

## 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, no care will be provided on half days or days the schools are closed. There is a nonrefundable \$50 annual registration/supply fee due at time of enrollment.

Late pick-ups (after 6 pm) will result in an additional \$25 charge. At 6 pm, every effort will be made to reach parent(s)/guardians(s) via provided phone numbers. Alternate emergency contacts will be called if primary contacts can't be reached. In the event that no one can be reached 30 minutes after programs end, the police will be notified.

Please choose an attendance option for this school year. Tuition rates depend on the number of days of care per week. Additional days may be added at the rate of \$30/day, if space allows. Call the Camp Fire office to determine availability.

Credit will not be given for missed days.

***Invoicing is mailed on the 15<sup>th</sup> of each month and payment is due by the 1<sup>st</sup> of each month. Failure to pay by the 1<sup>st</sup> may 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.***

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

**CHILDS NAME** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

<input type="checkbox"/> 5 days	<b>M</b> <input type="checkbox"/>	<b>T</b> <input type="checkbox"/>	<b>W</b> <input type="checkbox"/>	<b>TH</b> <input type="checkbox"/>	<b>F</b> <input type="checkbox"/>	<b>\$395/ month</b>
<input type="checkbox"/> 4 days	<b>M</b> <input type="checkbox"/>	<b>T</b> <input type="checkbox"/>	<b>W</b> <input type="checkbox"/>	<b>TH</b> <input type="checkbox"/>	<b>F</b> <input type="checkbox"/>	<b>\$345/ month</b>
<input type="checkbox"/> 3 days	<b>M</b> <input type="checkbox"/>	<b>T</b> <input type="checkbox"/>	<b>W</b> <input type="checkbox"/>	<b>TH</b> <input type="checkbox"/>	<b>F</b> <input type="checkbox"/>	<b>\$295/ month</b>
<input type="checkbox"/> 2 days	<b>M</b> <input type="checkbox"/>	<b>T</b> <input type="checkbox"/>	<b>W</b> <input type="checkbox"/>	<b>TH</b> <input type="checkbox"/>	<b>F</b> <input type="checkbox"/>	<b>\$245/ month</b>

\*\*\*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. Knowing that Camp Fire is an electronics free program, I will have my child leave cell phones, smart watches, all battery or chargeable toys and electronics at home. 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	<b>Medication Authorization Form and Medication Administration Log must be completed</b>
--	--

---

ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS	<b>Medication Authorization Form and Medication Administration Log must be completed</b>
--	--

---

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

---

**Special Accommodations**

Para Educator	Yes	No
---------------	-----	----

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

Please explain:

IEP	Yes	No
-----	-----	----

---

**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](mailto:stuart@cfwmt.org)

Tiffany Morton  
Office Manager  
[tiffany@cfwmt.org](mailto:tiffany@cfwmt.org)

Heidi Hedahl  
Program Director  
[heidi@cfwmt.org](mailto: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:**

<input checked="" type="checkbox"/> Immunizations	<input checked="" type="checkbox"/> Attendance Information	<input checked="" type="checkbox"/> Special Education Records
<input checked="" type="checkbox"/> Teacher	<input checked="" type="checkbox"/> 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 10<sup>th</sup> Street West  
Missoula, MT 59801