

Enrollment Date:

Withdrawal date:

Session Applied for:

First Camp
Enrollment Form

Children's Information:

Name: _____ Gender: M / F Age: _____ Grade Level: _____

DOB: ____/____/____ School attending: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Information:

Parent Name: _____ Phone Number: _____

Email Address: _____

Home Address (if different): _____

City: _____ State: _____ Zip Code: _____

Place of Employment: _____ Phone Number: _____

Parent Name: _____ Phone Number: _____

Email Address: _____

Home Address (if different): _____

City: _____ State: _____ Zip Code: _____

Place of Employment: _____ Phone Number: _____

Child's Legal Guardian: Both Parents Mother Father Other: _____

Child's Living Arrangements: Both Parents Mother Father Other: _____

Director Signature: _____

Date: _____

First Camp

Emergency Contact/ Medical Authorization

Persons to contact in case of emergency when the parent/guardian cannot be reached:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Child's Doctor/clinic: _____

Address: _____

Phone Number: _____

My Child has the following medical conditions and/or allergies: _____

Medication(s) currently being prescribed: _____

Emergency Medical Authorization

Should (Child's name) _____ DOB ____/____/____

suffer an injury or illness while in the care of First Camp and the facility is unable to contact a parent/guardian immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I/we shall assume responsibility for payment for service.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Director Signature: _____ Date: _____

Director Signature: _____

Date: _____

First Camp

Authorization of Release

My Child: _____ is authorized to be picked up from First Camp by the following:

Name: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to Child: _____ Relationship to parent/Guardian: _____

Name: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to Child: _____ Relationship to parent/Guardian: _____

Name: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to Child: _____ Relationship to parent/Guardian: _____

Parent/guardian Signature: _____ Date: _____

Media Release

By signing below I hereby permit First Camp to photograph and/or video my child _____. My child's likeness, photograph, and/or video will only be used for promotional purposes and for the website. Any media of my child will be held only by First Camp and will not be used maliciously or for a profit. First Camp will also not distribute any of the media obtained to any other sources unless it is with the express permission of the parent/guardian(s) or if it is to the parents/guardians of the child above.

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____

Date: _____

First Camp

All Camps Parental Agreement with Child Care Facility

First Camp at First Baptist Church of Decatur agrees to provide day care for my child: _____

(Please check all that apply)

_____ Monday- Friday between the hours of 2:00pm-6:00pm from August to June for the after school program. If my days or hours change, I agree to notify First Camp immediately.

_____ Any days I enroll for camp due to school being out; during the hours of 7:30am-6:00pm.

_____ Monday-Friday between the hours of 7:30am-6:00pm from June to July for the full day summer camp.

My child will participate in snack, which I will be provided by First Camp at the center during after school and full day camp. I understand that if I wish to send an alternate or additional snack with my child, I am welcome to do so. I also understand that during full day camps and summer camp, I am responsible for sending my child a nut-free lunch each day.

Before any medication is dispensed to my child, I will provide the proper documentation and forms which First Camp will provide.

My child will not be allowed to enter or leave the facility without being escorted by the parent or guardian/ person authorized/ First Camp personnel.

I acknowledge it is my responsibility to keep my child's record current to reflect any significant changes as they occur. This includes, but not limited to, telephoned numbers, work location, emergency contacts, child's physician, child's health status, immunization records, etc. Paperwork is valid from August 1- July 31 of the following year.

First Camp agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medication, etc., which include my child.

First Camp agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize First Camp to obtain emergency medical care for my child when I am not available. I have received a copy and agree to abide by the policies and procedures of First Camp.

I understand that the center will advise me of my child's progress and issues relating to my child's care as well any individual practices concerning my child's special needs. I also understand that my participation is welcomed and encouraged in First Camp's activities.

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____

Date: _____

Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give _____, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

_____ Baby Wipes

_____ Band-aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Sunscreen

_____ Insect Repellent

_____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

_____ Baby Powder

Other (please specify) _____

Parent/Guardian Signature

Date

Director Signature: _____

Date: _____

First Camp

Vehicle Emergency Medical Information (All Camps)

Child's Name: _____ DOB: ____/____/____

Home Address: _____

City: _____ State: _____ Zip Code _____

Parent/Guardian Name: _____

Phone Number: _____ Work/Alternate Number: _____

Parent/Guardian Name: _____

Phone Number: _____ Work/Alternate Number: _____

Person to notify in an emergency when parent/guardian cannot be reached:

Name: _____ Relationship to Child: _____

Phone Number: _____

Child's Doctor: _____

Doctor's Number: _____

Child's Allergies: _____

Child's Other

Current Medication: _____

**** First Camp uses Children's hospital of Atlanta as our emergency facility****

In an event of an emergency, and if First Camp cannot reach me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred.

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____

Director Signature: _____

Date: _____

First Camp

Full Day Camp and Summer Camp Transportation Agreement

This is to certify that I give First Camp at First Baptist Church of Decatur permission to transport my child _____ on any field trips I have authorized for my child. All details for the field trip are provided on the Field Trip Permission form on file with First Camp.

I understand that transportation may be provided either by vans owned by First Baptist Church and driven by First Camp staff, or by an independent coach bus line.

I understand that my child is not to be transported as outlined above, I agree to notify First Camp immediately.

Child's Name: _____

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____