

# M&S SUMMER CAMP 2016

"MOTIVATING SUCCESS ONE CHILD AT A TIME"



3020 Edwards Drive *Conyers, Ga* 30013

678.995.1774 • 862.371.8954 • [mssummercamp@yahoo.com](mailto:mssummercamp@yahoo.com)

MS. M. GOODWIN AND MS. S. FULTON-ALLEN DIRECTORS/FOUNDERS

## REGISTRATION FORM

Entrance Date \_\_\_\_\_

Withdrawal Date \_\_\_\_\_

Child's Legal Guardian(s):      \_\_\_\_\_ Both Parents    \_\_\_\_\_ Mother    \_\_\_\_\_ Father

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

Male/Female                      Age \_\_\_\_\_                      Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Email Address \_\_\_\_\_ @ \_\_\_\_\_

The child may be released to the following person signing this agreement or the following:

1. Name \_\_\_\_\_

2. Name \_\_\_\_\_

3. Name \_\_\_\_\_

4. Name \_\_\_\_\_

Persons to contact in case of an emergency when parents cannot be reached:

1. Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of public or private school child attends, if any: \_\_\_\_\_

#### MEDICAL INFORMATION

Child's Physician or Clinic's Name: \_\_\_\_\_

Telephone Number \_\_\_\_\_

My child has the following special need(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following special accommodation (s) maybe requires to most effectively meeting my child's needs while at this center: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list the allergies

\_\_\_\_\_

\_\_\_\_\_

Does your child take medications on a routine basis? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list the allergies

\_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# M&S SUMMER CAMP 2016

## VECHILE EMERGENCY MEDICAL FORM



Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Persons to contact in case of an emergency when parents cannot be reached:**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

### MEDICAL INFORMATION

Child's Physician or Clinic's Name: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Medical facility the center uses: \_\_\_\_\_

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

Child's Allergies: \_\_\_\_\_

Current prescribed medication(s) \_\_\_\_\_

My child has the following special need/condition(s): \_\_\_\_\_

In the event of an emergency involving my child, and if **M&S SUMMER CAMP** cannot reach me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

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

**Signature (Parent / Legal Guardian)** \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

**Rule 290-2-2-13(i)19** The transportation plan record shall require that an emergency medical information card for each child shall include a listing of the child's allergies, special medical needs and condition, the name and phone number of the child's doctor, the local medical facility that the home uses in the area where the home is located and the telephone numbers where the parents can be reached.

# M&S SUMMER CAMP 2016

## FIELD TRIP PERMISSION FORM



Please fill in all fields. Thank you!

I \_\_\_\_\_  
(Parent) hereby give permission for my son/daughter,

\_\_\_\_\_  
(Camper)  
to participate in the **M&S SUMMER CAMP** field trip  
being held on \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
to \_\_\_\_\_.

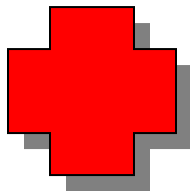
I understand my child will be transported by bus to a  
specific location and will return to **M&S SUMMER**  
**CAMP** immediately following the field trip.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# M&S SUMMER CAMP 2016

## EMERGENCY MEDICAL AUTHORIZATION



Should \_\_\_\_\_ suffer an injury or illness  
Child's Name Date of Birth

while in the care of *M&S Summer Camp* is unable to contact me immediately, the camp shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) agree to keep *M&S Summer Camp* informed of changes in telephone numbers, etc. where I (we) can be reached.

*M&S Summer Camp* agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's Primary Source of Health care is:

\_\_\_\_\_  
Physician/Clinic Name

\_\_\_\_\_  
Telephone Number

Known medical conditions ( i. e diabetic, asthmatic, drug allergies: )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature (Parent / Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_

**RULE 290-2-2-10(b)5(iii)** The following records shall be maintained on file for each child enrolled in the center and shall be accessible to the department: Authorization for obtaining emergency medical care for the child when the parent is not available

***M&S Summer Camp 2016***  
**OFFICE INFORMATION CARD**



Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Persons to contact in case of an emergency when parents cannot be reached:**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

***M&S Summer Camp 2016***  
**CLASSROOM INFORMATION CARD**



Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Persons to contact in case of an emergency when parents cannot be reached:**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

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## LIABILITY RELEASE FORM

In consideration for \_\_\_\_\_ being accepted, for  
(Child's Name)

participation in field trips, special events, daily activities, I do hereby release, forever discharge and agree to hold harmless **M&S Summer Camp** and the Directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the above-described trip or activity including recreation and work activities. The undersigned further hereby agrees to hold harmless and indemnify said **M&S Summer Camp**, its directors, employees and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto. The aforementioned liability statement also releases **M&S Summer Camp** and all employees/board members from any liability in the event that parents/staff violates **M&S Summer Camp** policy which prohibits the following conflict of interest actions where: 1) Parents/staff provides childcare services (on the side) for children enrolled in any of the **M&S Summer Camp**; 2) Dating relationship between **M&S Summer Camp** staff/parents develops; and 3) Staff signing out or transporting any students enrolled in the **M&S Summer Camp** (per parent permission). The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said **M&S Summer Camp**, its Directors, employees and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant. \_\_\_\_\_

Parent/Legal Guardian Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**M& S Summer Camp**  
3020 Edwards Drive *Conyers, Ga* 30013  
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**Parent Handbook Acknowledgement**

**Participation Agreement. I/we have reviewed the M&S Summer Camp Parent Handbook, and I am familiar with the following camp policies and procedures (Initial all)**

- \_\_\_\_\_ **REGISTRATION POLICIES AND PROCEDURES**
- \_\_\_\_\_ **ATTENDANCE - SIGN IN/OUT**
- \_\_\_\_\_ **FIELD TRIPS**
- \_\_\_\_\_ **GUIDANCE POLICY**
- \_\_\_\_\_ **INCIDENT REPORTS**
- \_\_\_\_\_ **SUSPENSION**
- \_\_\_\_\_ **DISMISSAL**
- \_\_\_\_\_ **SAFETY OF CHILDREN**
- \_\_\_\_\_ **MANAGEMENT OF COMMUNICABLE DISEASE**
- \_\_\_\_\_ **MEDICATION POLICY**
- \_\_\_\_\_ **PARENT INVOLVEMENT & COMMUNICATION**
- \_\_\_\_\_ **TERMINATION OF ENROLLMENT**
- \_\_\_\_\_ **TUTION/PAYMENT INFORMATION**
- \_\_\_\_\_ **GRIEVANCE PROCEDURE**
- \_\_\_\_\_ **BROKEN CHURCH OR CAMP PROPERTY**
- \_\_\_\_\_ **ADDITIONAL INFORMATION**

**Camper Name:**

\_\_\_\_\_

**Parent/Guardian Name:**

\_\_\_\_\_

**Parent/ Guardian Signature(s):**

\_\_\_\_\_ **Date:** \_\_\_\_\_