

**\*\*Please email or fax completed form to:  
DOC@ACADIANAAFTERCARE.COM  
or Fax to 337-993-9632\*\***

# **ACADIANA AFTER CARE & DAY CAMPS, Inc. Summer Camp Registration Form**

Please Print!

Name of Camper \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_  
Date of Birth \_\_\_\_\_ School Attending \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Cell Ph: (Mother) \_\_\_\_\_ Cell Phone: (Father) \_\_\_\_\_  
Work Ph: (Mother) \_\_\_\_\_ Work Ph: (Father) \_\_\_\_\_  
Mom's Email Address\*: \_\_\_\_\_ Father's Email \_\_\_\_\_

EMERGENCY CONTACT (other than parent): Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

ADULTS AUTHORIZED TO PICK UP CAMPER (other than parents) Please supply photo of Driver's License at time of pick up.

1. \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Phone: \_\_\_\_\_
3. \_\_\_\_\_ Phone: \_\_\_\_\_
4. \_\_\_\_\_ Phone: \_\_\_\_\_
5. \_\_\_\_\_ Phone: \_\_\_\_\_
6. \_\_\_\_\_ Phone: \_\_\_\_\_
7. \_\_\_\_\_ Phone: \_\_\_\_\_

**Adding a person to your pickup list must be done 24 hours in advance of the day they are to pick up your camper. Please contact office. 337-993-9622.**

**T-Shirt size**    YS   YM   YL   YXL   AS   AM   AL   AXL   AXXL

**MEDICAL INFORMATION.**

**Special Considerations/Allergies** \_\_\_\_\_

1. Is there any reason for physical restriction and to what extent? \_\_\_\_\_

—

2. Does your child require medication to be taken during camp hours? \_\_\_\_\_ (If so, please ask about our medical release form.)

3. If medical attention is required, what Doctor or Hospital do you prefer? \_\_\_\_\_

Acadiana After Care & Day Camps, Inc reserves the right to refuse administering any medication that would present a conflict of faith or conscience for our staff. Acadiana After Care will require a full explanation of the medication and its effects on the camper. We will also require a full release of liability from the parents of the camper.

**STAFF IS NOT TRAINED TO ADMINISTER ANY MEDICATION.** Approval of administration of medication will be granted on a case-by-case bases by the C.E.O. of Acadiana After Care & Day Camps, Inc. Failure to provide all information concerning medication of your camper will result in removal from the Program.

**PAYMENT AGREEMENT**

1. I understand fees **MUST** be paid each Monday.  
**(Payments made after Monday will accrue a \$10.00 fee)**
2. Acadiana After Care & Day Camps, Inc. requires a credit card to be on file for all charges not paid by the end of our Summer Camp Program. This includes all absentee fees, weekly fees, registration fee and activity fee. **Please make all checks to Acadiana After Care.**
3. Returned check charge - \$25.
4. **All fees are non-refundable (please sign)**

# SUMMER CAMP PROGRAM

## STANDARDS OF CONDUCT

It is our intent that each child enjoys the activities planned by understanding that he/she is responsible for his/her actions. With prior knowledge of our basic rules of safety and good conduct, each child is made aware of how to exercise self-discipline, that we are here to help him/her, and that we want him/her to succeed.

As in any group activity, the inappropriate behavior of a few children can spoil the experience for the entire group. Therefore, the following conduct policies apply directly to each child and will be used in determining his/her eligibility to continue as a participant. In accordance with the severity of the inappropriate behavior and the number of times the behavior occurs, a child may:

1. Lose the privilege of participation in a specific activity.
2. Be suspended from the program, for a specified amount of time.
3. Be expelled from the program.

### **Inappropriate behaviors that are grounds for dismissal from the program:**

1. Intentionally and repeatedly going to unauthorized areas of the facility without permission.
2. Repeatedly using foul language and being repeatedly rude and discourteous to staff and peers.
3. Defacing property.
4. Repeatedly refusing to follow basic rules of safety while at the program site.
5. Stealing or defacing other's property.
6. Smoking, gambling, extortion, arson.
7. The possession, use or sale of drugs or alcohol.
8. Possession of weapons.
9. Any other behavior that is deemed inappropriate and dangerous or contrary to the best interest of the participants and staff.

We desire that every child enjoy his/her experience at the Summer Program. For this reason, we have initiated policies we feel are fair, easily complied with any child, and of benefit to everyone involved.

**PARENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

### **DISCIPLINARY PROCEDURES**

1. Child will be given a verbal warning for misbehavior the first time.
2. If the misbehavior continues, the child will be given:
  - a. 5 minutes from group activity
  - b. Behavior warning listing consequences (step 4 & 5)
3. If the behavior has not stopped, he/she will lose activity privileges and will be sent to the Program Director. The Program Director, Counselor, and Child will talk about proper behavior and given suggestions on how to improve.

### **PARENTS WILL BE NOTIFIED BY CALL**

4. If a child misbehaves again, your child will receive a BEHAVIOR REPORT. The counselor, director, parent, and camper will sign the behavior report. A reward system will be in effect for improving behavior and it will be written what actions will come into effect if behavior continues.
5.
  - a. SUSPENSION FOR 1 DAY – FIRST OFFENSE
  - b. SUSPENSION FOR 3 DAYS – SECOND OFFENSE
  - c. EXPULSION FROM CAMP

### **\* A CHILD WILL BE SENT TO THE PROGRAM DIRECTOR WITH THE POSSIBILITY OF IMMEDIATE EXPULSION FOR THE FOLLOWING:**

1. HARMS ANOTHER CHILD OR COUNSELOR
2. STEALS
3. DAMAGES PROPERTY
4. USES FOUL LANGUAGE
5. TOTALLY DISRUPTIVE TO THE GROUP
6. LEAVES AREA WITHOUT PERMISSION

### **\*\* IN THE EVENT THAT A CAMPER DAMAGES ANY PROPERTY OR EQUIPMENT (INCLUDING BUSES AND FIELD TRIP PROPERTY) THAT THE PROGRAM IS USING, THE PARENTS WILL BE RESPONSIBLE FOR THE REPLACEMENT.**

### **THERE WILL BE NO REFUNDS GIVEN FOR SUSPENSIONS FROM CAMP!**

### **PROPER BEHAVIOR INCLUDES THE FOLLOWING:**

1. RESPECTING THE RIGHTS OF OTHERS
2. USING APPROPRIATE BEHAVIOR FOR EACH ACTIVITY
3. STAYING WITH YOUR GROUP
4. LISTENING AND FOLLOWING DIRECTIONS
5. RESPECTING STAFF
6. HAVING FUN!!

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### **PARENTS/GUARDIANS RIGHTS & RESPONSIBILITIES**

#### **Parents/Guardians have the right to:**

1. Know their children are in a safe environment where they are free to choose from a variety of activities.
2. Participate in all levels of decision-making concerning how their children spend the day.
3. Know what types of programs and activities are being planned and offer feedback on the kinds of activities the children enjoy.
4. Share concerns with staff at any time about anything they do not feel is in the best interest of the children.
5. Know if the child is misbehaving and to spend time talking with the staff concerning a solution.
6. Know if their child does not report to the program as intended.
7. Know when the children will be going any place other than where the program is usually being held.
8. Voice special concerns and considerations not covered in the handbook and discuss special cases where occasional exceptions may be made from the rules set forth in this manual.

#### **Parents/Guardians have the responsibility to:**

1. Let the staff know if their child will not be attending for the day.
2. Observe the rules of the program as set forth in the handbook and in any additional policy statements.
3. Share their concerns with staff members if the program is not meeting their child's needs.
4. Listen to concerns that staff members have about their child's behavior and work through an agreeable solution to any problems that might occur.
5. Know about any changes in policy or procedures.
6. Know the discipline procedure of the program as explained in the handbook.
7. Replace any equipment that their child is responsible for misusing.
8. Sign in/out their child at the end of the day; notify a staff member when taking a child from the program, notify a staff member when another authorized person is picking up a child.
9. Inform staff if a child has been exposed to a contagious illness.
10. Notify staff of planned vacation and other absences in advance.
11. Notify staff in writing of camper withdrawal.
12. Pay fees on time.
13. Keep the child's record up-to-date with changes in phone numbers and addresses.
14. Pick up children on time.

**I have read and understand my rights and responsibilities.**

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### **POLICIES AND PROCEDURES**

1.) **I agree to pay a one-time registration fee of \$75.00 per child, and one-time activity fee of \$150.00 per child for the Summer Camp. I understand for my child/ren to attend each week, the weekly fee of \$135.00 must be paid no later than the due date.**

2.) **I understand all fees are Non-Refundable and Non-Transferable.**

3.) Fees are due and payable as payment schedule states.

**All late payments accepted after Monday will have a late fee of \$10.00 charged.**

4.) A \$25.00 charge will be assessed on checks returned NSF.

5.) For your child's safety: Parents are expected to ensure their child's safe arrival at camp. Only those listed on the Authorization section of the registration form will be allowed to remove the child from camp.

6.) I agree to hold Acadiana After Care & Day Camps, Inc., and representatives free and harmless against injuries sustained during camp hours unless such injuries occur as a result of the gross negligence or willful misconduct of Acadiana After Care & Day Camps, Inc., or its authorized representatives.

7.) I understand that in cases of severe discipline problems, bad behavior, lewd conduct, or physical confrontation with another camper or staff personnel, Acadiana After Care & Day Camps, Inc., has the right to discontinue service.

8.) I understand if the circumstances warrant, Acadiana After Care & Day Camps, Inc., will be available to discuss with me the terms set forth in this agreement.

**PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

### **FIELD TRIP PERMISSION SLIP**

I give my permission for my child/ren \_\_\_\_\_ to go on any scheduled field trips. I understand that I will not hold Acadiana After Care & Day Camps, Inc., responsible for any injury or loss during my child's participation in any scheduled program.

**PARENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

### **SUMMER DAY CAMP CONTRACT**

Dear Parents,

**By signing below, you agree to the following:**

All fees including registration, weekly, and the activity fee are non-refundable. The weekly fee is due each Monday morning. If your child is withdrawn from the program by your choice or expelled, all paid fees are still non-refundable. Thank you for your understanding in this matter.

**Acadiana After Care & Day Camps, Inc.**

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

### WAIVER

I understand that Acadiana After Care & Day Camps, Inc., assumes no responsibility for injuries or illness that my child may sustain as a result of physical condition or resulting from participation in any athletic activities.

I specifically waive, give up, and release Acadiana After Care & Day Camps, Inc., and staff from liability from any claim for damages which I or my child may have relating to injuries or illness that he/she may sustain while participating in program activities. I agree to indemnify and hold harmless Acadiana After Care & Day Camps, Inc., from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the premises or in any way observing or using any facilities equipment or participating in any programs affiliated with Acadiana After Care & Day Camps, Inc., whether caused by the negligence of Acadiana After Care & Day Camps, Inc., or otherwise.

In signing the waiver, I certify that my child is in good health with no chronic illness or abnormal tendencies. In the event of any emergency in which my child requires medical care, I authorize Acadiana After Care & Day Camps, Inc., to act for me, and to obtain for him/her whatever medical treatment the staff in its best judgment deems necessary and appropriate; including, but not limited to, whatever medical and/or dental examination, diagnosis, and/or treatment is deemed necessary.

I understand Acadiana After Care & Day Camps, Inc., is **NOT** responsible for personal property lost or stolen while members and/or program participants are using facilities or on the premises. Acadiana After Care & Day Camps, Inc., reserves the right to expel any camper for bad behavior, lewd conduct, or physical confrontation with another camper or staff personnel.

I give permission to Acadiana After Care & Day Camps, Inc., to use, without limitation or obligation, photographs, film footage, or tape recordings, which may include my child's image or voice for purposes of promoting or interpreting programs.

1. I agree to pick up my child/ren by 6:00 p.m. or I agree to pay a late fee of \$1.00 per minute thereafter.
2. **IF YOUR CHILD IS PICKED UP LATE 3 TIMES, THEY WILL BE RELEASED FROM THE PROGRAM.**

I further understand that if my child is not picked up from camp by 6:30 p.m. and the staff has tried to contact all authorized persons, Acadiana After Care & Day Camps, Inc., will notify the necessary agencies to come and get my child. Acadiana After Care & Day Camps, Inc., has been instructed by the Lafayette Police Department to carry out this procedure.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



