

ANNANDALE PLAY-CARE, INC. SUMMER CAMP REGISTRATION FORM

CAMPER'S INFORMATION

CHILD'S FULL NAME:	NICK NAME:	SEX:	DATE OF BIRTH: (M/D/YEAR)
CHILD'S (FULL MAILING) HOME ADDRESS: APT#		HOME PHONE NUMBER: () ()	
CHRONIC PHYSICAL PROBLEMS / PERTINENT DEVELOPMENTAL INFORMATION / SPECIAL ACCOMMODATIONS NEEDED:			
Previous Child Day Care programs and Schools Attended and How Long?		DATE OF CHILD'S LAST TETANUS SHOT:	
☉ CAMPER'S SWIMMING ABILITY: <input type="checkbox"/> BEGINNER (3FT ONLY / SHALLOW) NOTE → <input type="checkbox"/> ADVANCE SWIMMER (MUST PASS SWIM TEST IN 13.5 FT) ⇒ ☉ date _____ **PASSED/ FAILED** _____			

PARENTS / GUARDIANS INFORMATION

FATHER'S FULL NAME:		MOTHER'S FULL NAME:	
FATHER'S HOME ADDRESS (IF DIFFERENT FROM CHILD'S):		MOTHER'S HOME ADDRESS (IF DIFFERENT FROM CHILD'S):	
FATHER'S HOME PHONE number: () ()	FATHER'S CELL PHONE number: () ()	MOTHER'S HOME PHONE number: () ()	MOTHER'S CELL PHONE number: () ()
FATHER'S PLACE of EMPLOYMENT:		MOTHER'S PLACE of EMPLOYMENT:	
FATHER'S FULL BUSINESS MAILING ADDRESS:		MOTHER'S FULL BUSINESS MAILING ADDRESS:	
FATHER'S WORK PHONE NUMBER: () () EXT.		MOTHER'S WORK PHONE NUMBER: () () EXT.	
*Person (s) or Agency having LEGAL Custody of Child:			

EMERGENCY INFORMATION

Allergies or Intolerance to FOOD, MEDICATION, etc. and ACTION to take in an EMERGENCY:					
Physician's Name:			Doctor's phone number:() ()		
Name of a relative, friend or otherwise responsible person to contact in case parents cannot be reached:					
1. Name:			2. Name:		
Relationship:	HOME PHONE:		Relationship:	HOME PHONE:	
Home Street Address:			Home Street Address:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
WORK PHONE:	CELL PHONE:		WORK PHONE:	CELL PHONE:	
Person(s) authorized to pick up child:					
*Person(s) NOT authorized to pick up child:					
*Appropriate paperwork such as custody papers must be attached if a parent is not allowed to pick up the child.					

OFFICE USE ONLY (IDENTITY VERIFICATION)

Date Enrolled:	Tuition Rate: \$ 195. 00 per WEEK	(NON-REFUNDABLE) CAMP Fee: \$220 (\$25 reg. + \$195 Activity Fee)	DATE Camp Fee Paid:
FATHER'S SOCIAL SECURITY NUMBER:		MOTHER'S SOCIAL SECURITY NUMBER:	
CHILD'S BIRTH CERTIFICATE NUMBER:	BIRTH DATE:	PLACE OF BIRTH:	DATE ISSUED:

Other forms of proof:

- Proof of child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth(hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented.
 - Viewing the child's proof of identity is not necessary when the child attends a public in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.
- Verification viewed on _____ DATE and documented by _____ ANNANDALE PLAY-CARE REPRESENTATIVE on behalf of Annandale Play-Care, Inc.

AGREEMENT

I. Permission.

- A. **Field Trips.** Unless parent / guardian specifies otherwise in writing, it shall be agreed that the child has parent / guardian permission to participate in all Center activities, including bus trips, sports activities, and Center sponsored field trips (on or away from the Center's premises). _____ (Initial)
- B. **Medical Emergencies.** The parent / guardian gives authorization to Annandale Play-Care, Inc. to obtain immediate medical care for their child/ children if an emergency occurs when he / she cannot be located immediately. ____ (Initial)
- C. **Health Policy.** Parent / guardian agrees that if the child's temperature rises above 100 degrees or shows other signs of communicable illness (diarrhea or vomiting) while at the Center, the parent / guardian will make every effort to have the child picked up within the hour. _____ (Initial)
- D. **Duty of Care.** The Center shall exercise reasonable care in the supervision, education, and welfare of the child during the period the child is in its custody. If the parent /guardian fails to pick up their child and the closing supervisor has tried every avenue to reach the parent / guardian—Annandale Play-Care, Inc. reserves the option to first call the police and then the Child Protective Services. If any employee at Annandale Play-Care, Inc. suspects child abuse, Child Protective Services will be notified. _____ (Initial)
- E. **Respectable Conduct is expected at all times.** The parent / guardian agrees to ensure that their child follows and adheres to the policies of the camp and any other facilities visited. Campers may be restricted from attending field trips if / when their behavior warrants concern (any conduct that may endanger the safety of the camper or others). If it becomes apparent that a positive working relationship is no longer obtainable, Annandale Play-Care reserves the right to withdraw any student (Camper) and / or their family. _____ (Initial)
- F. **Use of Pictures.** Parent / guardian hereby gives permission for use of picture(s) and/or video/ audio recordings of child participating in Center activities for Center publicity purposes. _____ (Initial)

II. Indemnification. I agree to indemnify and hold the Annandale Play-Care, Inc. and all of its employees and agents harmless for any liability whatsoever, to my child or any guardian or any parent thereof because of any injury or alleged injury to my child. In the event legal action is instituted against the Center or any employee or agent thereof and the person instituting such action is not the prevailing party, I agree immediately upon demand to reimburse the Center, its agents, and employees for all attorney's fees, costs and other expenses incurred by the Center and its agents in defending any action against them. _____ (Initial)

III. Payment.

- A. I agree to pay the established CAMP tuition on a weekly basis, in advance, payable on the first (1st) day of each week.
- B. **I understand that there will be no deductions from the tuition for absences of my child.** _____ (Initial)
- C. **If I decide to withdraw my child, I agree to PAY the full amount of my child's camp tuition (all remaining weeks) in full.** _____ (Initial)
- D. I will pay a service charge of Twenty Five Dollars (\$25.00) per week if my tuition is not paid within the set Center policies of the payment.
- E. In the event a check (of mine) is returned by my bank for any reason, I agree to pay a processing charge to the Center of Forty-Five Dollars (\$45.00).
- F. I also agree to pay reasonable attorney's fees and other costs and expenses incurred by the Center in collecting or attempting to collect any obligations which I owe to the center.

By signing below, I hereby acknowledge that I have read, understood, and agree to all policies set forth in this contract and agree to abide by all terms in this agreement. This Agreement shall be effect for as long as my child is enrolled at Annandale Play-Care, Inc.

SIGNATURES

_____ Mother / Legal Guardian	_____ DATE	_____ Father / Legal Guardian	_____ DATE
_____ Annandale Play-Care Representative	_____ DATE	_____ Administrator	_____ DATE

