**ADMISSION INFORMATION *Return this form!***

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| Operation Name | Director’s Name |
| Prince of Peace Catholic Community Summer Camp | Kri McGinnis |
| Child’s Full Name | Child’s Date of Birth/age/grade | Child’s Home Telephone No. |
|       |       |       |
| Child’s Home Address |
|       |
| Date of Admission | Date of Withdrawal | Email address (es) \*\*Required |
|       |       |       |
| Parent’s or Guardian’s Name | Address (if different from child’s address) |
|       |       |
| List telephone numbers below where parents/guardian may be reached while child will be in care: |
| Mother’s Name and Telephone No.      | Father’s name and Telephone No. | Guardian’s name & Telephone No. | Cell Phone No |
|       |       |       |
| Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached: | Relationship |
|       |       |
| I hereby authorize the childcare operation to allow my child to leave the childcare operation **ONLY** with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.  |
|       |       |       |

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| **CHECK ALL THAT APPLY:****1.** [ ]  **TRANSPORTATION:** | I hereby [ ]  give [ ]  do not give |  − consent for my child to be transported and supervised by the operation’s employees: |
|  | [ ]  for emergency care | [ ]  on field trips |   |  |
| **2.** [ ]  **FIELD TRIPS:** | I hereby [ ]  give [ ]  do not give |  − my consent for my child to participate in Field Trips: |
|  |
| **3.** [ ]  **WATER ACTIVITIES:** | I hereby [ ]  give [ ]  do not give |  − my consent for my child to participate in Water Activities: |
|  |  | [ ] [ ]  splashing/wading pools | [ ]  swimming pools |  |
| **4.** [ ]  **RECEIPT OF WRITTEN OPERATIONAL POLICIES:**I acknowledge receipt of the facility’s operational policies including those for discipline and guidance. |
| **5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:**[ ]  **Lunch** [ ]  **PM Snack (lunch brought from home. Snacks may be brought from home or purchased at camp.)**  |
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| **AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to: |
| Name of Physician: | Address: | Ph.#: |
|       |       |       |
| Name of Emergency Medical Care Facility: | Address: | Ph.#: |
|       |       |       |
| I give consent for the facility to secure any and all necessary emergency medical care for my child. |  |  |
|  | Signature - Parent or Legal Guardian |

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver’s should be aware of:

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|       |

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

|  |  |  |
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| Signature – Parent or Legal Guardian |  | Date |