

# HCC Summer Camp Registration Form



## PLEASE PRINT

Date of registration: \_\_\_\_\_  
al axl

Child's T-Shirt size: ys ym yl as am

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

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (must be 5 before starting camp)

School attending \_\_\_\_\_ Grade (fall of 2024) \_\_\_\_\_

Scheduled days of care: M T W TH F

Approximate arrival time: \_\_\_\_\_ Pick up time: \_\_\_\_\_

## PARENT INFORMATION

Marital Status: Single Married Divorced Separated Widowed

Mother's/guardian's name \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_

Contact numbers: Cell/home \_\_\_\_\_ Work: \_\_\_\_\_

Place of employment \_\_\_\_\_ Working hours: \_\_\_\_\_

Father's name \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_

Contact numbers: Cell/home \_\_\_\_\_ Work: \_\_\_\_\_

Place of employment \_\_\_\_\_ Working hours: \_\_\_\_\_

## PICK-UP AND EMERGENCY CONTACTS

**Pick Up and Drop off:** Please list any person or persons who may be picking up your child in addition to the parent/guardian listed on the registration form.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Other \_\_\_\_\_ Relationship \_\_\_\_\_

Is there any person who cannot pick up the child? \_\_\_\_\_

Are there any custody alerts we should be aware of? \_\_\_\_\_

## EMERGENCY CONTACTS

The person(s) listed below will be contacted in order below in the event of an emergency, sickness, behavior or other reason while your child is at camp. Please list name and number that could be contacted in the event that the parents/guardians cannot be reached.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number (during the time your child is at camp) \_\_\_\_\_

Second person's name (if unable to reach first) and number to be called)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number (during the time your child is at camp) \_\_\_\_\_

# FIELD TRIP AND ACTIVITY INFORMATION

## PERMISSION/WAIVER FORM

\_\_\_\_\_ has permission to go on all field trips with the HCC Summer Fun Camp Program. I realize that the campers will be transported to and from HCC by bus. I am also aware that the times of the field are estimations. Exact times will be determined by the activity, number of children, and traffic. I also give permission for my child to play at the playground of Machesney School which is located next door to HCC. I am aware that campers are occasionally taken on a walk with a camp leader in the neighborhood.

Know all men by these presents, that the undersigned, being the legal guardian of the above named individual, hereby releases the Harlem Community Center harmless from any and all claims of liability on the part of either the undersigned or the above named minor, or both, for any injuries and/or claims arising from the above named minor's participation in any activity sponsored by the Harlem Community Center. Further, the undersigned agrees not to commence suit or engage in any litigation directly or indirectly against the Harlem Community Center for any injuries arising from the above named minor's participation in any activity sponsored by the Harlem Community Center.

### Outside play

Your child should be prepared to play outside which includes appropriate dress, play shoes (no flip flops), and sunscreen applied before arriving at camp. We ask each child to bring his/her own personal sunscreen bottle to use. If your child is sensitive to the sun or burns easily, please bring a hat to camp for your child to wear outside.

Unless a written note is on file requesting that a child is not to have sunscreen applied, HCC staff will assist young children in applying sunscreen as needed, during warm sunny days. Older children are expected to apply their own sunscreen.

Photos: HCC will take photographs and/or videos of children and participants in our camp and other programs to be used for promotional and advertising reasons and may be posted on the website, Facebook or other social media. I give HCC permission to photograph/video my child during their participation in any of the HCC activities.

Authorization and waiver signature

Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## CAMPER INFORMATION

What is your child's experience with attending camp? \_\_\_\_\_

\_\_\_\_\_

Has your child attended this camp, or a similar one, before? \_\_\_\_\_

\_\_\_\_\_

What is your child most looking forward to at camp? \_\_\_\_\_

\_\_\_\_\_

### **Mental, Emotional, Learning and Social Health:**

Has your child been diagnosed with a condition that impacts learning (e.g. ADHD, sensory processing problem). Yes or No

Does your child have a psychiatric diagnosis such as depression, obsessive-compulsive disorder (OCD), panic/anxiety disorder. Yes or No

Does your child have an emotional health concern. Yes or No

During the past academic year, did your child see or is currently seeing a professional to address mental/emotional concerns. Yes or No

If "yes" was the answer to any of the four statements above, attach a statement from your child's professional (e.g., psychiatrist, clinical social worker, physician) that addresses the following three topics:

1. Describe the concern and the child's daily management plan (medication and/or behavioral) while attending our camp program.
2. Describe the behaviors that will indicate to our staff that your camper needs additional attention
3. Provide a recommendation from that professional for the child's participation in our camp program

Does your child have an IEP or 504 plan? Yes or No

Has your child had a significant life event that continues to affect the child's life? Yes or No

If yes, please attach written information about the event (death of a loved one, family change, adoption, new sibling) its impact upon your child's life, and care tips for your child.

# AUTHORIZATION FOR TREATMENT

Primary Doctor: \_\_\_\_\_

I hereby give permission to the emergency medical personnel selected by the camp director to order X-rays, treatment and to provide or arrange necessary related transportation for my child. In an emergency, I hereby give permission and authorize the physician to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed for my child.

I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required and is to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment.

Although, the choice of hospital or medical facility will be made by the attending emergency medical personnel at the time, you may list a preferred hospital here \_\_\_\_\_.

Does your child have any known allergies \_\_\_\_ NO \_\_\_\_ YES\*

Allergic to: \_\_\_\_\_

Does your child have an epi pen? \_\_\_\_\_ NO \_\_\_\_\_ YES\* \* must attach allergy/medicine form

Has your child ever had asthma? \_\_\_\_\_

If yes, what medication? \_\_\_\_\_

Does the camper have any dietary restrictions? \_\_\_\_\_ NO \_\_\_\_\_ YES

-----

I have reviewed and understand the information on the registration forms. I have received a copy of the HCC behavior policy form and camp policy/ information sheet.

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

Amount paid \_\_\_\_\_ on \_\_\_\_\_ (date) for: Registration Fee Weekly fee

Receipt # \_\_\_\_\_ Initials: \_\_\_\_\_

# Medication/Allergy Form (only needed if a child will be administered medication while at camp)

To be completed if a staff person will be dispensing medication to your child or your child will have an epi pen or inhaler that will be at camp.

For prescription medications and inhaler, a doctor's note must accompany this form.

\_\_\_\_\_ Yes, my child has allergies

List allergies here: \_\_\_\_\_

Does your child use an EPI PEN: \_\_\_\_\_ yes \_\_\_\_\_ no Does your child have an inhaler: \_\_\_\_\_ yes \_\_\_\_\_ no

Any special health or other conditions that staff should be aware of:

\_\_\_\_\_

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medication Information:

1. Medication name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing and storage instructions: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

2. Medication name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing and storage instructions: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Other Information: \_\_\_\_\_

I understand that it is my responsibility to give the medication directly to the camp leader with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles. In all cases, medication dispensing can only be changed or modified by completing another Medication Dispensing Information form. I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the Harlem Community Center if any changes in the dispensing of medication change.

---

Signature of parent or guardian

---

Date