

Rogers Activity Center

2019 Summer Day Camp Registration

Please Print

Name of Party Responsible for account: _____

Participant's Name _____ Date of Birth _____

Age _____ Grade in Fall _____ Sex M F

Address _____ City & State _____

ZIP _____ School _____ County of Residence _____

T-shirt size: YXS YS YM YL AS AM AL (We preorder shirts and will do our best to provide the right size.)

Mother's Name _____ Home # _____ Cell # _____

Employment _____ Hours _____ Work# _____

Email _____

Father's Name _____ Home # _____ Cell # _____

Employment _____ Hours _____ Work# _____

Email _____

Please circle the sessions your child will be attending:

June 3 – June 7	June 10 – June 14	June 17 - 21	June 24 – 28	July 1 – 5
July 8 – 12	July 15 - 19	July 22 - 26	July 29 – August 2	August 5 – 9

Non Medical Emergency Contacts:
(Emergency contact should be someone other than a parent/guardian in the event that we are unable to contact you.)

Contact 1 _____ Relationship _____ Phone # _____

Contact 2 _____ Relationship _____ Phone # _____

Persons authorized to pick up child (other than parent) - MUST be at least 18 years old – Staff will not release child to any person not on the list. To ensure the safety of your child, changes must be made in person. Phone notification will not be accepted. We will ask for ID.

SUNSCREEN PERMISSION, SWIMMING ABILITY & IMAGE RELEASE

(Don't forget your sunscreen donation!)

Permission for staff to apply sunscreen when needed? YES NO
Circle the frequency your child will need sunscreen: 1x per hour 1 ½ hours 2 ½ hours
Sun Sensitivity: _____ YES _____ NO Sunscreen Allergy: _____ YES _____ NO

Circle one:

Cannot Swim Pre-beginner (needs help) Fair/Beginner Good/Intermediate Excellent

Other swimming comments/concerns _____

Permission the Administer Tylenol

I hereby give _____/do not give _____ the Director of the Rogers Activity Center or his/her appointed representative permission to give
_____ Acetaminophen. I understand I will be notified that the medication has been
_____ (Child's Name)
administered.

IMAGE RELEASE

In consideration of participation in the Rogers Activity Center Summer Day Camp (SDC), the undersigned agrees that their likeness, or the likeness of their child/ward may be photographed or videotaped and that such image may be published in an outlet to promote or publicize the Rogers Activity Center, Rogers Community School Recreation Association, and/or Summer Day Camp program.

Legal Parent/Guardian Signature: _____ Date: _____

PARENT HANDBOOK ACKNOWLEDGEMENT

I acknowledge receipt of a Parent Handbook. I understand that it is my responsibility to read the Parent Handbook, and by signing this form, agree to abide by all of the policies and procedures of the Rogers Activity Center Summer Day Camp program.

Parent/Guardian Initial: _____

Staff Initial: _____

I have read and understand the following policies:

- _____ Cancellation Policy
- _____ Late Fee Policy
- _____ Payment Policy
- _____ Discipline Policy
- _____ Pick up and Drop off Policy

Parent/Guardian Initials: _____

I agree to abide by the Rogers Activity Center Code of Conduct. As a parent/guardian of the Summer Day Camp participant, I agree to adhere to the outlined policies and procedures set forth by the Rogers Activity Center Staff. I am aware of the field trips of the program and I hereby authorize and give the Rogers Activity Center Staff permission to transport my child by Rogers school buses to and from field trips.

Parent/Guardian Signature: _____ Date: _____

Staff Initials: _____ Date: _____

Staff Use ONLY:

Paid in full: _____ Payment Plan: _____ Voucher (amount): _____ Scholarship (amount): _____

Membership Expiration Date: _____/_____/_____ Payment Method: _____ Date: _____

EMERGENCY AND MEDICAL INFORMATION
PARTICIPANTS INFORMATION

Participants Name: _____ (nickname) _____
Address: _____
Home Phone: _____ Cell Phone: _____ Other: _____

PARENT OR GUARDIAN INFORMATION

Fathers Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Other: _____
Email: _____ Employer: _____

Mothers Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Other: _____
Email: _____ Employer: _____

Guardian's Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Other: _____
Email: _____ Employer: _____

FAMILY MEDICAL INSURANCE

Carrier: _____ Group: _____
Policy #: _____ Group #: _____
Policy Holders Name: _____
Family Physicians name: _____
Physicians Address: _____ City: _____
Physicians Phone: _____ Fax: _____
Allergies (list): _____

Serious medical Conditions (list): _____

- **If a long term medical condition exist please complete a Medical Plan**

AUTHORIZATION

I/we hereby grant consent to any and all health care providers designated by: _____
Parent/Guardian Name
to provide my child _____ any necessary medical care as a result of any injury/illness.
Child's Name

This consent includes First Aid and transportation to/from health care providers.

Date: _____ Fathers Signature: _____

Date: _____ Mothers Signature: _____

Date: _____ Guardians Signature: _____

Please list all medications being taken: _____

The following information is requested to enhance our ability to secure funding that will allow our programs to stay affordable and accessible to all. Please take a few minutes to complete this information.

Child's Age: _____

M ___ F ___

Single Parent Household: Yes No Foster Grandparents

Child Lives with _____

Annual Household Income:

___ Less than \$19,999

___ \$20,000 to \$39,999

___ \$40,000 to \$59,999

___ \$60,000 to \$79,999

___ \$80,000 to \$99,999

___ \$100,000 to \$129,999

___ \$130,000 to \$149,999

___ \$150,000 +

Ethnicity:

___ Caucasian/White

___ Latino

___ African American

___ Multi Racial

___ Asian/Pacific Islander

___ Arab American

___ Native American

___ Other

If this program was not available, what would your child do over the summer?

___ Stay home alone

___ Stay home with a babysitter or other family member

___ Attend a different program

___ Other _____

Has any other immediate family member ever participated in any Rogers Activity Center childcare opportunity?

___ Yes

___ No

Please take a moment to share the experience: _____

City of Residence:

___ Bentonville

___ Elkins

___ Bella Vista

___ Farmington

___ Decatur

___ Fayetteville

___ Gentry

___ Lincoln

___ Gravette

___ Prairie Grove

___ Lowell

___ Springdale

___ Pea Ridge

___ Tontitown

___ Rogers

___ West Fork

___ Siloam Springs

___ Other _____