

# Camp Curiosity

## Child Registration Form

### Summer 2012



▲ Child's Full Name

▲ Age

▲ Start Date



Contact Information

Child Information:

Three text input boxes for name fields.

▲ First Name

▲ Middle Name

▲ Last Name

Text input box for grade.

▲ Grade

Attending in the Fall

Male gender checkbox.

Male

Female gender checkbox.

Female

▲ Gender

Date of birth input box with slashes.

▲ Date of Birth

Age input box.

▲ Age

Start date input box with slashes.

▲ Start Date

Address line 1 input box.

▲ Address Line 1

Address line 2 input box.

▲ Address Line 2

City input box.

▲ City

State input box.

▲ State

Zip code input box.

▲ Zip Code

Home phone #1 input box.

▲ Home Phone # 1

Home phone #2 input box.

▲ Home Phone # 2

Referral:

How did you hear about our center?

Name of referral input box.

▲ Name of Referral

Parent attended checkbox.

Parent Attended

Friend attended checkbox.

Friend Attended

Drove by center checkbox.

Drove by Center

Friend currently attending checkbox.

Friend Currently Attending

Newspaper checkbox.

Newspaper

Internet checkbox.

Internet

Other checkbox.

Other: \_\_\_\_\_

Sibling Information: Please list any siblings who will be attending this Center (including The Curiosity Shoppe & Toddler Center)

Sibling 1 full name input box.

▲ Sibling 1 Full Name

Sibling 1 birth date input box with slashes.

▲ Sibling 1 Birth Date

Sibling 2 full name input box.

▲ Sibling 2 Full Name

Sibling 2 birth date input box with slashes.

▲ Sibling 2 Birth Date

Sibling 3 full name input box.

▲ Sibling 3 Full Name

Sibling 3 birth date input box with slashes.

▲ Sibling 3 Birth Date



Contact Information

Parent/Guardian 1 Information:

Responsible for Payment  Yes (please sign below)  No

▲ First Name

▲ Last Name

▲ Employer Name

▲ Daytime Phone #

▲ Email Address (billing purposes)

▲ Mobile Phone #

▲ Signature of Parent/Guardian 1

Parent/Guardian 2 Information:

Responsible for Payment  Yes (please sign below)  No

▲ First Name

▲ Last Name

▲ Employer Name

▲ Daytime Phone #

▲ Email Address (billing purposes)

▲ Mobile Phone #

(If different than child's)

▲ Home Phone #

▲ Address Line 1

▲ City

▲ Address Line 2

▲ State

▲ Zip Code

▲ Signature of Parent/Guardian 2

Marital Status (Parent 1 & Parent 2):

- Married  Divorced  Widowed  Single  Separated

Court Order?

- Yes (please provide copy)  No



Medical Care Information

Medical Information:

Do we have permission to give your child any of the following medications? Tylenol [ ] Yes [ ] No
Benadryl [ ] Yes [ ] No
Ibuprofen [ ] Yes [ ] No

Do we have permission to administer first aid? [ ] Yes [ ] No
Do we have permission to use the school nurse? [ ] Yes [ ] No
Do we have permission to transport your child to Doylestown E.R., if needed? [ ] Yes [ ] No
Do we have permission to assist your child in applying sunscreen? [ ] Yes [ ] No

Type of sunscreen provided by parent:
\* Parents should administer in the morning before drop off and we will re-administer during the day.

Does your child have special needs or disabilities? (if yes please explain) [ ] Yes [ ] No

Empty text box for special needs or disabilities explanation.

Does your child have any food allergies? [ ] Low [ ] Moderate [ ] Severe [ ] Critical } Yes [ ] No

If Yes, please rate the level of the child's allergy and explain in the space provided. Empty text box.

Does your child have any food restrictions? [ ] Low [ ] Moderate [ ] Severe [ ] Critical } Yes [ ] No

If Yes, please rate the level of the child's allergy and explain in the space provided. Empty text box.

Does your child have any seasonal allergies? [ ] Low [ ] Moderate [ ] Severe [ ] Critical } Yes [ ] No

If Yes, please rate the level of the child's allergy and explain in the space provided. Empty text box.

Does your child have any additional allergies or restrictions? [ ] Low [ ] Moderate [ ] Severe [ ] Critical } Yes [ ] No

If Yes, please rate the level of the child's allergy and explain in the space provided. Empty text box.

**Camp Curiosity Child Registration Form**



**Physician Care Information**

**Child's Physician/Medical Care Provider**

▲ Pediatric Office Name

▲ Physician's Name

▲ Pediatric Office #

▲ Address, City, State, Zip Code

▲ Health Insurance Coverage for Child or Medical Assistance Benefits

▲ Policy # (required)

**Parental Consent**

**Parent's signature is required for each item below to indicate parental consent.**

Do we have permission to photograph your child (for advertisement/news release purposes)?  Yes  No

▲ Obtaining Emergency Medical Care

▲ Walks and Trips

▲ Administer First-Aid Procedures by School

▲ Swimming

▲ Transportation by the Facility to E.R.

▲ Wading

**Contact Information**

**Person Responsible for Payment:** (if different than Parent/Guardian 1, Invoices will be mailed to the information listed below.)

▲ First Name

▲ Last Name

▲ Address Line 1

▲ City

▲ Address Line 2

▲ State

▲ Zip Code

▲ Email Address

▲ Daytime Phone #



**Emergency Contact/Parental Consent**

**Emergency Contact 1:** (other than parents)

Child may be released to this person  Yes  
 No

--	--	--

▲ First Name

▲ Last Name

▲ Relationship to Child

--	--	--

▲ Home Phone # 1

▲ Daytime Phone #

▲ Email Address

**Emergency Contact 2:** (other than parents)

Child may be released to this person  Yes  
 No

--	--	--

▲ First Name

▲ Last Name

▲ Relationship to Child

--	--	--

▲ Home Phone # 1

▲ Daytime Phone #

▲ Email Address

**Emergency Contact 3:** (other than parents)

Child may be released to this person  Yes  
 No

--	--	--

▲ First Name

▲ Last Name

▲ Relationship to Child

--	--	--

▲ Home Phone # 1

▲ Daytime Phone #

▲ Email Address

**Person 1 to whom the child may be released:** (if different than above and other than parents)

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▲ Full Name

▲ Daytime Phone #

▲ Relationship to Child

--

▲ Address, City, State, Zip Code

**Person 2 to whom the child may be released:** (if different than above and other than parents)

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▲ Full Name

▲ Daytime Phone #

▲ Relationship to Child

--

▲ Address, City, State, Zip Code



**Child Profile**

**Characteristics:** Please check all those that are appropriate.

- Cooperative    Strong Willed    Cheerful    Active    Easy Going    Sensitive    Assertive    Tires Quickly
- Leader    Social    Easily Led    Reticent    Alert    Shy    Aggressive    Out Going
- Does your child enjoy peer interaction?    Yes    No

**Additional Information:**

Describe any activity interests.


Describe any activity restrictions.


Describe any apprehensions.


Parental comments.


*I hereby acknowledge that the preceding registration information is correct and approved for my child.*

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▲ Signature of Parent/Guardian 1

▲ Date

--	--

▲ Signature of Parent/Guardian 2

▲ Date



**Camp Curiosity Child Registration Form**

**Civil Rights Compliance/Tuition Contract**

**Tuition Contract:**

I hereby agree to pay for my child’s registration fee, tuition, specialty tuition, trip fees, camp store account and any other charges for my child according to the billing policy. If special payment arrangements have been made, the papers are attached to the registration papers.

**I am aware that I am responsible for notifying the office in writing, 2 weeks in advance of any schedule change, or I will be held financially responsible for all days in question.** If due to a schedule change, my child is no longer eligible for discounts previously applied, I understand that those discounts will be rescinded.

No reimbursements will be granted until the end of our fiscal year (January of the following year).

I am aware that if the balance is not paid by the due date, my account will be served with a finance charge of 1.5% monthly, 18% annually, and that all discounts will be rescinded. I realize that if my account becomes overdue, my child may be dismissed from Camp Curiosity.

**I have read, understand, and agree to the billing policies of Camp Curiosity expressed in the Parent Handbook.**

\_\_\_\_\_

▲ Email Address (will be used for billing purposes)

\_\_\_\_\_

▲ Signature of Parent/Guardian 1

▲ Date

\_\_\_\_\_

\_\_\_\_\_

▲ Signature of Parent/Guardian 2

▲ Date

\_\_\_\_\_

\_\_\_\_\_

▲ Staff Signature

▲ Date

\_\_\_\_\_

**Civil Rights Compliance:**

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to , equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and/or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

**Camp Curiosity  
4425 Landisville Road  
Doylestown, PA 18902**

Department of Public Welfare  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
PO Box 2675  
Harrisburg, PA 17105

PA Human Relations Commission  
Harrisburg Regional Office  
110 N. 8th Street, Suite 501  
Philadelphia, PA 19107

U.S. Dept. of Health & Human Services  
Office for Civil Rights  
Suite 372, Public Ledger Bldg.  
150 South Independence Mall West  
Philadelphia, PA 19106-9111

\_\_\_\_\_

▲ Parent/Guardian Signature

\_\_\_\_\_

▲ Date

\_\_\_\_\_

▲ Staff Signature

\_\_\_\_\_

▲ Date

Commonwealth of Pennsylvania  
DPW Bureau of Equal Opportunity  
Southeast Regional Office  
801 Market Street, Suite 5034  
Philadelphia, PA 19107

