



CAMP SALINA REGISTRATION FORM

Parent's Name _____ Phone (wk) _____

Address _____ Phone (hm) _____

City _____ Zip _____

Child(ren) Name _____ Age _____ Grade _____

Camp Fee: \$95 per child

The first week of camp must be paid upon registration. The Camp Fee for each week will be due on the Thursday at 5:00pm prior to the start of each week.

Session	Dates	Program #	Amount Paid
Week 1	May 27-30	5002.101	
Week 2	June 2-6	5002.102	
Week 3	June 9-13	5002.103	
Week 4	June 16-20	5002.104	
Week 5	June 23-27	5002.105	
Week 6	June 30-July 3	5002.106	
Week 7	July 7-11	5002.107	
Week 8	July 14-18	5002.108	
Week 9	July 21-25	5002.109	
Week 10	July 28-Aug 1	5002.119	



Camp Salina Parent-Provider Child Care Contract

This contract is made between the Parent(s)/Guardian(s) and Provider (City of Salina) for the care of

_____ (name of child) at the Provider's Location

The payment fee shall be **\$95** per week per child. The first week of camp must be paid in full upon registration. Registration is due Thursday at 5:00 p.m. prior to the week camp begins. Your child will not be allowed to attend camp until fees are paid.

This contract may be terminated by Parent(s)/Guardian(s) or Provider by giving 1 week written notice in advance of the ending date. The Provider may immediately terminate the contract without giving any notice if the Parent(s)/Guardian(s) do not make payment when due.

The signature of the Parent(s)/Guardian(s) to this contract also indicates that they agree to abide by the written policies of the Provider. The Provider may change these written policies from time to time with notice to the Parent(s)/Guardian(s).

Mother/Guardian

Father/Guardian

Home Address

Home Address

Business Phone

Business Phone

Provider-City of Salina

Date Contract Signed



FOR OFFICE USE ONLY

Date Received: _____

CAMP SALINA

APPLICATION FOR ADMISSION

PLEASE COMPLETE AND SIGN. ALL INFORMATION IS CONFIDENTIAL.

1. Childs Name: _____

Childs Name: _____

Address: _____

Male _____ Female _____ Birthdate _____ Home Phone _____

Male _____ Female _____ Birthdate _____ Cell Phone _____

2. Mother's Name: _____

3. Father's Name: _____

4. Child will be released only to the following persons in addition to parent/guardian:

Name	Address	Relationship	Phone
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a. _____

b. _____

5. Does your child have any food allergies or dietary restrictions? _____

6. Does your child have any special fears? _____

7. What is your child's favorite indoor/outdoor activities? _____

8. Does your child have a bicycle and safety helmet? _____

9. Does your child have a family or individual membership to Kenwood Cove? _____

Write below any further information about your child or your family which you believe might be helpful to us in understanding your child. _____



PERMISSION FORM

My child(ren), _____, _____
has permission to participate in the Camp Salina program at the Friendship Center.

I am familiar with the mode of transportation, the camp rules and regulations, the camp leadership and activities of the program. I permit my child to actively participate in all routine activities of the camp, including all field trips.

I understand that I will be held responsible for any repair cost that may result from my child being destructive.

In the event of an illness or accident, I authorize the calling of a doctor and/or providing other necessary first aid and medical services. I understand that appropriate measures will be taken and that I will be notified as soon as possible in the event of an emergency.

I understand that Camp Hours are 8:00 a.m. to 5:00 p.m. I also understand that the earliest my child may arrive to camp is 7:30 a.m. and the latest I can pick my child up is 5:30 p.m. If I arrive later than 5:30 p.m. I will be charged \$5.00 per child, per fifteen minutes and my child (ren) will not be allowed back to camp until this fee is paid. Fee must be paid within one business day at the Parks & Recreation Department office.

Parents must enter the facility to sign their children in and out EVERYDAY.

I understand that if my child continually disobeys, that I will be called and my child will have to be picked up as soon as possible. Uncooperative behavior will not be tolerated.

By signing this Application for Admission form I agree to abide by ALL the rules and regulations mentioned above and acknowledge receipt of the Camp Salina Parent Manual.

SIGNATURE OF PARENT/GUARDIAN

DATE



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license.	License #
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I hereby authorize _____ (Name of individual/staff member) and/or _____ (Name of individual/staff member) who is (are) representative(s) of the above named facility to give consent for any and all necessary emergency medical care for my child or youth _____ (First and Last Name of Child or Youth) while said child or youth is in said facility's custody between the dates of _____ MM/DD/YYYY and _____ MM/DD/YYYY.

Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
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Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of Kansas	
County of _____	
Signed or attested before me on _____ MM/DD/YYYY	by _____ Name of Person
(Seal, if any.)	
_____ Signature of notarial officer	
_____ Title (and Rank)	
My appointment expires: _____	

List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:

Is child covered by health insurance? Yes No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____

THE MEDICAL RECORD/ASSESSMENT FORM (OR HEALTH STATUS HISTORY FORM FOR SCHOOL AGE PROGRAMS) AND THE AUTHORIZATION FOR EMERGENCY MEDICAL CARE MUST BE TAKEN TO THE EMERGENCY ROOM. BOTH FORMS MUST ALSO BE IN A VEHICLE WHEN THE CHILD OR YOUTH IS TRANSPORTED BY THE FACILITY.

