. I will provide an appropriate child restraint (car seat) for my child when necessary.

Signature of Parent/ Guardian: _____ Date: _____

In the event of an emergency, I give permission to Kids Warrior Gym to transport my child without major medical injuries to the nearest hospital or my doctor's office. I understand that staff will ensure that my child is placed in the appropriate safety restraint as indicated by Iowa law at all times when the vehicle is in motion.

Signature of Parent/ Guardian: _____ Date: _____

I have determined the Kids Warrior Gym staff competent to give or apply medication to my child. I understand that the Program Director has the responsibility to assess the ability of staff to give or apply prescription medications safely. I hereby give my permission for the staff to give or apply medications that I provide with written directions and the appropriate dispenser.

Signature of Parent/ Guardian: _____ Date: _____

Change of Information

I understand the importance of keeping my child(s) enrollment record up to date. If our family should move, change jobs, or our contacts need to be changed. I understand that I need to fill out a new Enrollment form so that Kids Warrior Gym had the most current information available in case of an emergency.

I certify that above information is correct to the best of my knowledge.

Signature of Parent/ Guardian: _____ Date: _____