

GROUP: 4/5/6 7/8 9/10 LEADERS

REG. AMOUNT \$ \_\_\_\_\_

# 2010 Summer Day Camp ~ June 1<sup>st</sup> through August 6<sup>th</sup>

NO CAMP MONDAY JULY 5th

NO REFUNDS

Will your child be attending (circle choice) Mary Rigg Neighborhood Center or Goodwin Center?

Camper's Name: \_\_\_\_\_ Child's Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ School attending: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

T-Shirt Size: Kid size— S M L XL or Adult size — S M L XL

If parent/guardian is not available in an emergency please notify: We will require ID

1. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there anyone **NOT** allowed to pick up your child? \_\_\_\_\_ Who? \_\_\_\_\_

In case of injury: Hospital Preference: \_\_\_\_\_

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

Allergies: \_\_\_\_\_ Medicines: \_\_\_\_\_

In the event my child \_\_\_\_\_ is injured. I authorize the Center Director or his authorized representative to secure first aid for my child or take the child to the Doctor listed above. If the doctor is not available, take the child to the hospital with the understanding that any financial responsibility is the obligation of the parents and not of Mary Rigg Center.

We hereby waive any right of action against the Mary Rigg Neighborhood Center or the members or the staff or the agency for recovery of damages, in case (child) \_\_\_\_\_ is injured in a program or in route to or from a camp event.

Signature of Parent\Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE LET US KNOW IF YOUR INFORMATION CHANGES.  
YOUR CHILD MUST BE SIGNED IN AND OUT DAILY.**

## Children and Youth Release Form

These people are allowed to pick up \_\_\_\_\_:  
(Name of child)

**Please remind people picking up your child that we WILL ask for ID.**

<b>Name</b>	<b>Relation</b>	<b>Phone Number</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## **Late Pick-Up Policy**

Summer Day Camp is 9am-4pm, Monday through Friday. If your child is registered for Summer Day Camp **ONLY**, he or she must be picked up **no later** than 4pm. If pick-up is later than 4pm, a fee of **\$1.00 per minute per child** will be charged until the child is picked up.

If the child is enrolled in Before and/or After Care, the child must be picked up by 6pm. If pick-up is later than 6pm, a fee of **\$1.00 per minute per child** will be charged until the child is picked up.

**I have read and understand the above Late Pick-Up Policy.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Children and Youth Behavior Management Procedures

It is the goal of the Mary Rigg Neighborhood Center to provide a healthy, safe, and secure environment for all children in our programs. Children who attend the program are expected to follow the behavior guidelines and to interact appropriately in a group setting.

When a child does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the child to a more appropriate behavior.
2. The child again will be reminded of the behavior guidelines, a discussion will take place with the camp director, and the parent will be informed of the problem.
3. If the behavior persists, the staff will document the situation with a write up form describing the disciplinary action that will be given.
4. If a problem still persists and a child continues to disrupt the program the camp director will make a decision as to what action to take.
5. If a child's behavior at any time threatens the immediate safety of that child, other children or staff, the parent may be notified and expected to immediately pick up the child.
6. **Mary Rigg Neighborhood Center reserves the right to suspend or expel any child from the program at any time.**

The following behaviors are not acceptable and may result in the immediate suspension of the child for the remainder of the current day and possible following days:

- ❖ Endangering the health and safety of children and/or staff, member, and volunteers
- ❖ Stealing or damaging equipment, facilities, or personal property
- ❖ Leaving the program without permission and/or continual disruption of the program
- ❖ Refusal to follow the behavior guidelines or rules
- ❖ Use of profanity, vulgarity, or obscenity and/or acting in a lewd manner

In any of these behaviors persists, staff may suspend the child a second time before expulsion.

Immediate expulsion may occur if the child is in possession of and/or using tobacco, alcohol, illegal drugs, firecrackers, firearms, weapons or explosives.

Does your child have an Individual Education Behavioral Plan in place now? Yes\_\_\_\_\_No\_\_\_\_\_

If so, what can we do to improve their success?

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### PARENT SIGNATURE REQUIRED:

I have reviewed with my child the Behavior Management Procedures. I understand and agree to all of the terms presented in this document.

\_\_\_\_\_  
**Child Signature (if applicable)**

\_\_\_\_\_  
**Parent/Guardian Signature**

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

## Sunscreen Policy

Mary Rigg Neighborhood Center Summer Camp participants spend a great deal of time in the outdoors and are thereby exposed to the sun's harmful rays. Since it is our commitment to promote healthy spirits, minds, and bodies, we have made the following policy in this regard:

- Parents will be responsible for applying the first layer of sunscreen prior to morning drop off or before outdoor activities.
- Parents will be responsible for providing their child with a bottle of sunscreen (in the original container) to carry with them in their camp bag. One container per child, please. Be sure to put the child's name on it.
- Day camp staff will be responsible for ensuring thorough follow-up applications after time in the water and/or after activity in the sun (due to perspiration), and/or any other time as needed.

Please note, this will mean that your child may have sunscreen applied for them by the day camp staff, if they are not old enough to apply it themselves. Please explain this to your child before camp.

- For campers who have fair skin, freckles, or numerous moles: have blonde, red, or light brown hair: who may tend to burn easily and tan little or not at all; and have a family history of skin cancer, we recommend that child bring an extra plain white t-shirt to wear in the water for extra protection.

Please note that these decisions were made to protect your child. Furthermore, our staff has been trained on this subject and understands their responsibilities and the consequences for failure in observing this policy.

I verify that I have read, understood, and for the protection and well-being of my child, agree to comply with the Mary Rigg Neighborhood Center Summer Camp Sunscreen Policy.

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Signature of Parent/Guardian

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Date

## Children and Youth Head Lice Policy

The staff at the Mary Rigg Neighborhood Center has established this head lice policy because we want to provide a healthy environment for your children. It is a challenge which we need your full cooperation to eliminate.

There will be random head checks for lice and nits. Parents whose children have head lice or eggs (nits) will be called to pick up the child and be directed to the public health office or their own medical resources. The families will need to treat the entire house including bedding, toys, and cars, according to the instructions given on the lice shampoo. A very important thing, which needs to be done, is removing every bug and pick off each nit with the special comb.

Please be responsible, the children **WILL NOT** be allowed to return until you have eliminated all nits and lice from their hair.

Thank you

Mary Rigg Neighborhood Center Staff

**I have read and understood the Lice Policy.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## Children and Youth Release Form

### RELEASE OF LIABILITY TO DISPENSE MEDICATION

I hereby request that the medication(s) listed below be administered to my child(ren) during their attendance at the Mary Rigg Neighborhood Center, and I agree to hold harmless Mary Rigg Neighborhood Center and their employees and agents from and against any injury (including death) to my child(ren) which may occur from the administration of such medication.

	Medication #1	Medication #2
Name of Medication		
Prescribing Physician		
Physician Phone Number		
Prescription Number		
Dosage		
Time to Dispense		
Date to Begin Medication		
Date to End Medication		

**All medications must be in original container with child(ren)'s name clearly printed on it.**

### RELEASE OF LIABILITY FOR EXCURSIONS

I hereby give permission:

for excursions to such locations as Survive Alive, Eagle Creek, Indianapolis Zoo, the Children's Museum and many more. Trips are also taken to local pool and water activities.

### MISC. INFORMATION

In order to document the quality and impact of this program, the sponsoring organizations will conduct ongoing evaluations, both formal and informal with each child about their experience.

\_\_\_\_\_  
Parent or Guardian Signature

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

\_\_\_\_\_  
Date

**YOUR SIGNATURE HERE PROVIDES PERMISSION AND RELEASE OF LIABILITY FOR EVERY ITEM LISTED ON THIS FORM.**

## Release Form for Media Recording

I, the undersigned, do hereby consent and agree that the Mary Rigg Neighborhood Center, its employees, or agents have the right to take photographs, videotape, or digital recording of me and/or my child(ren), and to use these in any and all media, now or hereafter known, and exclusively for the purpose of the center's educational and marketing promotions, and program assessment. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the Mary Rigg Neighborhood Center, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I understand that Mary Rigg Neighborhood Center will help to protect the identity of my child(ren) and/or myself by changing the first and last names of child(ren) and/or adults in any and all publications.

I also understand that the Mary Rigg Neighborhood Center is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I have read and understand the foregoing statement, and I am competent to execute this agreement.

Campers Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Program associated with: \_\_\_\_\_

Witness for the undersigned: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

All information on this form will be confidential. Mary Rigg Neighborhood Center and Goodwin Community Center are required to collect this information to meet requirements for funding sources that help to ensure that the fees that you pay for programs are as low as possible. *We need to have a different form for each child in your family.*

Last Name of Child: \_\_\_\_\_ First Name of Child: \_\_\_\_\_

1. Please choose your child's ethnicity from the list below:

\_\_\_\_ White

\_\_\_\_ Hispanic

\_\_\_\_ Black/African American

\_\_\_\_ Black/African American & White

\_\_\_\_ Asian

\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_ Native Hawaiian/Other Pacific Islander

\_\_\_\_ American Indian/Alaskan Native & White

\_\_\_\_ Asian & White

\_\_\_\_ American Indian/Alaskan Native & Black/African American

\_\_\_\_ Other (not listed above)

*MRNC to complete information in box:*

Census Tract: \_\_\_\_\_

2. Is the "Head of Household" for your family a female?      YES                      NO

3. Does your child have a disability of any kind?              YES                      NO

4. How many people live in your household (including you and your children) \_\_\_\_\_

5. What is your family's total income per year? \$ \_\_\_\_\_ per year

MRNC to complete information in box:

\_\_\_\_\_ % MFI

6. Have either of the child's parents graduated from college?      YES                      NO

7. Do you have any children in your household who attend George Washington Community High School?

YES                      NO

**Provider Name: MARY RIGG NEIGHBORHOOD CENTER**

**Child Immunization Record**  
*(Bottom of this form must be signed by a Health Care Provider)*

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

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

**Record Date of Immunization**

It is not necessary to fill in the blanks, but we must have a current shot record attached.

	1	2	3	4	5
Hep B				X	X
DtaP/DTP/Td					
Hib					X
MMR			X	X	X
IPV					X
Variella (Chicken Pox)		X	X	X	X
PCV/Prevanar					X

Child has documented history of Varicella (Chicken Pox) \_\_\_No \_\_\_Yes  
If yes, age: \_\_\_\_\_

**Please check the appropriate response**

\_\_\_\_\_ Child has received complete age-appropriate immunizations.

\_\_\_\_\_ Child is currently in process of receiving complete age-appropriate immunizations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Health Care Providers Signature**

**Print Name & Title:** \_\_\_\_\_