Registration Checklist:

- ❑ Sign up for days needed using SignUpGenius link. Payment can be done through this sign up with WePay as well.

  10% Discount for paying for the whole Summer all at once!

- ❑ Student Enrollment Packet (10 pages)
- ❑ Immunization Record
- ❑ (If medication is required) Permission for Medication form **SIGNED BY DOCTOR**
- ❑ Current picture of camper
- ❑ $50 single or $90 family Registration Fee
- ❑ Payment contract

OFFICE USE ONLY

Registration(Due w/ reg packet) _____

Full Payment(Due May 13th and must be paid online) _____

1st Payment(Due May 13th) _____

2nd Payment(Due June 17th) _____

Child Name (Last, First) _____

Summer of Champions at Camp Imagine
Student Information Form

Lauren Wheaton – Camp Director
(303) 773-3711

Please complete one form per child

The below information will be used by the camp staff when on site and away from the school. Please fill out all information completely as it will be the first document we use in the event of any emergency.

Place a current color photo here (required)

ChIld's Name _____Birthday and Age _____

ChIld's Name _____Birthday and Age _____

ChIld's Name _____Birthday and Age _____

DATE OF ENROLLMENT _____

List any

Medical Conditions:_____

Allergies:_____

Medications:_____

Mother/Guardian #1 Information

Name _____

Address _____

Home Phone _____

Cell Phone _____

Employer _____

Employer Address _____

Work Phone _____

Email Address _____

Father/Guardian #2 Information

Name _____

Address _____

Home Phone _____

Cell Phone _____

Employer _____

Employer Address _____

Work Phone _____

Email Address _____

Special instructions on how parents/guardians can be reached (i.e. cell phone etc.):

Emergency Contacts - people who are authorized to pick up and, if necessary, make medical decisions for the child

(we will attempt to contact Parent/Guardian first)

			May pick up child	May make medical decisions
1.	Name _____ Address _____	Home phone _____ Alternate phone _____	☐	☐
2.	Name _____ Address _____	Home phone _____ Alternate phone _____	☐	☐

Child Name (Last, First) _____

Tuition and other Agreements

- □ We will offer 2 different discounts this year.
  - o 10% off if tuition is paid in full by May 14th.
  - o 10% off the second sibling.
- □ Summer camp tuition is due in two installments, on May 14th and June 18th . A late fee of $25 per child will be assessed if tuition is not received in full by the due dates. . If your tuition and any late fees are not paid by the day after the late date(May 15th or June 19TH), the camper may not continue to attend the program until the account is paid in full and your account may be forwarded to the school district for collection. If you need assistance, or wish to discuss a payment plan option, please contact the Site Program Manager.
- □ If a check is returned due to Insufficient Funds, you will be responsible for any costs of collection and your account will be considered unpaid. Certified funds may be required for future payments and your child will be unable to attend childcare until the account is brought current.
- □ A 10-business day written notice is required to decrease the number of scheduled days for a child or to withdraw a child from summer camp. Regular billing will be in effect for those 10 days. If a child is withdrawn during summer camp, there is no refund of pre-paid tuition. In the event you withdraw your child(ren) from the program, your summer registration fee is non-refundable (this includes withdraw prior to the first day of summer camp). Re-enrollment is on a space available basis.
- □ After May 1, schedule changes are only accepted on a space available basis. Families with excessive schedule changes may incur a $20 schedule change fee.
- □ A Late Pick-up Fee of $1 per minute per child will be assessed if you pick up your child after the designated closing time. After the third late pick up, your child will be unable to continue attending the program.
- □ I understand that I may be charged additional fees for:
  - o Late payment fee - $25 per child
  - o Late pick-up fee - $1 per minute per child

I understand each of the above listed terms and conditions. I also understand that if I do not adhere to these terms and conditions, my child may not continue to attend the program.

_____ _____

Parent/Guardian Signature Date

Medical Emergency Release Form

Child Name (Last, First) _____

I, the undersigned, hereby authorize officials of the Imagine Charter School/Camp Imagine to contact directly the persons named on this form, and authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this form, or parents cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of said child, including but not limited to rendering first aid, administering CPR, and providing transportation for a sick or injured child to the child's home, hospital, or doctor's office, by ambulance, or other available transportation.
It is the parent's responsibility to keep emergency information on this form current.

_____ _____
Parent/Guardian Signature Date

Notice: Imagine Charter School/Camp Imagine does not carry accident or health insurance for your child on your behalf, and encourages you to evaluate your own health, accident and disability insurance to determine if you have adequate insurance for any injuries your child might sustain while at school or participating in school activities. Imagine/Camp Imagine may have no liability or only limited liability for the cost of emergency care and transportation provided for injuries that occur at school or during school activities, pursuant to the Colorado Governmental Immunity Act.

Child Health Plan *Plus* (CHP+) is a low-cost health insurance program for uninsured Colorado children ages 18 and under whose families earn or own too much to qualify for Medicaid but cannot afford private insurance. CHP+ can be reached at (800) 359-1991. The CHP+ web address is www.cchp.org

Release Form – Hold Harmless

I give my permission for _____ to participate in all aspects of Childcare (physical and sedentary activities). I acknowledge that participation in these activities involves some risk of injury or death, and I assume these risks. I authorize my child to be transported by foot or vehicle for program purposes or emergencies. I further acknowledge that the participant is physically capable of performing in physical activities. I release and hold harmless Imagine Charter School/Camp Imagine and its personnel from any liability for any injury or death arising from participation in Childcare.

_____ _____
Parent/Guardian Signature Date

Child Pick-up

I am aware that children may be picked up **only** by persons designated by Parent/Guardian and listed on the Summer Camp Registration Form. If anyone other than those listed are to pick up the child, we must have a written notice from the Parent/Guardian **before** the child can be released. A photo I.D. must be shown by the person authorized by parent to pick up the child.

_____ _____
Parent/Guardian Signature Date

Please initial box or respond as necessary to the following statements:

Child Name (Last, First) _____

- □ **Hours of Operation:** 7:30 to 5:30
- □ **Movies:** On occasion, we take field trips to the movies or movies are shown during extreme weather or in conjunction with our weekly themes. I give my child permission to watch G or PG (no PG-13) movies during the course of the Summer Camp. Movie titles and ratings will be posted at the student check-in table, whenever possible, prior to movies being shown.
- □ Due to daily field trips, if you are in the full day camp, you must drop off no later than 9am.
- □ All field trips are subject to change due to availability and weather conditions.
- □ **Walking field trips:** On occasion, the summer camp will take walking field trips to parks or other locations close to school. I give permission for my child to walk with camp staff for these field trips.
- □ **Swimming:** All children will be tested on our first swimming day to determine their ability. Please indicate below if you do not want your child swimming in water deeper than shoulder height at the pool despite his/her swimming ability. These campers will be assigned to the appropriate section of the pool.

  My child may swim in □ areas appropriate to my child's swimming ability
  □ areas where water is no deeper than shoulder height regardless of child's swimming ability
- □ **Photo Release:** I give permission for Imagine Charter School/Camp Imagine (and any person or company authorized by the school) to take, use and copyright photographs, film, video, and/or recordings taken of this student by School staff (or their representatives) and understand that the School/camp may use reproductions, alterations, or additions to them. I also understand that these reproductions may include authorized School/Camp websites and school district publications.
- □ **Sunscreen:** It is the parent's responsibility to provide sunscreen with a minimum SPF of 15. Each camper will be able to apply sunscreen to their own bodies. **Camp Teachers are not allowed to apply sunscreen**

  □ My child is particularly sensitive to the sun. I will apply sunscreen before my child comes to the program.
  □ I will inform the staff of any special sunscreen requirements my child may have.

Child Health & Behavior Information

Child Name (Last, First) _____

All information in this document, or stated verbally to the Childcare staff, will be kept confidential. If there is any sensitive or personal information that will assist the staff with the care and safety of your child, please contact the Site Program Manager at your camp location.

Child lives with? □ Mother and Father □ Mother only □ Father only □ Legal guardian □ Other _____

Are there any special custody arrangements we need to be aware of? □ No □ Yes, please specify:

List communicable diseases and/or serious illness or surgeries which your child has had

_____

List any known drug reactions, allergies, and or food allergies which your child has

_____

Describe any special diet your child may be on

_____

Is there any medical reason your child cannot participate fully in our childcare program?

□ No

□ Yes, please explain:

_____

FAMILY PHYSICIAN	**FAMILY DENTIST**	**PREFERRED HOSPITAL**
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
City _____	City _____	City _____
Phone _____	Phone _____	Phone _____

Has your child ever received special education services, such as speech, OT, etc? □ No □ Yes, please explain: _____

Languages spoken at home: □ English □ Spanish □ Chinese □ Other

Communication abilities: How does your child make his/her needs known?

_____

Does your child:

Wear glasses	□ Yes	□ No
Wear hearing aids	□ Yes	□ No
Tie own shoes	□ Yes	□ No

Briefly comment on your child's:

Child Name (Last, First) _____

(please use back or additional sheet of paper if necessary)

Swimming ability	Athletic ability	Coordination
Play skills	Peer interactions	Disruptive behaviors (acting out, hitting, etc.)
General likes	General dislikes	Does your child use Time Outs at home and/or school? □ No □ Yes, how long? _____ Will stay in time out by self? □ Yes □ No, what is helpful?

How does your child react when

Challenged_____

Frustrated_____

Afraid_____

Bored_____

How are the above behaviors handled at home?_____

Are there any special methods of behavior support you have found to be most effective?

_____

Medication

Child Name (Last, First) _____

All medications, whether by prescription or over the counter, require physician and parent authorization. If your child requires medication during the day at summer camp, the following Permission for Medication form **must be completed by a Parent/Guardian and your family physician.** The completed and signed form must be returned to the Site Program Manager of your summer camp school a minimum of one week prior to your child's first day of summer camp.

St. Vrain Valley School District - Department of Student Services

Permission for Medication

School Year: 20__ - 20__

Dear Parent

We attempt to discourage administration of medication in the schools. However, if your physician decides it is necessary for your child to receive medication during the school day, his/her approval and specific directions must be provided to the school. It is recommended the first doses of medication be administered at home.

Send the medication to the school in the original or a duplicate box or bottle with the current prescription label on the container. Upon request, pharmacists have labeled empty containers to be used.

Please have your physician record his/her instructions regarding the administration of your child's medications.

Name of student _____

School_____ Grade_____ Teacher_____

TO BE COMPLETED BY PHYSICIAN

Medication_____ Dosage_____

Purpose of Medication_____

Time of day medication is to be given_____ Possible side effects _____

Anticipated number of days it needs to be given at school _____

Date **Printed Name of Physician** **Signature of Physician**

TO BE COMPLETED BY PARENT

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by any person employed by the St. Vrain Valley School District, the undersigned parent or guardian hereby agrees to release the St. Vrain Valley School District and its personnel from any legal claim which they now have or may hereafter have arising out of the administration of or failure to administer the medication to the student.

I hereby give my permis_____ prescription at school as ordered. I understand that it is my responsibility to furnish this medication.

Date_____ **Signature of Parent or Guardian**_____Phone#_____

Date _____ **Health Clerk** _____ Date _____ **School Nurse** _____

Se entiende que el medicamento es administrado solamente al ser solicitado o como un arreglo hecho por el abajo firmante padre o guardian. En consideracón al la aceptación de lo solicitado para que este servicio pueda ser desempeñado por cualquier persona empleada por el Distrito Escolar del Valle de St. Vrain, el abajo firmante padre o guardian comunica y está de acuerdo por medio de la presente que libera al Distrito Escolar del Valle de St. Vrain y su personal de cualquier demanda legal que puedan tener ahora o pueda surgir o crearse en el futuro por la administración del medicamento al estudiante.

Por medio de la presete Yo doy mi autorización o permiso para que _____tome la receta o medicamento en la escuela como fue ordenada. Entiendo que es mi responsabilidad el proveer o surtir ésta medicina.

Fecha _____Firma del Padre/Madre/Guardian_____

Fecha Director (a) Fecha Empleada de Salud

Child Name (Last, First) ____________________________

MEDICATION LOG SHEET

Parent Name ______________________________ Phone #______________________________

Student's Name ______________________________ Grade__________ Teacher __________________

Medication____

Dose ______________________________ Directions ______________________________

Date	Time	Given By

Date	Time	Given By

Child Name (Last, First) _____

Parent/Child Summer Camp Contract

This contract outlines expectations of the camper while attending summer camp. Please read through this contract with your child. All campers are held responsible for the choices they make at camp. Please initial each box, one for parent, one for child, and sign at the bottom.

☐ ☐ **If I cause a problem, I will solve it. If I can't solve the problem, or choose not to, a summer camp leader will help me find a workable solution.**

☐ ☐ **I will behave in ways that ensure my safety and the safety of others. Positive behavior is always our expectation. Things that will result in behavior management include, but are not limited to: abusive or inappropriate language, play wrestling/fighting, hitting, theft, bullying, or any other behavior deemed as negative by camp staff.**

☐ ☐ **I will follow all instructions given by the summer camp leaders.**

☐ ☐ **If I feel that something is unfair, I will calmly talk to a summer camp leader.**

☐ ☐ **I understand that decisions concerning discipline are handled privately between camp leaders, students and their families and will not be discussed with other parties involved.**

☐ ☐ **I will not bring any personal electronic devices to camp unless it is on the camp schedule or has been pre-authorized by a camp leader. I understand that if I bring personal electronic devices, they will be taken by a camp leader and returned to my parent at the end of the day. After three occurrences, I understand that my electronic device will be taken and returned at the end of summer camp.**

☐ ☐ **I will respect all summer camp equipment and facilities.**

☐ ☐ **I will be an active participant during activities.**

☐ ☐ **I will do my personal best to have a great time at summer camp.**

By signing below, you state that you have read and agree to the terms of the contract. Not following this agreement may be cause for removal from summer camp.

_____ _____ _____

Camper Signature Date Parent/Guardian Signature