



# SUMMER DAY CAMP 2019

## REGISTRATION FORM

We're excited that you are choosing the Legacy 925 Day Camp Program for your child this summer! Please fill out the following registration form for each child participating in our program.

### CAMPER INFORMATION

CAMPER NAME \_\_\_\_\_ MALE  FEMALE

D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_ GRADE '18-'19 \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_



#### \*SELECT T-SHIRT SIZE FOR CAMPER

YOUTH

6/8 10/12 14/16

ADULT

S M L XL

### PRICING & REGISTRATION

Choose from the weekly or daily plans. All plans include camp activities and supplies. Day camp runs Monday-Friday 9am-4pm. There is a \$50 non-refundable registration fee per child, due at the time of registration. Legacy 925 t-shirt is included.

#### WEEKLY

**\$189 per week.** Sibling discounts are available. Weekly payments are due on the Friday before your registered week. Payment for Week 1 is due no later than May 31st.

#### DAILY DROP-IN

**\$50 per day.** Drop-ins are welcome and do not need to be scheduled in advance. Payment is due at the time of drop-off.

#### 10 DROP-INS PUNCH CARD - \$450

#### 20 DROP-INS PUNCH CARD - \$800

#### BEFORE & AFTER CARE

**\$7 per hour.** Available from 7am-9am and 4pm-6pm. A light snack is included in both sessions. Must be scheduled the week prior.

#### \*SELECT ALL SESSIONS YOUR CAMPER WILL ATTEND THE ENTIRE WEEK

- Session 1 • June 10-14
- Session 2 • June 17-21
- Session 3 • June 24-28
- Session 4 • July 1-5
- Session 5 • July 8-12
- Session 6 • July 15-19
- Session 7 • July 22-26
- Session 8 • July 29-2
- Session 9 • August 5-9
- Session 10 • August 12-16
- Session 11 • August 19-23

# HEALTH HISTORY

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE PROVIDER \_\_\_\_\_ POLICY # \_\_\_\_\_

OPERATIONS OR SERIOUS INJURIES \_\_\_\_\_

CHRONIC OR RECURRING ILLNESSES/MEDICAL CONDITIONS \_\_\_\_\_

DIETARY RESTRICTIONS \_\_\_\_\_

DOES YOUR CHILD HAVE ANY BEHAVIOR CONSIDERATIONS THAT MIGHT CAUSE CONCERN WHILE AT DAY CAMP?  
\_\_\_\_\_

PLEASE LIST ANY MEDICAL CONCERNS THAT MIGHT AFFECT YOUR CHILD'S PARTICIPATION IN TYPICAL CAMP ACTIVITIES  
\_\_\_\_\_

DOES YOUR CHILD KNOW HOW TO SWIM?  YES  NO

HAS YOUR CHILD HAD ANY OF THE FOLLOWING? Please check and indicate approximate dates.

IMMUNIZATIONS	DATE
Polio	
Measles	
German Measles	
Mumps	
Diphtheria Tetanus	
Tetanus Booster	
TB Test	

DISEASES	DATE
Frequent Ear Infections	
Heart Defect/Disease	
Convulsions	
Diabetes	
Bleeding/Clotting Disorders	
Hypertension	
Mononucleosis	
Chicken Pox	
Measles	
German Measles	
Mumps	
Hepatitis B	

## FEMALE CAMPERS

Has your child menstruated or been informed about menstruation?  YES  NO

Special Consideration: \_\_\_\_\_  
\_\_\_\_\_

## ALLERGIES

PLEASE LIST ALL KNOWN ALLERGIES. DESCRIBE THE REACTION AND MANAGEMENT FOR EACH.

MEDICAL ALLERGIES	REACTION/MANAGEMENT

# ALLERGIES (CONTINUED)

PLEASE LIST ALL KNOWN ALLERGIES. DESCRIBE THE REACTION AND MANAGEMENT FOR EACH.

FOOD ALLERGIES	REACTION/MANAGEMENT
OTHER ALLERGIES (insect stings, hay fever, asthmas, animal dander, etc)	REACTION/MANAGEMENT

# MEDICATIONS

All medications (including over the counter and non-prescription medication) MUST be turned in to your camper's counselor. All medication must be in its original container and identify the prescribing physician (if a prescription drug), the name of the medication, dosage, and frequency of administration.

Does your child take medication?  YES  NO

If you answered YES, please detail all medication taken, including over the counter medication.

Name of Medication \_\_\_\_\_

Reason for taking \_\_\_\_\_

Dosage \_\_\_\_\_

Date Started \_\_\_\_\_

Time taken each day \_\_\_\_\_

Most recent dose change (if any) \_\_\_\_\_

Name of Medication \_\_\_\_\_

Reason for taking \_\_\_\_\_

Dosage \_\_\_\_\_

Date Started \_\_\_\_\_

Time taken each day \_\_\_\_\_

Most recent dose change (if any) \_\_\_\_\_

Name of Medication \_\_\_\_\_

Reason for taking \_\_\_\_\_

Dosage \_\_\_\_\_

Date Started \_\_\_\_\_

Time taken each day \_\_\_\_\_

Most recent dose change (if any) \_\_\_\_\_

# PARENT CONTACT INFORMATION

We will call the parent/guardian identified on this form any time health care outside of Legacy 925 is necessary for your child. In an emergency, should the parent/guardian not be available by phone, we will call the alternate contact you provide. Emergency care will not be withheld in the event the parent/guardian or alternate is not available by phone. In the event of an injury (other than minor scrapes and/or bruises), you will be contacted by the staff of Legacy 925.

# PHOTO RELEASE AND CONSENT TO PUBLICATION

Legacy 925 may take pictures during Day Camp to be used for marketing and promotional brochures, publication to newspapers or on our website. Photos taken during Day Camp will NOT be used for sale to other parties.

**I authorize any images taken to be used, unless otherwise expressly stated.**

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SIGNATURE OF PARENT/GUARDIAN

DATE

# CAMPER AGREEMENT

I promise to be a good camper at Legacy 925 Day Camp. I will obey the rules and respect all other campers and leaders. I understand that if I break the rules or show disrespect to others, my participation in the Day Camp Program could be terminated. I sign this agreement on my honor.

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SIGNATURE OF CAMPER

DATE

# STAFF NOTES (INTERNAL USE ONLY)

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