

KidzRec

2018 SUMMER CAMP ENROLLMENT



CHILD INFORMATION				
CHILD'S FULL NAME	NICKNAME	BIRTHDATE	SEX	GRADE
CHILD'S ADDRESS				
PARENT/GUARDIAN INFORMATION				
FIRST PARENT/GUARDIAN NAME	HOME NUMBER	CELL NUMBER	EMAIL	
ADDRESS (IF DIFFERENT FROM CHILD)	EMPLOYER	EMPLOYER ADDRESS	EMPLOYER PHONE	
SECOND PARENT/GUARDIAN NAME	HOME NUMBER	CELL NUMBER	EMAIL	
ADDRESS (IF DIFFERENT FROM CHILD)	EMPLOYER	EMPLOYER ADDRESS	EMPLOYER PHONE	
PERSON(S) OR AGENCY HAVING LEGAL CUSTODY	*Custody papers required if custodial parent is NOT permitted to pick up child			
CURRENT MEDICATION				
NAME(S) OF MEDICATION	TIME(S) GIVEN	REASON		
EMERGENCY INFORMATION				
ALLERGIES OR INTOLERANCE TO FOOD, MEDICATION, ETC , TYPE OF REACTION AND ACTION TO BE TAKEN IN AN EMERGENCY				
CHRONIC PHYSICAL PROBLEMS/PERTINENT DEVELOPMENTAL INFORMATION/SPECIAL ACCOMMODATIONS NEEDED				
EMERGENCY CONTACT (NON-PARENT)	CONTACT PHONE NUMBER	CONTACT ADDRESS		
Person(s) authorized to pick up child (other than parents)				
NAME(S)				
Person(s) not authorized to pick up child				
NAME(S)				

*Child's current immunization record required

*Appropriate paperwork such as custody papers shall be attached if a parent is NOT allowed to pick up the child. *Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

ENROLLMENT

Please select your enrollment choice. Discount applies to each additional sibling. Part time excluded.

SUMMER 2018 (50% due by June 1 st , balance due by July 1 st)		
3 DAYS PER WEEK ENROLLMENT OPTION	5 DAYS PER WEEK ENROLLMENT OPTION	PART TIME ADVANCE REQUEST REQUIRED
\$600.00 per child/entire summer (\$50.00 discount per additional sibling)	\$900.00 per child/entire summer (\$100.00 discount per additional sibling)	\$25/DAILY No discount sibling

FINANCIAL COMMITMENT

I understand that I am responsible for all monthly childcare fees associated with the enrollment for which I have selected for my child.

PHOTOGRAPHY RELEASE

I give my consent to photograph, film, videotape, reproduce, and publish images of my child.

RELEASE/WAIVER

KidzRec agrees to notify me if my child becomes ill and I will arrange to have my child picked up as soon as possible if requested.

I agree to inform the center within 24 hours or the next business day after if my child or any member of the immediate household has developed a reportable communicable disease.

I give my permission at my expense, for SCPR to obtain medical treatment for my child in the event of injury or serious illness. I further understand that if my child needs to be transported to an Emergency Facility that decision will be made by the Emergency Team who responds to the call.

I give my permission for county employed drivers to transport my child on Shenandoah County Public School buses unless otherwise noted. By registering for each online field trip, I give my consent for participation.

In consideration of the above-named registrant being granted permission to enroll and participate in this program and associated activities, I release and hold harmless SCPR, its employees, operators, instructors and volunteers from all claims, demands, costs, charges and expenses from any harm, injury, damage, suit or loss which may be sustained to my child because of or relating to, participating in this program/activity.

My electronic signature implies acknowledgement and agreement of **KidzRec** policies and procedures outlined in the Parent Handbook.

SITE DIRECTOR SIGNATURE	DATE	BEGIN DATE	END DATE
PARENT/GUARDIAN SIGNATURE		DATE SIGNED	SITE

-----OFFICE USE ONLY-----

PROOF OF IDENTITY			
Place of Birth		Birth Date	
Certificate #		Date Issued	
Date Viewed		Person Viewing	
SITE DIRECTOR CONFIRMATION		ADMIN USE ONLY	
DATE		ACTIVITY CODE	#