

Camp Fire Western Montana Enrollment Form

* Please complete one form for each child

Start date: _____ School: _____

Child's name: _____ Birth Date: _____

Sex: M F Age: _____ Grade: _____

Parent/Guardian Name: _____ **Employer:** _____

Home address: _____ City: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Parent/Guardian Name: _____ **Employer:** _____

Home address: _____ City: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Child Lives With: Mother Father Both Other _____

*** If neither parent/guardian can be contacted, please call:**

Name: _____ Home #: _____ Work #: _____
(relationship)

Name: _____ Home #: _____ Work #: _____
(relationship)

In an emergency, Camp Fire has my permission to call an ambulance at my expense: Yes No

I give permission for my child to watch G and PG rated movies: Yes No

I give permission for my child to be photographed at Camp Fire: Yes No

Does your child have any allergies? (Please be specific)

Does your child have any special needs or require special accommodations? (Please be specific)

I have read all the Camp Fire policies regarding the program(s) I am enrolling in and I agree to take fiscal responsibility for the child named above.

Parent/Guardian Signature _____ **Date** _____

.....

Office Use Only: Fee Paid: _____

CAMP FIRE AFTER SCHOOL KID'S CLUB
ATTENDANCE AND TUITION CONTRACT

The Camp Fire Kid's Club runs from dismissal until 6:00pm Monday through Friday on all full days of school. There is a \$40 annual registration fee and late pick-ups will result in additional charges.

Please choose an attendance option for the school year. Rates of tuition depend on the number of days per week of care. Additional days may be added at the rate of \$17/day, depending on availability of space.

Credit will not be given for missed days.

You will receive an invoice every month for the amount due. Invoicing is done on the 15th of each month and payment is due by the 1st of each month. Failure to pay by the 1st of each month will result in suspension of services until payment is made. Payments may be made online, in person or mailed to our office. Payments can NOT be left at the programs.

***All schedule changes must be made directly to the office and may require an updated tuition contract.

Please select the attendance option and days of the week your child will attend Camp Fire.

CHILDS NAME _____

SCHOOL _____

- | | | | | | | | |
|--------------------------|---------------|--------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|---------------------|
| <input type="checkbox"/> | 5 days | M
<input type="checkbox"/> | T
<input type="checkbox"/> | W
<input type="checkbox"/> | TH
<input type="checkbox"/> | F
<input type="checkbox"/> | \$300/ month |
| <input type="checkbox"/> | 4 days | M
<input type="checkbox"/> | T
<input type="checkbox"/> | W
<input type="checkbox"/> | TH
<input type="checkbox"/> | F
<input type="checkbox"/> | \$250/ month |
| <input type="checkbox"/> | 3 days | M
<input type="checkbox"/> | T
<input type="checkbox"/> | W
<input type="checkbox"/> | TH
<input type="checkbox"/> | F
<input type="checkbox"/> | \$200/ month |
| <input type="checkbox"/> | 2 days | M
<input type="checkbox"/> | T
<input type="checkbox"/> | W
<input type="checkbox"/> | TH
<input type="checkbox"/> | F
<input type="checkbox"/> | \$150/ month |

All billing, payment collection, schedule changes and administrative or program concerns should be directed to our main office at 2200 S 10th Street W, 542-2129.

I have read and agree to this contract.

Signature _____ Date _____

**ASSUMPTION OF RISK AND WAIVER OF LIABILITY
AND MEDICAL AUTHORIZATION**

As a legal guardian of _____, I recognize that potentially severe injuries can occur in sports or activities including but not limited to, playground equipment, team sports and swimming. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Camp Fire Western Montana programs, camps and activities and I accept all risks associated with that participation.

I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, release Camp Fire Western Montana, its officers, directors, employees or agents from all liability for any and all damages or injuries suffered by my child while under supervision or control of Camp Fire Western Montana.

In the event of an accident or emergency I would like my above mentioned child to be taken to the hospital for medical treatment and I hold Camp Fire Western Montana harmless in their execution of this action. I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child as a result of any injury sustained while participating in any Camp Fire Western Montana program or activity.

I give permission for publicity use of any photos taken at any and all Camp Fire programming or events. Finally I hold Camp Fire Western Montana harmless for loss or theft of personal items taken to any Camp Fire Western Montana program or activity.

I have read and understood this assumption of risk and waiver of liability and medical authorization and I voluntarily affix my name in agreement. Signed and dated by parent or legal guardian.

Signature: _____

Date: _____



EMERGENCY CONTACT AND PARENTAL CONSENT

THIS FORM MUST BE TAKEN WITH THE CHILD WHEN EMERGENCY MEDICAL CARE IS NEEDED.

Child's Name: _____ Birth Date: _____

Address: _____

Mother / Legal Guardian's Name: _____ Home Number: _____

Address: _____ Cell Number: _____

Work Address: _____ Work Number: _____

Father / Legal Guardian's Name: _____ Home Number: _____

Address: _____ Cell Number: _____

Work Address: _____ Work Number: _____

Emergency Contact Person: _____ Contact Number: _____

Emergency Contact Person: _____ Contact Number: _____

Emergency Contact Person: _____ Contact Number: _____

Physician / Medical Care Source: _____ Contact Number: _____

Health Insurance Carrier & Policy Number: _____

Persons authorized to pick up child:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

WRITTEN CONSENT IS GIVEN FOR:

Yes **No** EMERGENCY MEDICAL CARE **(Including transportation by ambulance)**

ADMINISTRATION OF PRESCRIPTION MEDICATIONS **Medication Authorization Form and Medication Administration Log must be completed**

ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS **Medication Authorization Form and Medication Administration Log must be completed**

Yes **No** ADMINISTRATION OF SUNSCREEN AND ANTIBIOTIC OINTMENT

Special Accommodations

Para Educator **Yes** **No** Other: _____
IEP **Yes** **No** Please explain:

Health History

Immunizations	Yes	No	Hay fever, asthma or wheezing	Yes	No
Eczema or frequent skin rashes	Yes	No	Diabetes	Yes	No
Convulsions/Seizures	Yes	No	Heart Condition	Yes	No

Toilet Trained **Yes** **No**

Due to liability and health concerns, if a child struggles with toilet training and has an accident, parents will be called and required to pick up the child. If parents cannot pick up the child within 30 minutes, the emergency contact list will be utilized to find an approved pickup person. If the child continues to struggle with toilet training, the Camp Fire office will be in contact to discuss options.

Allergies or reactions: (food or other) **Yes** **No**

Please explain:

Disciplinary Policy

If a child is a danger to themselves, others, property or is noncompliant they will receive a written disciplinary form that must be signed by the parent or guardian. Each write up will be reviewed by the Camp Fire office and depending on the severity of the issue, parents can be called to pick the child up early or the child can be suspended or removed from the Camp Fire program. After a child receives three write up forms, the child's placement with Camp Fire will be reviewed, regardless of the severity of their behavior, to determine if they can continue their enrollment with Camp Fire.

By signing, I agree that the above information is accurate and complete. I also agree to notify Camp Fire Western MT immediately of changes to my child's health or if they should require special accommodations in the future.

SIGNATURE OF PARENT OR GUARDIAN

DATE



Camp Fire Western Montana

Stuart Armstrong
Executive Director
stuart@cfwmt.org

Tiffany Morton
Office Manager
tiffany@cfwmt.org

Heidi Hedahl
Program Director
heidi@cfwmt.org

Dear Parent/Guardian:

No student information can be shared with an organization or person without the consent of the parent/guardian. Consequently, until we receive the proper authorized signature on the form below, we cannot send or receive any information from designated persons or organizations.

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Student Name _____ D.O.B. _____

School _____ Grade _____

I authorize the reciprocal (two-way communications between agency and school) release of the following information:

Immunizations Attendance Information Special Education Records
 Teacher School Counselor ___ Other: _____

I request that the information be kept confidential, used for professional reasons only and not be released to another individual or organization unless authorized by me.

Signature of Parent/Guardian

Date

Information exchange allowable only between:

Attn: _____

and

Camp Fire Western MT
2200 South 10th Street West
Missoula, MT 59801