

 KidzQuest Summer Camp Registration Form 2011	Amount Paid _____ Payment Date _____ Payment Method _____ Staff Initials _____	Please Circle one : School JES or MNES				
	<input type="checkbox"/> SC Registration Fee \$15 <input type="checkbox"/> Summer Camp Fees (\$20/day 1st child, \$12/day 2nd Child, \$8/day each additional child) <input type="checkbox"/> Field trip fees \$59 IF paid at registration (receive more than a 10% discount by paying for field trips in advance)	Start Date _____ Parents who do not fill in a start date MUST call (540-967-4420) one working day before your child attends. Days Attending: M T W TH F				
Child's Last Name	First	MI	T-Shirt Size	Grade <small>during 10-11 school year</small>	Birth Date	Sex
Child's Parent/Guardian Name				Email Address		
Home Phone		Cell Phone		Work Phone		
Mailing Address			City		Zip Code	
Street Address (if different)			City		Zip Code	
Child's Parent/Guardian Name						
Mailing Address (if different from above)			City		Zip Code	
OTHER PEOPLE TO NOTIFY IN CASE OF EMERGENCY						
Name		Relationship		10 Digit Telephone Number		
OTHER THAN YOU, WHO HAS PERMISSION TO PICK UP YOUR CHILD?						
Name		Relationship		10 Digit Telephone Number		
WHO DOES NOT HAVE PERMISSION TO PICK UP YOUR CHILD?						
Full Name of Person		Reason (appropriate paperwork must be attached if parent is not allowed to pick up child, ie: custody papers)				

CHILD'S HEALTH INFORMATION

Special Health Problems	Allergies, Including Drug Reactions
Regular Medication	Other Pertinent Data

MEDICATION

1. An "Authorization to Give Medication" form must be completed by the parent/guardian if a child requires *any* medication while at the program.
2. Medicines must be in the original container.
3. If medication is to continue for more than ten days, an "Extended Medication" form must be filled out by the parent/guardian and signed by the administering physician.
4. Over the counter medications also require an "Authorization to Give Medication" form.
5. All medication will be kept in secure area away from children.
6. Any change in medication or dosage will require a new form to be filled out.

EMERGENCY MEDICAL AUTHORIZATION

I give the Louisa County Parks and Recreation's KidzQuest Program permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of KidzQuest. I also authorize for my child to be transported by ambulance to an emergency center for treatment. I authorize the KidzQuest staff to obtain immediate medical care and give consent for my child's medical treatment when I cannot be contacted immediately. It is also understood that this agreement may cover only those situations which are true emergencies and only when I cannot be reached. I understand that the staff will make every effort to contact me and my designated emergency contact. I will be responsible for payment of any medical expenses.

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

I hereby give permission that my child, _____ may be given emergency treatment by a qualified health care provider at the nearest hospital.

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider or hospital when deemed necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance to an emergency center for treatment.

Parent/Guardian (Print)	Date	Parent/Guardian Signature	Date
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COMMUNICABLE DISEASES

1. If a child becomes ill or injured during our care, we will separate him/her from the other children and notify parents/guardians and the child is to be picked up within one hour of our call.
2. He/she MAY NOT return until 24 hours after temperature returns to normal. In some instances we may request a doctor's release note in order for your child to return to camp.
3. The parent/guardian agrees to inform the camp within 24 hours or the next business day after their child or any member of the immediate household has developed a reportable communicable disease, except for life threatening diseases which must be reported immediately.

ACCOUNTING POLICY

1. Rates

- \$20 per day first child
- \$12 per day second child
- \$8 per day for each additional child

2. Discount

Discount rates are for immediate family members only.
Multi-child discounts do not apply when receiving financial assistance.

3. Payment

- Payments are **DUE WEEKLY*** .

*Other payment arrangements can be made by speaking directly with the Children's Program Coordinator (Zuwana Morgan). Please feel free to call at (540) 967- 4420.

- There will be a \$15 late fee charged for payments not received by end of the second week your child has attended the program.

4. Check Policy

- There will be a \$35 charge on all returned checks.

5. Late Pick-up

- Whenever possible, the parent(s)/guardian(s) should call to let the staff know they will be late for pick-up. This is not only beneficial to the staff but also to your child. When parent(s)/guardian(s) are late, the child begins to worry.
- In fairness to our staff, it is important that your child be picked up on time. A late fee of one dollar per minute will be charged for any child not picked up by 6:30 p.m. **This fee must be paid before the child can return to the program.**
- Louisa County Parks and Recreation KidzQuest Program has a strict late pick-up policy, which could result in you being asked to remove your child from our program. The policy is as follows: **If you are late more than three times your child may be suspended from the program for one week.**



DISCIPLINARY AND BEHAVIOR MANAGEMENT POLICY

Failure to comply with the following rules may result in an unacceptable behavior notification:

- Repeatedly engaging in fighting (physical aggression) as a way to resolve issues.
- Stealing or defacing school or other's property.
- Refusing to follow basic safety rules.
- Repeated disrespect for staff or rude and discourteous behavior toward other children.
- Repeatedly displaying the inability to follow established guidelines.
- Any act(s) that is (are) deemed unsafe or unacceptable as determined by the staff.

The Louisa County Parks and Recreation family will not tolerate unacceptable behavior and the consequences will be explained to our program participants.

1. Participation in an activity will be denied for repeated poor behavior and the child will be directed to an alternative activity.
2. The parent(s)/guardian(s) will be informed by phone and/or in writing. Physical discipline will not be used nor will food be denied as a form of punishment.
3. Please be aware that three (3) notifications may result in suspension from the program. If the behavior continues after that, permanent removal from the program will result.
4. If the unacceptable behavior endangers another's safety or the child's safety, immediate suspension or termination may result. The parent/guardian of the child will be notified and the child **MUST** be picked-up **WITHIN ONE HOUR** after notification. If you are unable to pick-up your child immediately, please make other arrangements for someone to pick-up your child immediately. Failure to pick-up your child within **ONE HOUR** after notification may result in removal from the program.

Louisa County Parks and Recreation's Summer Camp Program requires the support of the parent(s)/guardian(s) in encouraging appropriate behavior of their child. The Summer Camp staff will strive to provide a safe and fun environment for all children; however, Parks and Recreation will not allow children who continually display disruptive behavior to hinder the safety and enjoyment of others. LCPR reserves the right to refuse services and/or participation at events sponsored by the department for reasons of safety and conduct.

PARENT STATEMENT OF UNDERSTANDING

1. I understand that under no circumstance should my child(ren) be dropped off without being signed in.
2. I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick-up my child must either be listed with KidzQuest or other arrangements must be made by calling the KidzQuest program to inform them in advance.
3. Failure to update personal information may result in withdrawal from the program. For safety reasons, it is extremely important that we are able to reach the parent(s)/guardian(s) or emergency contact(s) for a child in our program.
4. I understand that in the event anyone should arrive to pick-up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the Sheriff's Department. Please do not put staff in a position where they have to make this judgment call.
5. I understand staff is required to report any form of suspected child abuse or neglect to Louisa County Parks and Recreation Administration. At that point determination will be made whether or not to contact Louisa County Public School Administration and/or Louisa County Child Protective Services should further investigation be warranted.

FACEBOOK PAGE

The only people who are allowed to be a friend on this page are parents whose children are active in our Summer Camp program. At the end of the school year and summer, LCPR will review our “friends list” to ensure that each parent has an active participant. Those who do not will be removed. We have set the privacy setting to “friends only”; this will ensure that no one other than current participants and their parents will be able to view the page. We also set the privacy setting so that no one can see your personal information, wall posts, or comments unless you are posting on our page. Our “friends list” is also hidden so no one can just “find you”. The Children’s Program Coordinator, will be the sole administrator of this page.

I hereby authorize the Louisa County Parks and Recreation KidzQuest Program to put my child’s photograph on their KidzQuest Facebook page ONLY ____ Yes ____ No ____ Intials

PHOTOGRAPHY RELEASE

I hereby authorize the Louisa County Parks and Recreation KidzQuest Program to photograph my child and use those photographs in brochures and advertising flyers for the KidzQuest Program. ____ Yes ____ No ____ Intials

RELEASE FORM

Recognizing Louisa County Parks and Recreation Summer Camp Program will do its best to ensure a safe experience, I understand that accidents may occur both from my child’s participation in activities and transportation to and from other activities away from the site. I agree to assume these risks. I release Louisa County Parks and Recreation, its employees, volunteers, instructors and school personnel from all liability based on any damage, loss or injury, whether it is the result of ordinary negligence or otherwise, caused to my child from participation in this program.

By signing below I indicate that I have read and agree to all the policies on pages one through five, including Emergency Medication Authorization, Medication, Communicable Diseases, Accounting Policy, Disciplinary Policy and Parent Statement.

Parent/Guardian Signature

Date

