

Lincoln Shimek Summer Camp Registration Packet

Within this packet you'll find the Registration and Tuition Form, Emergency Medical Information Form, Physical Form and Emergency Contact Form

Important Points:

- Camp opens at 7:30 am and closes at 5:30 pm daily
- In order for you child or children to attend camp on their first day we must have all of the forms in this packet completed
- Registration must be done at least 1 week in advance, last minute registration is not available
- Everyday each child will need a cold lunch, a water bottle, and sunscreen
- Follow us on Instagram (@lincoln_basp) or browse our website (lincoln-basp.org) for updates and more information!

2020 Summer Registration Packet

Camper's Name: _____

Step 1: Check off the weeks your child will be attending camp

If you have more than one child please fill out a form for each

- Week 1 (*Blank Park Zoo*) Week 6 (*Maquoketa Caves*)
- Week 2 (*Mississippi River Mus.*) Week 7 (*Lost Island*)
- Week 3 (*Adventureland*) Week 8 (*Living History Farms*)
- Week 4 (*Camp Prom/Dance*) Week 9 (*Fun City*)
- Week 5 (*Niabi / Putnam*) Week 10 (*DSM Sci. Center*)

Special Activities: ***High School Musical 3 Play (Week 2), Film Fest (Weeks 5-6), Survivor Challenges (Week 7-8), Paint Fight (Week 10)***

Step 2: Designate whether the initial payment will be Full or Half

At least half of the tuition is due by the first day your child arrives at camp, the other half due before their last week

- Full Tuition Initially Half Tuition Initially

Step 3: Calculate the Initial Tuition Price

If paying **full**:

$$\begin{array}{rcccl} \$230 & \times & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\ & & \text{(# of weeks)} & & \text{(Total)} \end{array}$$

If paying **half**:

$$\begin{array}{rcccl} \$115 & \times & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\ & & \text{(# of weeks)} & & \text{(Total)} \end{array}$$

Staff Only:
1: _____
2: _____
3: _____
4: _____
5: _____
6: _____
7: _____
8: _____
9: _____
10: _____

Unfortunately, we can't accept payment that falls outside of these figures. If you opt to pay half initially, please only submit a second payment once it is the complete remaining amount

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LINCOLN BASP

Emergency Medical Treatment Authorization/Consent Form

Child's Full Name: _____

Birth Date: _____ Child's Age: _____ Child's Gender: _____

I, _____ parent or guardian of the child named above, give my permission to Lincoln Elementary Before and After School Program (LBASP), to secure and authorize such emergency medical care, emergency dental care and treatment as my child might require while under the LBASP's supervision. I also authorize LBASP to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

Note: Every effort will be made to notify parents immediately in case of emergency. Please provide the following information to help us facilitate the care of your child should the need arise.

Please fill out completely

Name of Parent or Legal Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name of Parent or Legal Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Physician: _____

Address: _____

Phone: _____

Dentist: _____

Address: _____

Phone: _____

Medications (Please list all medications presently taking): _____

Child's last physical examination: _____

Known allergies: _____

If your child's religious affiliation is contrary to medical treatment of immunization requirements, you have provided the center a notarized statement on (date): _____

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School-Age Assessment & Health Form & Immunization Declaration

1. Health Statement

Child's Full Name: _____

Birth Date: _____ Child's Age: _____ Child's Gender: _____

1. Significant illnesses and surgeries child has had (give age at the time):

2. Any special health-related needs of child (allergies, medications, injuries, etc.):

2. Physical Assessment

1. Is there any defect of vision, hearing or speech of which Lincoln BASP should be aware, or could compensate by appropriate action?

2. Is this child subject to any conditions that limit classroom activities or physical education?

3. Is this child subject to any condition that may result in an emergency situation?

4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

Other Information: _____

Note: My signature certifies that immunization information for my child has been provided and is on file at Lincoln Elementary School.

Parent's Signature: _____ Date: _____

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Lincoln BASP Emergency Contact and Release Form

Child's Full Name: _____

The following individuals may be contacted in case of emergency and my child may be released to them:

Name: _____

Address: _____

Phone Numbers:

Home: _____ Cell: _____ Work: _____

Relationship to child: _____

Name: _____

Address: _____

Phone Numbers:

Home: _____ Cell: _____ Work: _____

Relationship to child: _____

Name: _____

Address: _____

Phone Numbers:

Home: _____ Cell: _____ Work: _____

Relationship to child: _____

Name: _____

Address: _____

Phone Numbers:

Home: _____ Cell: _____ Work: _____

Relationship to child: _____

Please fill out completely (choose answer from dropdown):

I consent _____ for my child to attend center-sponsored field trips. This may include walking, car, van, bus or public transportation.

I consent _____ for center staff to transport my child to and from school in a center-owned vehicle using only one staff.

I consent _____ for my child to attend non-center activities. My child will attend the following non-center activities.

I consent _____ for sun block to be applied to my child's skin. If you have a sun screen preference, you must provide it with the child's name written on the container using a permanent marker. Please indicate the preferred sun screen (if applicable): _____

I consent _____ for my child's picture to be taken.

I consent _____ for my child to be videotaped.

Parent: _____ Date: _____

Parent: _____ Date: _____