

FAITH KIDS CAMP REGISTRATION 2010

Camper Information

First Name:	Middle Initial:	Last Name:
Home PHONE Number:	City:	State / Zip:
Home Address: (Child Resides)	(Camp Sessions) (1)___ (2)___ (3)___ (4)___ (5)___ (AM) Care _____ (PM) Care _____	Gender: M / F Shirt Size: S - M - L - XL Age This Summer: _____ Grade This Fall: _____

Guardian(s) Information

Camper Lives With: (Circle One) Mother / Father / Both Parents / Other	Camper's (Primary Custodial) Guardian(s):
Mother/Person (1) E-mail:	Father/Person (2) E-mail:
Mother/Person (1) Cell Phone:	Father/Person (2) Cell Phone:
Mother/Person (1) Work Number:	Father/Person (2) Work Number:
Mother/Person (1) Home Address:	Father/Person (2) Home Address:
Mother/Person (1) Place of Employment:	Father/Person (2) Place of Employment:

Authorized Release & Emergency Contact

It is our policy **NOT** to release your child into the custody of any person unless specified. List all persons (16 yrs. & above) that are authorized to pick up your child. These persons must have a **valid driver's license** to provide identification. If the guardian fails to pick up their child(ren), either at the conclusion of camp or conclusion of after camp care, the persons below will be contacted in numerical order. This would also be the case if the guardian(s) is unreachable or there is an emergency. So, list in order of preference.

(1) Name: _____ Relation To Child: _____
(H) Phone: _____ (W) Phone: _____ (C) Phone: _____
(2) Name: _____ Relation To Child: _____
(H) Phone: _____ (W) Phone: _____ (C) Phone: _____

Additional Information

Camper's Full Name: _____ Birthday: _____

Camper's Nick Name / Abbreviation: _____

How do you prefer us to communicate with you about your child?

- Talk with me when I drop off / pick up my child.
 - Call me in the evening at home.
 - Talk to the person who drops off / picks up my child (other than myself)
 - Send a note with the pick-up person and I will call you if necessary.
 - Call me at work
 - Other _____
-

Please complete the following questions to the best of your ability.

Do you have any suggestions for snacks / activities that your child may enjoy or ideas for our summer program that we might offer? _____

Is there anything we should know about your child so that we can be responsive to his or her needs? _____

Does your child have any dietary restrictions, food allergies or allergic reactions? _____

Does your child experience an allergic reaction to any allergies, etc. listed above? If so, what action / special care do you recommend? _____

Is your child taking medication? If so, specify what and why. _____

Does your child have any physical restrictions, limitations, special needs or challenges?

Has your child experienced any recent significant changes or family trauma that we should be aware of? (Parental divorce, sibling adoption, death in the family, etc.)

Camp Awareness Policies For Guardians

The primary custodial guardian must read and initial the following categories.

Initial _____	I understand that the fundamental mission of this camp is to assist children in their daily walk and relationship with Jesus Christ. Daily chapel services will involve my child's participation in Bible reading, worship music and prayer aligned and affiliated with Assemblies of God Church Doctrine.
Initial _____	I understand that my child must bring a BAG lunch, water bottle, sunscreen, afternoon snack and backpack. <u>Camp shirts must be worn daily!</u> (Please read and understand the camp schedule)
Initial _____	I understand that children are to be dressed appropriately for daily camp activities. Shorts are to be worn at an appropriate length - no short-shorts are permitted. Boxer style shorts for boys and <u>one-piece bathing suits for girls are required for camp swimming.</u>
Initial _____	I understand that tuition must be made in full by June 1st. If registering after June 1st, tuition is due at the time of registration. I understand that tuition refunds are not available due to behavioral issues, operating costs / supply and demand. (Exception: death in the immediate camper's family)
Initial _____	I understand that drop off before 8:30 a.m. and pick up after 4:30 p.m. is prohibited unless my child(ren) are registered for AM or PM Care. <u>AM Care Campers must arrive before 8:00 a.m.</u> Signing your child(ren) in & out must occur daily.
Initial _____	I understand that my child(ren) are expected to abide by the camp guidelines. No cell phones, I Pods, CD players, video games, cameras, toys, scooters / skate boards or other non-camp material is permitted at camp. Items will be confiscated. Illegal substances, weapons or any other item/device that hinders the safety, security and integrity of our camp, are grounds for dismissal.
Initial _____	I understand that the camp reserves the right to make changes at any time. This includes field trips, activities, events or curriculum. The camp also reserves the right to cancel or delay normal operation in the event of inclement weather or emergency situations.
Initial _____	I understand that a completed Health Exam Record and Health History Form are required for admission. (Current within the last (12) months) An <u>E-mail address from each camper's guardian</u> must be on file with the camp for communicating and exchanging timely information.

Initial _____	I give full consent for my child to be photographed or videotaped and do hereby release those images to be used by Faith Assembly of God and its ministries in promotional print or other multimedia tools, including our website. YES , but only within Faith Assembly of God: _____ (Optional) Initial
Initial _____	I give Faith Assembly of God permission to transport my child for daily field trips and other misc. trips that are affiliated with the camps curriculum. (Jewish Community Center for swimming)
Initial _____	I give permission for my child to receive medical attention at the nearest hospital in the event that emergency medical attention is needed. In non-emergencies, we will administer First Aid if needed.
Initial _____	I will inform the camp office of my child's(ren)'s absence and/or when additional pick up persons who are <u>not</u> listed in my "Authorized Released" section are used. (Proper ID will be required)
Initial _____	My child (ren) is aware that they must abide by the camp guidelines. Any camper who engages in inappropriate physical contact with another camp participant or counselor will be dismissed.
Initial _____	If my teenager (s) is enrolled in the Leaders In Training (LIT) or Counselors In Training (CIT) program, I understand they must attend one information / orientation meeting to be held in June. I am aware, that if my teenager does not display the appropriate / mature behavior required, they will be dismissed from camp. (Please Note: dismissal from camp is not grounds for a tuition refund.)

Responsibility of Camp Counselors & Campers

Responsibilities of Faith Kids Camp Counselors:

- Undergo required training and possess current CPR & First Aid certifications.
- Conduct oneself in an appropriate and mature manner. (Christ-like integrity)
- Counselors will be caring and sensitive to the needs of each child. They will strive to implement Christian principles throughout the camp atmosphere.
- Encourage campers to develop a personal relationship with Christ through illustrated Bible stories, worship music and prayer.
- Provide a safe, pleasant and enriching environment for each child.
- Provide a camp curriculum of activities and events that focus on the ages and abilities of campers through developmentally appropriate practice.
- Provide an atmosphere for children to gain knowledge about themselves, others, and the environment, while growing spiritually, mentally, socially and physically.

Responsibilities of the Camp Participants:

- Use appropriate language. Respect other campers and counselors.
- Listen and follow directions, including camp guidelines and policy booklet.
- Participate in curriculum activities and events. Be responsible for one's own actions through the engagement of appropriate behavior. (No physical aggression)
- Attend any requested conferences. Adhere to any behavioral modifications plans.

A Note from the Camp Director to Camper and Guardian:

As a camper in Faith Kid's Camp this summer, you have the opportunity to participate in field trips and interact with a variety of people. This is a unique chance to exercise a new level of autonomy without parental authority. It also means increased personal responsibility in representing Faith Kid's Camp and most importantly yourself. This behavior agreement is designed to allow you the greatest opportunity while outlining important responsibilities to ensure a fun time. Remember, "What Would Jesus Do?"

In closing, both **Camp Participant** and **Primary Custodial Guardian** must sign/date below. By signing below, the guardian and child agree to familiarize themselves with the Camp Policy, Procedure and Information Booklet and to abide by it. The guardian agrees to submit all required tuition payments and knows that refunds are not available. The camper agrees to demonstrate and adhere to appropriate and respectful interactions with other camp participants and counselors to achieve a successful camp experience.

I hereby enroll my child in this Camp Program and agree in good faith to release any legal liability from Faith Kids Camp Counselors and Faith Assembly of God Church.

Camp Participant: _____ **Date:** _____

** Required Signatures **

Custodial Guardian: _____ **Date:** _____

Health Examination Record

* To Be Completed By Your Child's Physician *

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

Physician / Doctor: _____

Please indicate the findings of your physical examination below:

SKIN	_____	RESPIRATORY	_____
EYES	_____	ABDOMEN	_____
EARS	_____	HERNIA	_____
NASO/PHARYNX	_____	GENITO-URINARY	_____
TEETH	_____	ORTHOPEDIC	_____
LYMPH NODES	_____	NERVOUS SYSTEM	_____
THYROID	_____	NUTRITION	_____
CARDIAC	_____	SPEECH	_____

OTHER _____

HEIGHT _____ BLOOD PREASURE ____ / ____

WEIGHT _____ lbs SCOLIOSIS _____

ALLERGIES _____

MEDICAL CONDITION _____

CURRENT MEDICATION _____

VISION: R 20/ _____ HEARING R _____

L 20/ _____ L _____

FULL PHYSICAL ACTIVITY: YES ____ NO ____

IMMUNIZATIONS

DPT 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ DT.B _____ Td _____

TOPV 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

MMR 1 _____ 2 _____

MEASLES 1 _____ 2 _____ MUMPS _____ RUBELLA _____

HEPATITIS B 1 _____ 2 _____ 3 _____

HIB 1 _____ 2 _____ 3 _____ 4 _____

TUBERCULIN TINE _____ PPD _____

MD SIGNATURE (required)

_____/_____/_____
Date of Physical (required)

Health History

* To Be Completed By The Child's Primary Custodial Guardian *

	DATE		DATE
Chicken Pox		Pneumonia	
Ear Infection		Strep Throat	
Hepatitis		Scarlet Fever	
Meningitis		Rheumatic Fever	
Tuberculosis			

Please list all allergies your child has: _____

Please list any recent injuries, illnesses and/or medical procedures: _____

Please note any other health problem not listed above: _____

(Primary Custodial Guardian)

Date

This “**Health Examination Record**” and “**Health History Form**” may be faxed or mailed to Faith Kids Camp at Faith Assembly.

Fax: (845) 462 - 5826

Mail: Faith Assembly of God Church
Attn: Faith Kids Camp
254 Spackenkill Road
Poughkeepsie, NY. 12603