



# Registration Form

## ICS Summer Day Camp 2021

Camper & Parent Information			
Child's First Name		Last Name	
Grade (Fall 2021)	Age	DOB	Circle T-shirt Size: Small Medium Large Adult Small
Address:		City State Zip	
Guardian #1 First Name		Last Name	Relationship:
Daytime Contact #:		Cell Phone #:	
Email Address:			
Guardian #2 First Name		Last Name	Relationship:
Daytime Contact #:		Cell Phone #:	
Email Address:			
Camp Sessions			
Weekly Fee: \$175 for 5 days    Daily Fee: \$45 per day plus the cost of field trips			
<input type="checkbox"/> Week #1 June 14-18	Circle Days attending:	5 days or M T W TH F	Weekly Cost: \$
<input type="checkbox"/> Week #2 June 21-25	Circle Days attending:	5 days or M T W TH F	Weekly Cost: \$
<input type="checkbox"/> Week #3 June 28 - July 2	Circle Days attending:	5 days or M T W TH F	Weekly Cost: \$
<input type="checkbox"/> Week #4 July 6-9	Circle Days attending:	4 days or T W TH F	Weekly Cost: \$
<input type="checkbox"/> Week #5 July 12-16	Circle Days attending:	5 days or M T W TH F	Weekly Cost: \$
<input type="checkbox"/> Week #6 July 19-23	Circle Days attending:	5 days or M T W TH F	Weekly Cost: \$
<input type="checkbox"/> Week #7 July 26-30	Circle Days attending:	5 days or M T W TH F	Weekly Cost: \$
<input type="checkbox"/> Week #8 August 2-6	Circle Days attending:	5 days or M T W TH F	Weekly Cost: \$
<input type="checkbox"/> Week #9 August 9-13	Circle Days attending:	5 days or M T W TH F	Weekly Cost: \$
<input type="checkbox"/> Week #10 August 16-20	Circle Days attending:	5 days or M T W TH F	Weekly Cost: \$
<input type="checkbox"/> Week#11 August 23-27	Circle Days attending:	5 days or M T W TH F	Weekly Cost: \$
<input type="checkbox"/> Week#12 Aug 30 - Sept 1	Circle Days attending:	3 days or M T W	Weekly Cost \$135
<b>Registration Fee: \$60 includes one Camp T-shirt</b>			
Additional Camp T-shirts are \$15 each    Add _____ Shirts			
<b>Camp shirts must be worn to ALL off campus activities (minimum 2X per week)</b>			
<b>Pick up Authorization and Emergency Contacts</b>			

In addition to Guardian #1 and #2 the following Emergency Contacts are authorized to pick up student from Independence Christian School's Summer Day Camp:

First Name		Last Name		Relationship:
Daytime Contact #:		Cell Phone #:		
First Name		Last Name		Relationship:
Daytime Contact #:		Cell Phone #:		
Child's Health Information				
Does the child have any allergies?                      No <input type="checkbox"/> Yes <input type="checkbox"/>				
If Yes, please list:				
Is an Epi Pen necessary and provided to the Day Camp? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Do you authorize permission to give your child Tylenol?                      No <input type="checkbox"/> Yes <input type="checkbox"/> Initials _____				
Authorization to Transport and Agreement to Pay				

By signing below I authorize Independence Christian Summer Day Camp to transport my child to field trips on Independence Christian School bus and/or the Cornerstone Church bus. I agree to pay the daily and/or weekly fees at the beginning of each week.

Printed Name:	Signature:
Date:	

### PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART

**NOTE:** Regulation Section 101221 requires the following information be on file.

CHILD CARE CENTER NAME: Independence Christian Preschool & Day Camp	LICENSE NUMBER: 304370606	DATE:
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**PARENT'S INSTRUCTIONS:**

- All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
- Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
- Prescription and nonprescription medication shall be administered in accordance with the label directions.
- Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

CHILD'S NAME	DATE OF BIRTH
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MEDICATION NAME Sunscreen	DOSAGE Reapply as needed
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I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:

Prevention of Sunburn

From June 14, 2021 to September 1, 2021 at As Needed daily while in attendance.  
BEGINNING DATE                      ENDING DATE                      TIME OF DAY

PARENT'S SIGNATURE:	DATE:
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**MEDICATION CHART**  
**Staff Documentation of Medicine Administration**

DATE	TIME GIVEN	STAFF SIGNATURE

**Upon completion, return medicine to parent or destroy, and place form in child's record.**

STAFF	DATE
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# **I.C.S. Summer Day Camp Rules**

- 1. Campers are NOT permitted to use Cell Phones or Electronics at ICS Summer Day Camp.**
- 2. Flip flops and open toed sandals are not permitted.**
- 3. Water shoes are required for on campus water days.**
- 4. Campers must be signed in and out daily.**
- 5. I.D.s will be checked @ pick up if Staff Members do not recognize those picking up the Campers. Please do not be offended – this is for the safety of the children.**
- 6. As of this writing - All campers will have their temperatures taken at dropoff each morning. Should restrictions lift this requirement might change.**
- 7. If you camper is ill, he/she will not be permitted to attend Summer Day Camp until symptoms have cleared and/or he/she is 24 hour fever free.**
- 8. Sunscreen must be applied to Campers before drop off on every day of Summer Camp.**
- 9. Each Camper must bring 2 spray bottles of sunscreen to Camp. This sunscreen will remain on campus and be used throughout the summer.**
- 10. Payment is due the BEGINNING of each week of Day Camp.**
- 11. Camp T-shirts are required to be worn on ALL off campus trips. This is a safety precaution. If your camper does not come with a camp shirt, ICS will give the camper a new shirt and parents will be charged \$15 for an extra t-shirt.**

**Student Names:** (please print on lines below)

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**MEDIA RELEASE WAIVER**

Independence Christian School requests permission to reproduce recordings through printed, audio, visual, or electronic means. Your authorization will enable us to make reasonable use of recordings of activities in which your student(s) were involved in order to train teachers, increase public awareness, and promote continuation and improvement of education programs through the use of mass media, displays, brochures, websites, and other means of communication.

By signing below, I acknowledge that I have read and understand this Media Release and I agree to its provisions

- YES, I give my consent to the above
- NO, I do not give my consent to the above

**Parent or Guardian Signature:** \_\_\_\_\_

ICS will **NOT** use Student's Name **AND** Photo together on any social media outlets.

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**RULE ACKNOWLEDGEMENT**

I acknowledge that I have received and reviewed the I.C.S. Summer Day Camp Rules and Procedures.

By signing below, I (parent/guardian) \_\_\_\_\_ acknowledge that

I will adhere to these rules and procedures. I have discussed the Summer Day Camp rules with my child(ren) and we are in agreement with the Day Camp's policies.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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