

RETURNING CAMPER

Camp Curiosity Child Registration Form Summer 2012



▲ Child's Full Name

▲ Age

▲ Start Date



Child Update

Please include any recent changes, updates, or additions for your child in the sections below:

1. Parent/Guardian Information (Name, Address, Work Phone, Cell Phone, Home Phone, Email, Employer, Marital Status, Court Order):

Three horizontal input fields for parent/guardian information.

2. Physician Care Information (Pediatric Office/Name, Phone, Address, Health Insurance & Policy Number):

Three horizontal input fields for physician care information.

3. Child Medical Information (Food Allergies/Restrictions, Seasonal Allergies/Restrictions, Medications, Special Needs):

Form with two rows of checkboxes (Low, Moderate, Severe, Critical) and two horizontal input fields.

4. Emergency Contact Information (Names, Phones, Address, Email, Relationship to Child, Release Consent):

Three horizontal input fields for emergency contact information.

5. Parental Consent (First Aid/CPR Administration, Use of School Nurse, Transportation to E.R., Administer Medications— Tylenol, Ibuprofen, Benadryl—Swimming, Wading, Taking Walks, Taking Trips):

Two horizontal input fields for parental consent.

Do we have permission to assist your child in applying sunscreen? Yes No Type of sunscreen provided: _____

6. Additional Information (Interests, Restrictions, Apprehensions, Comments):

Three horizontal input fields for additional information.

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

Two horizontal lines for signature and date.

▲ Signature of Parent/Guardian

▲ Date



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change, my child is no longer eligible for discounts previously applied, I understand that those discounts will be rescinded.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

