

Camper Name: _____

Age: _____

Child

First _____ Middle _____ Last _____ Gender: Male ___
 Female ___
 School Name _____ Grade _____ Birth date ____ / ____ / ____
 Street Address _____
 Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____
 Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
 Cell phone _____ FAX _____ E-mail _____
 Occupation _____ Employer _____

Parent/Guardian #2

First _____ Ms. Mrs. Mr. Other _____
 Street Address _____
 Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
 Cell phone _____ E-mail _____
 Occupation _____ Employer _____
 Child lives with: _____
 Person responsible for payment _____

Emergency Contact Information - Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:
 1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
 Primary Physician _____
 Address _____
 Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem	Required Treatment	Should paramedic be called?
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
 Yes ___ No ___ If yes, explain: _____

Camper Name: _____

Age: _____

Is your child allergic to any type of food or medication?
 Yes ___ No ___ If yes, explain: _____

Does your child require a special diet?
 Yes ___ No ___ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

Contact #	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Anointed Hands Child Development Center will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

TUITION INFORMATION

\$222 per week Tuition – Plus \$250 for summer camp fees includes trips, meals, transportation, and t-shirt

Please circle how you heard about the Anointed Hands Summer Camp Program.

After School Program Website School Word of Mouth Flyer Other _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the Anointed Hands Summer Camp Program. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Anointed Hands Child Development Center and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for Anointed Hands Summer Camp Program activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

Anointed Hands Child Development Center IS NOT RESPONSIBLE for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____