

Kid's Camp Enrollment Packet



Enrollment Date ___/___/___

Child's Name	Last Name	Male/Female	B-day

Child's School _____ Track _____

Home Address _____

Home number _____

Mother/Guardian name _____ Phone # _____

Employer _____ Work # _____

Father/Guardian name _____ Phone # _____

Employer _____ Work # _____

Emergency contacts/authorized people to pick up your children. (Other than parents)

<u>Name</u>	<u>Relationship to child</u>	<u>Address</u>	<u>Phone</u>
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____

please check here if there are no authorize individuals to pick up child other than parents.

#3 Please provide an out of area contact if available.

In case of an emergency or serious illness, when parents or contacts cannot be reached, I hereby authorize the provider to obtain emergency medical care and/or provide emergency transportation for my child.

Sign _____ Date _____

RELEASE, INDEMNIFICATION & HOLD HARMLESS:

The undersigned recognizes and acknowledges that there are certain inherent hazards and risks connected with activities and programs of the City of South Jordan (hereinafter referred to as the "City"). The undersigned hereby (1) knowingly and voluntarily assumes full responsibility for such risks and hazards and, (2) agrees that I am bound by all terms and conditions of the City rules and procedures. The undersigned is aware of the content of the programs and activities of the City and hereby represents that the undersigned is physically, mentally and emotionally fit and capable of safely participating in such programs or activities. I agree as a condition of participation in programs or activities of the Parks & Recreation Department to release, defend, indemnify and hold harmless the City, its officers, agents, employees and volunteers harmless from and against any and all loss, judgments, damage and expense incurred by reason of any claim or liability based upon (1) personal injury (including death) or property damage to any person arising out of the negligent or intentional action of the undersigned, or (2) personal injury (including death) or property damage to the undersigned, except to the extent that such injury or damage is directly caused by the negligent acts or omissions of the City, its officers, agents, employees or volunteers.

Sign _____ Date _____



Child Health Assessment

Name of Child: _____ Birthdate ___/___/___

Check all that apply:

Does your child have any known allergies or sensitivities to?

	No	Yes	if yes please list:
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Illnesses or Medical Conditions:

Does your child have any of the following?

	No	Yes	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Behavioral problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Upon request, South Jordan Kid's Camp will make reasonable accommodations for persons with disabilities who wish to participate. If you would like to request an accommodation, you will need to have a medical release & physician's statement filled out one week before the anticipated date child will start camp. Please contact Tiffany Parker for this form via email tparker@sjc.utah.gov or by phone 801.253.5203 ext. 1406

List any additional health information or special instructions you feel we need to be aware of:

List any regular medications your child takes _____

Name of Child's Medical Provider _____

Parent/ Guardian Signature _____ / _____ / _____
Date

Parent or guardian must review this form annually and changes must be noted.

Reviewed and/or updated ___/___/___ Parent/Guardian Signature: _____

Reviewed and/or updated ___/___/___ Parent/Guardian Signature: _____

Reviewed and/or updated ___/___/___ Parent/Guardian Signature: _____

Reviewed and/or updated ___/___/___ Parent/Guardian Signature: _____

Kid's Camp Parent Sheet

Thank you for your interest in our Camp Program. We are excited to have your child with us. For the most enjoyable experience possible while here at Camp, please read the following information carefully.

1. Camp Activities:

We would like to inform you of some of the fun and exciting activities your child may be involved in here at Camp.

Crafts—your child will be involved with a number of different craft activities.

Swimming—Tuesdays and Thursdays are our swim days. If your child is attending camp on either of these days they will have swim time so please provide appropriate swimming attire and towel as these items WILL NOT be provided. Lifeguards are on duty during the swim time, and all camp leaders will be on deck with the children at all times.

Field Trips- Your child may be taken from the South Jordan Fitness & Aquatic Center to do such activities as: The park, Mulligan's Golf and Game, South Jordan History Center, Library, Fire/Police Stations, and other field trips. Parents will be notified before any field trip.

2. Kid's Camp Registration information:

- We will have a maximum number of 40 kids. There will be at least 1 camp counselor per 20 children.

3. Day-to-day items to be aware of:

- Children MUST be picked up at 4:30pm, unless they have an extended care punch card for Mon-Thurs night extended care.
- Camp starts at 8:30am and camp leaders are not available prior to this time, however you may drop them off as early as 8:00am in the day care with the day care staff.
 - You are required to provide a list of authorized individuals who can pick up your child. Your child must be signed in and out every day by one of the authorized individuals.
 - It is necessary to make sure you can arrange your child's drop off and pick up in order to avoid extra costs or late fees.

Extended Care Rates:

\$3.00 per hour – you must buy a punch card for \$30 in order to use extended care.

▪ No extended care available on Friday's-

All children here past 4:40 on Fridays will be charged a late fee of \$1 per minute.

- Your child will need to be provided with their own lunch, drinks and snacks.
- Be sure your child is appropriately dressed according to athletic activities and weather.
 - Your child may get dirty.
 - Appropriate footwear.
 - Provided with Swimming Suit (on swim days). All children must be able to dress themselves before and after swimming.
 - All children are required to be fully potty trained with no assistance.

Quick Info:

Dates: Monday-Friday
Times: 8:30am – 4:30pm

Extended care available from
8:00-8:30am M-F
4:30-6:30 M-Th

Ages: 5-12 years old

Fee Options:

1 Day = \$18

1 Week = \$80

Full Track = \$225

½ Day = \$12

1 week = \$55

3 weeks = \$150

4. Camp Rules: We want all children participating in the Camp to have an enjoyable time. In order to accomplish this, there must be respect given and shown by both leader and child.

Always listen to camp leaders and **always** respect others.

. Speak with kind words. No swearing, no verbal abuse and no hitting or kicking whatsoever.

Never leave without a leader and without permission from a leader.

Pool Rules

Do **not** get in the pool until leaders say they are ready for children to enter the pool.

If you are younger than 7 years old, you must wear a lifejacket in the swimming in the pool.

Consequences

*Failure to follow rules or listen to leaders may result in *

Having to sit out of activities

If behavior does not change you may receive...

1. A call to your parents

2. 1 behavioral notice

3. 2nd written warning and you will **NOT** be allowed back to camp.

5. Pictures Policy: By signing this form you agree to release any pictures, video or other electronic recording taken by South Jordan City of myself or my child while participating in activities at South Jordan City or at any City sponsored event. You authorize the City to use any pictures, video or other electronic recording taken by City staff or myself or my child in advertising, promotion or informational publication designed or used by the City.

6. Participation in Activities: By signing this form you give permission for your child to participate in any and all activities during Camp and give permission for your child to be transported to and from all field trips.

7. Transportation Policy:

- By signing this form you give consent for us to transport your child to and from all field trips.
- Children riding in a motor vehicle shall be restrained when the vehicle is in motion by using seat belts and/or car seat if needed.

8. Refund Policy:

- A full credit or refund will be given if the camp is cancelled.
- If the child is unable to attend camp, and the refund request is made prior to the session, a full credit will be issued. If the request is made after the session has ended a credit or refund will not be given due to the fact that we were holding a spot of your child. Refunds will only be given in the form of a credit to your account unless prior arrangements have been made with Tiffany. If you chose to get a refund rather than a credit a \$10 processing fee will be charged.

**These policies, rules, and regulations may change at any time. We will do our best to inform you of any changes as soon as we possibly can. **

Tiffany Parker
Youth Program Coordinator
tparker@sjc.utah.gov

Parent Signature _____