

Date Child Entered Care: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age at Entry to Care: \_\_\_\_

# Summer Adventure Camp Registration Form

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## CHILD INFORMATION

Child's Full Name: \_\_\_\_\_

Preferred name you would like your child to go by at Camp: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Primary language spoken in the household: \_\_\_\_\_

**ALLERGY ALERT:** Does your child have any allergies? \_\_\_\_ Yes \_\_\_\_ No (If yes, list all allergies on page 3)

**Camps you are registering for:**(please check all camps you are registering your child for.)

Preschool Summer Adventure Camps (All Camps except Preschool readiness are suggested for ages 4-6 yrs old, with previous preschool experience.)

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|---|--|
| <input type="checkbox"/> Let's Explore Art (June 21-23) | <input type="checkbox"/> Nature Investigators (July 19-22)     |
| <input type="checkbox"/> Story Makers (June 28-June 30) | <input type="checkbox"/> Build Your Own Adventure (July 26-28) |
| <input type="checkbox"/> Ocean Explorers (July 5-7)     | <input type="checkbox"/> Animal Planet (Aug 2-4)               |
| <input type="checkbox"/> Superheroes Unite (July 12-14) | <input type="checkbox"/> Preschool Readiness (Aug 9-11)        |

Please check all that apply to your child/family (Your response will not affect your acceptance or enrollment in our camps, this information will be used to better support your child while in our care):

Has IFSP \_\_\_\_ Medical Condition \_\_\_\_ Psychological Condition/Disorder \_\_\_\_ Needs Bathroom Asst. \_\_\_\_

Behavioral Concern \_\_\_\_ Developmental Concern \_\_\_\_ Social/Emotional Concern/Trauma \_\_\_\_

Which of the following describes your child's racial or ethnic identity? (Please check all that apply)

**American Indian or Alaska Native**

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South America

**Native Hawaiian or Pacific Islander**

- Guamanian or Chamorro
- Micronesian
- Native Hawaiian
- Samoan
- Tongan
- Other Pacific Islander

**Middle Eastern/Northern African**

- Northern African
- Middle Eastern

**White**

- Eastern European
- Slavic
- Western European
- White/Caucasian
- Other White

**Asian**

- Asian Indian
- Korean
- Chinese
- Laotian
- Filipino/a
- South Asian
- Hmong
- Japanese
- Vietnamese
- Other Asian

**Black or African American**

- African American
- African (Black)
- Caribbean (Black)
- Other Black

**Hispanic or Latino/a**

- Hispanic or Latino/a Central American
- Hispanic or Latino/a Mexican
- Hispanic or Latino/a South American
- Other Hispanic or Latino/a

**Other Categories**

- Other (Please List) \_\_\_\_\_
- Don't Know/Unknown
- Decline/Don't want to answer

The Ivy School does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or financial status, in any of its activities or operations. We are not affiliated with any organized religious, ethnic or political groups. We encourage all families to apply for participation in any of our school programs to meet your child's learning needs. Our non-discrimination policy is also strictly adhered to in relation to any and all employment opportunities and all employees in our organization. Complaints of discrimination on the basis of race, color, religious creed, disability, ancestry, national origin or sex may be filed with any of the following:

Brittain Zimmerman, Director of Education  
Sunny Spicer, Executive Director  
413 W. Main St., Medford, OR 97501  
Phone: 541-772-992

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**PARENT/GUARDIAN INFORMATION**

**First Parent/Guardian Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child lives at address: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Not at all

Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Employer: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Work Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Second Parent/Guardian Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child lives at address: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Not at all

Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Employer: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Work Address: \_\_\_\_\_

Email: \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION** Please provide up to two emergency contacts for us to reach out to **after attempting to reach parent(s)/guardian(s)** listed above. These will be added to your approved pick-up list.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

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**PICK-UP LIST** Please list anyone **other than the parents/guardians and emergency contacts**, who has your permission to pick up your child.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Please list anyone who is NOT allowed to pick up your child?**

Name(s): \_\_\_\_\_

*If the person listed above is a parent/guardian of your child, we will need copies of the legal documents that restrict this person from picking up your child.*

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**MEDICAL INFORMATION** Please provide the following information regarding your child's health:

Doctor name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Dentist name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Other Health Care Provider you feel we should be aware of:

Providers Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Type of care provided: \_\_\_\_\_

List any of your child's known allergies (including medicine or food) and any related medical protocols we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

List all health problems or medical concerns. Please note if any problems/conditions restrict your child's activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list non-allergy food sensitivities or difficulties we should be aware of? \_\_\_\_\_

\_\_\_\_\_

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**CHILDS GENERAL INFORMATION** Please provide the following information:

Has your child previously been in a child care center or preschool? \_\_\_ Yes \_\_\_ No

If yes,

Name of center: \_\_\_\_\_ Length of time in care: \_\_\_\_\_

Child's likes/interests: \_\_\_\_\_

Child's dislikes, fears, or things that cause anxiety: \_\_\_\_\_

Things your child likes to do or play with: \_\_\_\_\_

Ways your child likes to be comforted: \_\_\_\_\_

\_\_\_\_\_

Rituals or practices unique to your child that would help us to care for or comfort them:

\_\_\_\_\_

Have there been any recent or upcoming changes, big events or experiences in your child's life (moves, new family/household members, custody changes, a death, vacations/traveling, schedule/routine changes, exciting or scary experience, etc)?

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**FAMILY INFORMATION**

Annual Household Income: \$ \_\_\_\_\_ Household size: \_\_\_\_\_

Please list all members of the household **NOT** including the parents/guardians listed (If your child resides in two houses please list all the members of both households).

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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**PARENT/GUARDIAN AUTHORIZATION** Please list any restrictions to permission of the following:

My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision.

Restriction: \_\_\_\_\_

My child may be given non-prescription medication as indicated on the container. This may include: sunscreen, children's pain reliever, antibacterial first aid cream and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. (The child's parent or guardian will be contacted prior to administering non-prescription pain relievers.)

Restriction: \_\_\_\_\_

My child may be given prescription medications as indicated by a doctor. Prescription medications must be current and the container clearly labeled by the issuing pharmacy with the doctor's name, your child's name, and complete dosage directions. These will only be administered as directed with a signed medical consent form from the parent.

Restriction: \_\_\_\_\_

In an emergency, The Children's Museum of Southern Oregon formerly known as Kid Time Children's Museum has my permission to call 911 and initiate ambulance transport of my child to the hospital, at my expense, to obtain medical treatment. (In most emergencies 911 is called, and the child is transported to

the nearest hospital and treated by the on-call physician. The parent(s)/guardian(s) of the child will be notified as soon as possible.)

If it is needed, The Children's Museum of Southern Oregon formerly known as Kid Time Children's Museum has my permission to transport my child to an available physician or medical treatment facility and be treated by medical personnel.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_

**Sunscreen Authorization** (please read and sign)

I understand that I am expected to apply sunscreen to my child every morning before drop off. In addition, I will provide a non-aerosolized sunscreen, in its original packaging, labeled with my child's name. By signing below I authorize Summer Adventure Camp Staff to assist with applying sunscreen to any bare skin surfaces throughout the day, including the face, tops of ears and bare shoulders, arms, legs, and feet, 15-30 min before outdoor activity. I understand that sunscreen will not be applied to any broken skin and I will be notified if a skin reaction has been observed. By signing below I agree to all of the above statements.

Childs Name \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Camp Fee Payment and Cancellation Agreement** Please read and sign.

Summer Adventure Camps are a total of \$120.00 per camp, which includes a \$25.00 non-refundable registration fee due at the time of registration and then a \$95.00 charge due 10 days before the camp starts. If The Museum has not received both payments by the 10 day deadline your child's spot in our camp will not be held. If you need to cancel your child's camp enrollment after both payments have been made, please cancel no later than 5 business days before your child's camp begins. The Museum can transfer the payment to a different camp or give you a refund, minus a \$10.00 cancellation fee, if the cancellation is made by then. Cancellations made after that will not be refunded. In the event that the Museum cancels your child's camp, a full refund will be given.

I understand & agree to the Summer Adventure Camp Fee Payment and Cancellation Agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Scholarship and Financial Aid Agreement** Please read and sign if you will be receiving a scholarship or financial aid for Camp. I understand that I am receiving a scholarship that covers all or part of my camp fees. I understand that late pick-up fees are not covered by my scholarship. I understand I will be responsible for paying these fees if they occur. (Please check the box that applies to your family)

I understand and agree to The Summer Adventure Camp Scholarship/Financial Aid Agreement.

I am not receiving aid of any kind.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**PHOTO RELEASE FOR CLASSROOM MANAGEMENT AND FAMILY COMMUNICATION** Please read and sign.

I hereby grant The Children's Museum of Southern Oregon formerly known as Kid Time Children's Museum, permission to take and use my child's photograph in connection with camp activities and projects, for use in their private portfolio, classroom displays, brightwheel profile image, documentation and communication, and other private communication with our family. (Please make your selection below)

I DO grant permission for my child to be photographed

I DO NOT grant permission for my child to be photographed

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_

**PHOTO RELEASE** Please read and sign.

I hereby grant The Children's Museum of Southern Oregon formerly known as Kid Time Children's Museum, permission to take and use my child's photograph in connection with camp activities, and projects, for use in displays, publications and web site posts related to The Children's Museum of Southern Oregon formerly known as Kid Time Children's Museum, without payment or any other consideration in perpetuity. These photographs are used for internal communication and projects, and preschool/museum promotion. I have read and understand the above. (Please make your selection below)

I DO grant permission for my child to be photographed

I DO NOT grant permission for my child to be photographed

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name(s) \_\_\_\_\_

**VIDEO RELEASE** Please read and sign.

I authorize The Children's Museum of Southern Oregon formerly known as Kid Time Children's Museum, to use short video clip footage of my child taken during their school day. These videos are for educational purposes, and will be shown to staff and our parent community only. They will not be used for marketing or distributed to the public through any social media outlets (Please make your selection below)

I DO grant permission for video to be taken of my child(ren)

I DO NOT grant permission for video to be taken of my child(ren)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_

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**Please Read and Initial your agreement to the following statements:**

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\_\_\_\_\_ I understand I will receive a copy of camp dates and times. If any changes occur I will be notified by email. I understand that I am responsible for checking my emails and contacting The Kid Time Children's Museum if I have any questions or concerns.

\_\_\_\_\_ I have read and understand The Camp Fee Payment Agreement and have confirmed my child's schedule. I understand that I cannot drop-off my child more than **5 minutes before** the start of their class. I am aware that I cannot drop my child off more than **25 minutes late** without pre-arranging it with my child's teachers. I understand that if I pick-up my child more than 5 min late, a fee will be added to my account.

\_\_\_\_\_ I understand that my child will go outside, as part of their daily schedule, in **all** weather conditions (rain, wind, high and low temperatures). I will send my child to school in weather-appropriate clothing. If my child's clothing restricts their ability to go outside, I understand I may be called to bring my child clothes, jacket, shoes, etc.

\_\_\_\_\_ I understand that I am responsible for providing a full, weather-appropriate, change of clothing for my child. I understand that if my child does not have an appropriate change of clothing that I may be called to bring clothes or pick up my child from school.

\_\_\_\_\_ I understand that as a part of my child's everyday camp curriculum they will interact with materials such as dirt, mud, paint, WATER, glue, ink, etc. that may stain or damage clothing. I understand that messy experiences are often encouraged and the importance of these experiences, and will send my child in clothing that will allow them to be active participants in all the activities of their classroom.

\_\_\_\_\_ I understand The Summer Adventure Camp illness policies. I understand that my child must be free of active symptoms for 24hrs before they may return to school. I understand that if active symptoms occur at school, I will be contacted for an early pick-up. I understand that COVID-19 symptoms and exposures have separate rules from the illness policy. I understand that my child may not be allowed to return to school without a doctor's note, quarantine period, or negative covid test and they must have been without symptoms for 24 hrs.

\_\_\_\_\_ I understand The Summer Adventure Camp toy policy. I will not bring or allow my child to bring toys to school without first receiving approval from my child's teacher.