



# FOCUS Teen Camp

Enrollment Application

**Entrance Date** \_\_\_\_\_ **Withdrawal Date** \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Date of birth \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Father's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mother's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Child's Living Arrangements: (check one) ( ) Both Parents ( ) Mother ( ) Father ( ) Other

Child's Legal Guardian(s): (check one)  Both Parents  Mother  Father  Other

**The child may be released to the person(s) signing this agreement or to the following:**

\*Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

\*Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

My child will attend the following F.O.C.U.S Teen Camp Sessions:

Check all that apply:

Session 1 June 5<sup>th</sup>-June 16<sup>th</sup> \_\_\_\_\_

Session 2 June 19<sup>th</sup>-June 30<sup>th</sup> \_\_\_\_\_

Session 3 July 10<sup>th</sup>-July 21<sup>st</sup> \_\_\_\_\_

Persons to contact in the case of emergency when parent or guardian cannot be reached:

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

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

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

Name of Public or Private School child attend: \_\_\_\_\_

Child's doctor or clinic name \_\_\_\_\_

Doctor/clinic phone # \_\_\_\_\_

My child has the following special needs \_\_\_\_\_

\_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: \_\_\_\_\_

\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_

\_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_

suffer an injury or illness while in the care of **FOCUS Teen Camp**, and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

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

Signature

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

**Facility Administrator/Person-In-Charge** \_\_\_\_\_

Signature

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

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The **\_\_FOCUS Teen Camp.\_\_** agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for **FOCUS Teen Camp.**

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Facility Administrator/Person-In-Charge)

# FOCUS Teen Camp

## Vehicle Emergency Medical Information

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

Address \_\_\_\_\_

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

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

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

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

Person to notify in an emergency and parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical facility the center uses Rockdale Medical Center

Address 1412 Milstead Ave NE Conyers, GA 30012

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

Current prescribed medication \_\_\_\_\_

Child's special needs and conditions \_\_\_\_\_

In the event of an emergency involving my child, and if **FOCUS Teen Camp** cannot get in touch with 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/Guardian) \_\_\_\_\_

Witness By \_\_\_\_\_ Date \_\_\_\_\_

## Parental Agreement Form

### 1) HOURS OF OPERATION

**Monday to Friday 6:30 a.m. to 7 p.m.**

**Camp Activity Hours: 9am-5pm**

### 1) PAYMENT POLICY

A fee of \$30.00 will be charged for all NSF CHECKS. Upon second occurrence of an NSF check, all subsequent payments must be made by money order or certified funds.

### 2) LATE ARRIVAL/PICKUP POLICY

Please advise the center immediately if you will be arriving later than the pre-arranged time to pick-up your child. If you are not able to pick up your child by 7 p.m. alternate arrangements must be made.

Please notify the center if an unauthorized person will be picking up your child. Verbal or written permission must be received before we release a child to anyone who is not authorized on the registration form.

In the event that a parent cannot be contacted, it is the policy of Intentionally Great to call an emergency contact should a child remain in care after 7 p.m.

A late fee of \$5.00 for the first minute and \$1.00 per minute thereafter per child will apply if a child remains in care after 7 p.m. This late fee is due and payable upon pickup or prior to the next day of care.

### 3) WITHDRAWAL

All payments are non-refundable.

### 4) DEPOSIT/REGISTRATION

A non-refundable registration fee of \$50.00 (per child) is required upon completion of registration to secure your child's placement in camp.

### 5) SEVERABILITY

If any term of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, then this Agreement, including all of the remaining terms, will remain in full force and effect as if such invalid or unenforceable term had never been included.

**6) DISCLAIMER**

**FOCUS Teen Camp. failure to enforce any terms of this agreement shall be construed as a waiver of those terms.**

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

I/We \_\_\_\_\_ / \_\_\_\_\_  
(Parent/guardian please print) (Parent/guardian please print)

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Parent/guardian Signature

**Note: If child is in custody of both parents then two signatures are required**

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_

Date

## **FOCUS Teen Camp Parent Contract**

It is my desire to have my child, \_\_\_\_\_.

Please initial next to each item stating that you understand and agree to the policies herein:

\_\_\_\_\_ I agree to pay an insufficient funds charge of \$30.00 for each returned check. Should I have more than two checks returned for insufficient funds within a twelve-month period, I agree to pay all future tuition with debit/credit or money order.

\_\_\_\_\_ I understand that I must submit a completed Authorization for Medication form in order for the camp to dispense any type of medication to my child. All information including the date, child's name, name of medication, prescription number and date and time of dosage must be completed. Medicine must be in the original container with my child's name on it.

\_\_\_\_\_ I understand that only those persons authorized to pick up my child will be allowed to do so and that identification may be required at the time of pickup.

\_\_\_\_\_ I understand that if my child is sent home sick, he/she will not be allowed to return to the center until all symptoms have been gone for 24 hours.

\_\_\_\_\_ I understand that it is my responsibility to keep my child's record current to reflect any significant changes such as telephone numbers, work location, emergency contacts, child's physician, health status, immunization records, etc.

\_\_\_\_\_ I understand that Intentionally Great will keep me informed of any incidents including illnesses, injuries, adverse reactions to medications, etc. which pertain to my child.

\_\_\_\_\_ I hereby grant permission for emergency medical care to be given to my child as deemed necessary by qualified personnel. I understand that payment of all expenses incurred will be the parent/guardian's responsibility.

\_\_\_\_\_ I understand that FOCUS Teen Camp will obtain written authorization from me before my child participates in routine transportation field trips, special activities away from the center or water related activities occurring in water that is more than two feet deep.

\_\_\_\_\_ I understand that all students in attendance on the day of the field trip must attend during camps when the trip is program-wide (all ages) and no students will be left behind with teachers.

\_\_\_\_\_ I hereby release, indemnify and hold harmless the FOCUS camp and its staff from any and all loss or damage to clothing, toys or other personal articles brought to the center and from any and all claims, damages or liabilities for injuries or damage by my child which are not a result of gross negligence by the center or its staff.



\_\_\_\_\_ I hereby warrant that I am entitled to legal custody and possession of my child, and am authorized to place my child in the care and custody of the center and am further authorized to sign this agreement.

\_\_\_\_\_ I understand that the FOCUS camp operates from 6:30AM-7PM.

\_\_\_\_\_ I understand the late pickup fee is \$5 the first minute and \$1 per minute thereafter.  
(Close @ 7pm)

\_\_\_\_\_ I understand the behavior policy and will share the policy guidelines with my child.

\_\_\_\_\_ I have read and understand all contained in these policies and agree to abide by each and all.

\_\_\_\_\_ I understand that I am responsible for items my child consumes after leaving the premises.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Intentionally Great Photograph Release Form**

Dear Parent(s):

We would like to photograph your child (ren) for our Website, while they are involved with their school activities.

\_\_\_\_\_ I give my permission for my child (ren) to be photographed.

\_\_\_\_\_ I do not give my permission for my child (ren) to be photographed.

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

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