



# Summer 2016 Summer My Way Beyond the Class Room Registration Form for K-5<sup>th</sup> grade

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

Childs Shirt Size: \_\_\_\_\_

**Check all that applies:**

- Discovery Camp
- Sports Camp
- Specialty Camp
- Drop in after Specialty Camps

**Choose Which Weeks**

- 1. June 13 – June 17 \_\_\_\_\_
- 2. June 20 – June 24 \_\_\_\_\_
- 3. June 27 – July 1 \_\_\_\_\_
- 4. July 5 – July 8 \_\_\_\_\_
- 5. July 11 – July 15 \_\_\_\_\_
- 6. July 18 – July 22 \_\_\_\_\_
- 7. July 25 – July 29 \_\_\_\_\_
- 8. August 1 – August 5 \_\_\_\_\_

The **registration deadline** for all summer camp activities is **9pm on the Thursday prior to the week of camp**. Due to DCF guidelines and staffing regulations and in order to plan for the following week, The Center **WILL NOT** accept registration after Thursday at 9pm for the upcoming week and will not accept walk-ins for camp.

## Staff Use Only

- Medical info signature
- Handbook Signature
- Waiver signature
- Payment Signature
- Form complete

Staff Initials:

NOTES:

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**Summer My Way 2016**  
**Beyond the Class Room**  
**2016 Registration Form**

Date of enrollment: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
*Last First Middle Month/Day/Year*

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female  
*Name of school Grade entering Fall of 2016 (circle one)*

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Child Identification**

Weight \_\_\_\_\_ Height \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Other Identifying Features: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Race**

- Black/African-American  
 Hispanic  Asian/Pacific Islander  
 White/Caucasian  
 American Indian  
 Bi-racial  
 Other

**PLEASE SUBMIT A RECENT  
PHOTOGRAPH OF YOUR CHILD  
(Taken within the last 6 months)**

**Which weeks will child attend for Summer Camp:**

Week 1 \_\_\_\_\_ Week 2 \_\_\_\_\_ Week 3 \_\_\_\_\_ Week 4 \_\_\_\_\_

Week 5 \_\_\_\_\_ Week 6 \_\_\_\_\_ Week 7 \_\_\_\_\_ Week 8 \_\_\_\_\_

**Reason for child attending program:** (check all that apply)

- Guardian(s) work/school and child would be left unattended  
 Social interaction  
 Other: (please specify) \_\_\_\_\_

**Parent/ Guardian Information-** *Enrolling Parent refers to parent with final authority re: communication*

**Custody of Child:**  Mother  Father  Both  Other (please specify ) \_\_\_\_\_

\_\_\_\_\_  
*Guardian Name*

Relationship to child: \_\_\_\_\_

\_\_\_\_\_  
*Physical Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Cell phone number*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Name of Employer/School*

\_\_\_\_\_  
*Phone # of Employer/School*

\_\_\_\_\_  
Employer Contact person

\_\_\_\_\_  
Work Street Address

\_\_\_\_\_  
Work City and zip

**Please circle one *Full Time or Part Time***

\_\_\_\_\_  
Work Schedule

\_\_\_\_\_  
*Guardian Name*

Relationship to child: \_\_\_\_\_

\_\_\_\_\_  
*Physical Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Cell phone number*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Name of Employer/School*

\_\_\_\_\_  
*Phone # of Employer/School*

\_\_\_\_\_  
Employer Contact person

\_\_\_\_\_  
Work Street Address

\_\_\_\_\_  
Work City and zip

**Please circle one *Full Time or Part Time***

\_\_\_\_\_  
Work Schedule

**Please choose the appropriate statement below and sign to attest to your employment status.**

\* I am gainfully employed as noted above. \_\_\_\_\_  
Enrolling Guardian Signature Date

\* I am not employed. \_\_\_\_\_  
Enrolling Guardian Signature Date


## **Medical Information**

I hereby grant permission for the staff of The Center to contact the following medical personnel to obtain emergency medical care if warranted. This also grants permission to transport my child to named facilities if parent cannot be reached and medical attention is warranted.

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

 Signature of Enrolling Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please list allergies, special medical, dietary needs, or other areas of concern such as diagnosis of ADD/ADHA, Learning Disabilities, past discipline problems, and gifted or special needs classes, etc. Please list if there is anything that the staff may need to know about your child (for example child turns white at sight of own blood or scared of anything that we may encounter on a trip)

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
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## **Handbook Acknowledgement**

I hereby have read over The Center's Before and After School Handbook. I am in full understanding of the Center's rules and consequences and that the discipline used depends on the severity of the action. All disciplinary practices are used on a consistent basis; no one child gets treated differently than any other. No child will be subjected to severe, humiliating, frightening, or any punishments in association with loss of food, rest, or toileting. Spanking or physical punishment are prohibited by all staff personal. I have read the "Know Your Child Care Facility" brochure and understand these policies and procedures. I understand the health control policies and influenza virus guide, positive reinforcements, fieldtrip procedures, family foundations activities (i.e. character development/life skills), and tuition agreements. By signing below, I also grant the right to the community center to apply first aid to my child.

**Guardian Name (Print)** \_\_\_\_\_

 Signature of Enrolling Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Child Release information/Emergency Contacts

Each child will be released only to the custodial parent and/or legal guardian and the persons listed below.

The following people will also be contacted and are authorized to remove the child from the facility In case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

1) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Work/Home Phone #

3) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Work/Home Phone #

5) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Work/Home Phone #

2) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Work/Home Phone #

4) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Work/Home Phone #

6) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Work/Home Phone #

**Please provide a note in writing or place a call to notify if someone other than the names listed above intends to pick your child up and/or sign him/her out prior to time of pick up.**

**ACKNOWLEDGEMENT OF FEES & CENTER POLICIES**

I \_\_\_\_\_, guardian of \_\_\_\_\_, understand that my weekly payment is due the Friday prior to my child / children will be attending the program. I understand that if payment is not made, my child/children will not be able to attend program. *I have Read and understand the program policies and will review them with my child/children (handbook).* Guardian Agreement is in signing this application for my child that he/she is in good health and is able to participate fully in the program unless otherwise stated in writing to the Program Director. The Center and the local newspapers reserve the right to use any and all photographs taken or in connection with the program or any of its activities. It is further agreed and understood that in case of suspension, a right reserved by the Center (or voluntary withdraw) there will be No refund for the period concerned once the student has begun his or her stay at our Center. In case of emergency I hereby give permission for the medial personnel selected by the program to order x-rays, routine tests, hospitalization, and secure proper treatment for and to order injection, anesthesia or surgery for my child as named on this agreement. Every effort will be made to contact the guardians or alternate, approved contacts in event of an emergency. The Center is not responsible for any monetary charges that may incur due to medical treatments. I give permission for my child to participate in food activities and special occasions wherein food is consumed. I hereby authorize my child to be transported from The Center of Anna Maria Island to Field Trips in authorized vehicles and from AME to The Center. I give permission for my child to go to all planned trips.

 Signature of Enrolling Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Wavier for Participation

In consideration of your accepting my/our registration fee, I hereby, for myself, my dependent(s) and minor children, and our executors and administrators, waive and release any and all rights and claims for damages I or my dependent(s) or minor children have or may have against Anna Maria Island Community Center and its representatives, successors, employees, contractors, or volunteers (collectively AMICC) for any and all injuries of death suffered by myself, my dependent(s) or minor children at any activity sponsored or monitored by Anna Maria Island Community Center, help upon its property, or through the use of its equipment. If I or my minor children or dependent(s) should suffer any injury, illness or death while participating in an activity, I authorize The Anna Maria Community Center staff to use their sole discretion in having me or my dependent(s) and minor children transported to a medical facility and I take all responsibility for this action, including costs. I authorize the medical facility to render any emergency treatment deemed necessary. Also, I understand that no refunds are given unless the activity is canceled or a doctor's release is presented. I understand that this release is a full and final release of all claims of any nature whatsoever for myself, my minor children or dependents, including but not limited to, claims arising due to the sole joint, contributory, concurrent or gross negligence of The Anna Maria Island Community Center. I understand that this release includes my minor children and I represent that I am the authorized guardian for my minor children. I understand that if I do not follow rules or code of conduct, myself and/or my family and/or guests will be asked to leave and I will not receive a refund. I hereby authorize The Anna Maria Island Community Center and local newspapers to take pictures of my child and understand that these photos become the property of The Anna Maria Island Community Center and/or the newspaper. I hereby give The Anna Maria Island Community Center permission to take pictures of me and to put the finished pictures on The Anna Maria Island Community Center's web site. I understand that these pictures will be accessible to anyone with Internet access and may be used in a promotional setting; however, no names of subjects will be published without written authorization. I understand that Representatives of Manatee County Government may request access to any or all agency records relating to the programs and/or the delivery of services for the purposes of evaluating or monitoring the programs or delivery of service to the client, and give consent to the release of records for these purposes. I understand that additional forms may be required for membership. Please be advised that any fees paid prior to the activation of a membership purchase are not applied to the price of that membership.

Signature of Enrolling Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_