



2010

summer  
day camp



# Registration Forms

Part I: Registration Form (*complete camp specific form*)

II: Health History & Emergency Care Plan

III: Swim Permission Summer Camp

IV: Credit Card Down Payment Option Summer

V: Summer Camp Agreement

**AFTER**



**SCHOOL**

a WISCONSIN YOUTH COMPANY program

*Camp Connection*

Merton

*Kids Camp*

New Berlin

*Camp Glacier Creek*

Kettle Moraine

*Camp Rolling Hills*

Waukesha



Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade in Fall 2010 \_\_\_\_\_ School Attending in Fall 2010 \_\_\_\_\_

Child attended: Summer Camps 2009 and/or the 2009-2010 AFTER SCHOOL program?  Yes  No

Child's T-shirt size:  Youth Sm.  Youth Med.  Adult Sm.  Adult L  Adult XL

Purchase additional T-shirt - \$8.00:  Yes  No

Child resides with:  Mother  Father  Guardian

State Statutes require any child under the age of 8 years old and under 80 lbs. be transported in a booster seat while in any vehicle. My child is less than 80 lbs.  Yes  No

Mother or Guardian \_\_\_\_\_

Father or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Day Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Name of workplace / complete address \_\_\_\_\_

Name of workplace / complete address \_\_\_\_\_

**Departure Authorization:** My child's departure is to be as follows (please inform the AFTER SCHOOL office in writing of any changes).

- My child may arrive independently to the camp or care program for which he/she is registered. Arrival time \_\_\_\_\_
- My child may depart independently from the camp or care program for which he/she is registered. Departure time \_\_\_\_\_
- My child is to wait for an authorized pick-up person; list names other than parents below. Unless otherwise noted, parents listed above are considered authorized pick-up and emergency contact persons.

Individuals authorized to pick-up my child (other than registered parents):

Any changes to authorized pick-up list must be made in writing to the administrative office. Authorized pick-up persons may be asked to present photo ID.

Name	Day Phone #	Address	Relationship To Child
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**Directions:** Indicate in the appropriate boxes below, the weeks you want your child to attend. Then choose either the Themes for children ages 5-7, or the Units for 8-12 year olds. Also, put an "X" in the appropriate box if you are adding Before/After Camp Care.

All Day Session Mon. – Fri. 9:00 a.m. – 4:00 p.m.	Themes for Ages 5-7	Units for Ages 8-12	Before Camp \$20	After Camp \$20
<input type="checkbox"/> June 14-18 \$140	<input type="checkbox"/> Recycle Art	<input type="checkbox"/> Opening Ceremonies	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> June 21-25 \$140	<input type="checkbox"/> Summer Camp Games	<input type="checkbox"/> "Klutz" Games	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> June 28-July 2 \$140	<input type="checkbox"/> Holiday Hoopla	<input type="checkbox"/> Let's Go USA!	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> July 5-9 \$140	<input type="checkbox"/> Cultural Art	<input type="checkbox"/> Sports Around the World	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> July 12-16 \$140	<input type="checkbox"/> Crazy Concoctions	<input type="checkbox"/> Construction Zone	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> July 19-23 \$140	<input type="checkbox"/> Imagination on the Run	<input type="checkbox"/> A Strategy for Fun	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> July 26-30 \$140	<input type="checkbox"/> Balloons, Balls & Bubbles	<input type="checkbox"/> Green Thumb	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Aug. 2-6 \$140	<input type="checkbox"/> Sunshine, Swimming, Sandcastles & Summer Fun!	<input type="checkbox"/> Make A Splash!	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Aug. 9-13 \$140	<input type="checkbox"/> A Fine Mess	<input type="checkbox"/> Hoops, Chutes, Ropes \$15	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Aug. 16-20 \$140	<input type="checkbox"/> Summer Send Off	<input type="checkbox"/> Camp Finale!	<input type="checkbox"/>	<input type="checkbox"/>

For more information on other program opportunities for your family, please visit our website at [www.wisconsinyouthcompany.org](http://www.wisconsinyouthcompany.org)

Date Received \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Visa/MC \_\_\_\_\_ Received by \_\_\_\_\_



# HEALTH HISTORY AND EMERGENCY CARE PLAN

Directions: Please complete this form entirely. A review by parents/guardians and staff is required annually. This form must remain with the child during the hours the child is present in the care of AFTER SCHOOL.

## CHILD INFORMATION:

Child's Name (Last) (First) (Middle Name) Birthdate (M/D/Y)

Home Address (Street, City, State, Zip Code) Date - First Day of Attendance (M/D/Y)

Please fill in the child's vaccination dates below:

VACCINATIONS (DATES)	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	5 <sup>TH</sup>
DTP Diphtheria, Tetanus, Pertussis					
Poliomyelitis (oral Sabin)					
Hib					
Hepatitis B					
MMR Measles, Mumps, Rubella					
Varicella (Chicken Pox) Or approximate date of disease					

**PARENT / GUARDIAN INFORMATION:** Provide information where the parent(s) / guardians(s) can be reached while the child is in care.

Name of Parent / Guardian 1 Home Phone Number Work Phone Number Cell Phone Number

Name of Parent / Guardian 2 Home Phone Number Work Phone Number Cell Phone Number

**EMERGENCY CONTACT INFORMATION:** A minimum of two emergency contacts other than parents is required. Emergency contacts must be at least 18 years old and be available at the listed number during program hours.

Name of Emergency Contact 1 Day Phone Number Complete Address Relationship to Child  Auth Pickup.

Name of Emergency Contact 2 Day Phone Number Complete Address Relationship to Child  Auth Pickup.

## PHYSICIAN / MEDICAL FACILITY INFORMATION:

Name of Physician Name and Address of Medical Facility Phone Number

**SPECIAL HEALTH INFORMATION (Be specific) Continue on separate sheet if needed.**

1. Check any special medical condition that your child may have:

- No specific medical condition     Asthma     Diabetes     Epilepsy / Seizure Disorder
- Gastrointestinal or Feeding concerns including special diet and supplements     Cerebral Palsy / Motor Disorder

Emotional / Behavior Disorder including ADD or ADHD or other Mental Health concerns or diagnosis – Specify:

Other condition(s) requiring special care – Specify:

Food Allergies – Specify food(s):

Non-food Allergies – Specify:

2. Triggers that may cause problems – Specify:

3. Signs or symptoms to watch for – Specify:

4. Steps the AFTER SCHOOL staff should follow. (If medications are necessary, a copy of the authorization to Administer Medication must be completed and submitted to the site supervisor. Forms are available at the office or site.)

a.

b.

c.

5. Medications your child takes regularly outside of program:

6. When to call parents regarding symptoms or failure to respond to prescribed treatment:

7. When to consider that the condition requires emergency medical care or reassessment:

8. Additional information that may be helpful to the AFTER SCHOOL staff:

**In the event my child becomes ill or injured, I understand every effort will be made to reach me or an emergency contact person on file. I give my consent for AFTER SCHOOL to act on my behalf to obtain emergency care and treatment if it is deemed necessary.**

\_\_\_\_\_  
Signature – Parent or Guardian

\_\_\_\_\_  
Date Signed

SITE USE - REVIEW DATES \_\_\_\_\_

# Swim Permission Summer Camp 2010



*Please read this form completely and carefully and indicate the appropriate swim level for your child.*

Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
*Please print*

Camp Name(s): \_\_\_\_\_  
\_\_\_\_\_

I understand that, at beaches, all campers will stay in water no deeper than chest level.

I understand that swimming will only take place at beaches and swimming pools where there is a certified lifeguard on duty.

I understand that swimmers will be supervised at a ratio of one adult for every eight swimmers.

I give permission for my child to participate in camp swim activities.

I understand that aquatic environments may vary and the swim levels, as defined below, will be translated accordingly.

I understand that swim levels, as defined below, will be used to divide swim groups during camp swim activities at swimming pools. Please select one of the swim levels below.

**Level 1**  
Non-swimmers will stay in water no deeper than chest level.

**Level 2**  
Those having swimming skills equivalent to the completion of the Red Cross Level III or YMCA Minnow Level, or higher, will be permitted to swim anywhere within the designated swim area.

\_\_\_\_\_  
*Printed name of parent or guardian 1*

\_\_\_\_\_  
*Printed name of parent or guardian 2*

\_\_\_\_\_  
*Signature of parent or guardian 1 / Date*

\_\_\_\_\_  
*Signature of parent or guardian 2 / Date*



# ACCOUNT SECURITY FORM

Child's Name \_\_\_\_\_

*(Please read carefully and print clearly where applicable. Answers should be the same for each child on the account.)*

### ACCOUNT CONFIDENTIALITY

In order to protect your privacy, we are unable to provide account access to anyone other than an Account Holder or Authorized User. An Account Holder is anyone who has signed the Registration Agreement. Account Holders are liable for the account, are able to request information, and are able make changes to the account.

Authorized Users are individuals authorized by the Account Holder to access information on the account. **As the Account Holder, you may authorize other individuals (e.g. a spouse and/or Parent 2) by listing their name(s) below.**

I authorize the following person(s) to be an **Authorized User**, allowing him/her to access information on the account:

\_\_\_\_\_

I authorize the following person(s) to be an **Account Holder**, allowing him/her to make changes to account information: **(Please note that this person must sign the Registration Agreement before he/she is officially considered an Account Holder.)**

\_\_\_\_\_

### ACCOUNT ACCESS PASSWORD

Account Holders/Users requesting information or intending to make changes on an account are required to provide their Account Access Password. If a password cannot be provided, a security question will be asked so we may retrieve and provide the password. **Please provide us with an Account Access Password below.**

Account Access Password\* \_\_\_\_\_ **(Maximum: 6 characters)**

Security Questions\*: **(Please answer at least one of the following):**

- 1. What street did you live on during High School? \_\_\_\_\_
- 2. What was the make of your first car? \_\_\_\_\_
- 3. What is your Grandmother's maiden name? \_\_\_\_\_

Signature\* \_\_\_\_\_ Date: \_\_\_\_\_ Signature\* \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent 1) (Parent 2)

**\*Required Fields**

### 2010 SUMMER CAMP CREDIT CARD AUTHORIZATION

Account Holder (Parent 1) \_\_\_\_\_

Child(ren)'s Name(s) \_\_\_\_\_

Name on Card \_\_\_\_\_ Card Type: [ ] Visa [ ] MasterCard

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

**(Please indicate authorization by selecting one or both of the boxes below)**

- [ ] I authorize weekly charges to the credit card listed above for AFTER SCHOOL Summer Camp fees occurring June 2010 through August 2010.
- [ ] I authorize a one time charge of \$ \_\_\_\_\_ to the credit card listed above for 2010 Summer Camp fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part V Waukesha Summer Camp 2010 Agreement**

Please read this agreement completely and carefully.



Camper's Name \_\_\_\_\_

Please print

**PAYMENT OF FEES**

- 1. I understand there is a \$10 registration fee per child.
2. I understand the \$20.00 down payment toward each week is not refundable or transferable, unless a requested week is unavailable. No fee credit will be given for days missed during a week.
3. I understand that a billing fee of \$10.00 will be assessed for payments not received by the Monday of a scheduled week, and that fees repeatedly not paid by the due dates may result in my child's removal from the program. I understand that a \$25.00 charge is assessed for each Non-Sufficient Funds (NSF) check.
4. I understand that a fee of \$10.00 per 15 minutes or any portion thereof, is charged for my child arriving before or remaining after any program for which he/she is registered.
5. I understand that a written two-week advance notice must be received by the Administrative Office to cancel any camp week or Around Camp Care portion. Failure to submit written cancellation two weeks prior to the week being cancelled will result in the liability of all fees paid and owed for that week. I understand that I may add weeks at any time, provided space is available.
6. I understand that if I am receiving assistance, I am responsible for any amount not paid by my funding source. Written verification from the funding source must be on file in the Administrative Office prior to confirmation of my child's enrollment.

My funding source is \_\_\_\_\_

Contact person \_\_\_\_\_ Phone number \_\_\_\_\_

- 7. I understand I may request duplicate mailings to a second address for a fee of \$30.

**PARENTAL CONSENT**

- 1. I give my consent for AFTER SCHOOL camp staff to act in my behalf to obtain emergency care and treatment if deemed necessary for my child.
2. I give my consent for AFTER SCHOOL camp staff to apply Rocky Mountain SPF 30 Sunscreen and Cutter All Family Pump Spray Insect Repellent (Incl. 7% Deet).
3. I give my consent for my child's participation in any field trips scheduled as part of his or her camp enrollment.
4. I give my consent for my child to be transported to and from any scheduled program activity for which transportation is provided.
5. I understand that there is a greater risk in having my child participate in summer camp swimming activities. However, I feel that the added risk is acceptable because of the benefits to my child and agree to absolve AFTER SCHOOL of any greater responsibility by virtue of my child's participation in swimming activities. I understand that AFTER SCHOOL adheres to state licensing regulations and agency policy regarding supervision of children while swimming.
6. I understand that AFTER SCHOOL reserves the right to remove a camper upon one week's notice if it is found that an individual camper requires an unusual amount of individual attention, whether due to special needs or behavior problems, and if the camp staff feels that it is unable to meet the needs of the camper effectively in the day camp setting. I further understand that the first five days of attendance are probationary.
7. If authorizing my child to walk home from his/her program site, I herewith confirm that permission with a departure time of p.m.

I/We understand and agree to abide by the above policies.

**AGREEMENT SIGNATURE**

Print name of Parent or Guardian \_\_\_\_\_

Print name of Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**PHOTO RELEASE**

I grant Wisconsin Youth Company (WYC) permission to publish my child's image in its newsletters, brochures, displays or other printed material and on its websites for purposes of promoting the programs. I understand that children's names are not used when their images are displayed on our website or in widely distributed print materials. I understand that if I request, in writing, removal of my child's image from WYC'S websites his/her image will be removed no later than 15 days from receipt of my request. Also, I release WYC, its employees, officers, directors and successors from any liability or claim related to the publication or disclosure for which I have hereby granted permission. I understand that the consent I grant here is completely voluntary.

- Yes, I accept the photo release.  No, I do not accept the photo release.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_