

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: \_\_\_\_\_

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Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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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: \_\_\_\_\_

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Child's Doctor/clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication(s) currently being prescribed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to parent/Guardian: \_\_\_\_\_

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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: \_\_\_\_\_