



# Registration Form

## ICS Summer Day Camp 2023

Camper & Parent Information			
Child's First Name		Last Name	
Grade (Fall 2023)	Age	DOB	Circle T-shirt Size: Small Medium Large Adult Small
Address:		City State Zip	
Guardian #1 First Name		Last Name	Relationship:
Daytime Contact #:		Cell Phone #:	
Email Address:			
Guardian #2 First Name		Last Name	Relationship:
Daytime Contact #:		Cell Phone #:	
Email Address:			

Camp Sessions		
Weekly Fee: \$250 for 5 days Daily Fee: \$50 per day PLUS the cost of field trips		
<input type="checkbox"/> Week #1 June 19-23	Circle Days attending: 5 days or M T W TH F	Weekly Cost: \$
<input type="checkbox"/> Week #2 June 26-Jul 2	Circle Days attending: 5 days or M T W TH F	Weekly Cost: \$
<input type="checkbox"/> Week #3 July 5-7	Circle Days attending: 3 days \$175 or W TH F	Weekly Cost: \$
<input type="checkbox"/> Week #4 July 10-14	Circle Days attending: 5 days or M T W TH F	Weekly Cost: \$
<input type="checkbox"/> Week #5 July 17-21	Circle Days attending: 5 days or M T W TH F	Weekly Cost: \$
<input type="checkbox"/> Week #6 July 24-28	Circle Days attending: 5 days or M T W TH F	Weekly Cost: \$
<input type="checkbox"/> Week #7 Jul 31- Aug 4	Circle Days attending: 5 days or M T W TH F	Weekly Cost: \$
<input type="checkbox"/> Week #8 August 7-11	Circle Days attending: 5 days or M T W TH F	Weekly Cost: \$
<input type="checkbox"/> Week #9 August 14-18	Circle Days attending: 5 days or M T W TH F	Weekly Cost: \$
<input type="checkbox"/> Week #10 Aug 21-25	Circle Days attending: 5 days or M T W TH F	Weekly Cost: \$

**Registration Fee: \$100 includes one Camp T-shirt**  
 Additional Camp T-shirts are \$18 each Add \_\_\_\_\_ Shirts  
**Camp shirts must be worn to ALL off campus activities (minimum 3X per week)**  
**Pick up Authorization and Emergency Contacts**

In addition to Guardian #1 and #2 the following Emergency Contacts are authorized to pick up student from Independence Christian School's Summer Day Camp:

First Name	Last Name	Relationship:
Daytime Contact #:	Cell Phone #:	
First Name	Last Name	Relationship:
Daytime Contact #:	Cell Phone #:	

Child's Health Information			
Does the child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please list: _____			
Is an Epi Pen necessary and provided to the Day Camp? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you authorize permission to give your child Tylenol?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials _____

**Authorization to Transport and Agreement to Pay**

By signing below I authorize Independence Christian Summer Day Camp to transport my child to field trips on Independence Christian School bus and/or the Cornerstone Church bus. I agree to pay the daily and/or weekly fees on a weekly basis.

Printed Name:	Signature:
Date:	

# **I.C.S. Summer Day Camp Rules**

- 1. Campers are NOT permitted to use Cell Phones or Electronics at ICS Summer Day Camp.**
- 2. Flip flops and open toed sandals are not permitted.**
- 3. Water shoes are required for on campus water days.**
- 4. Helmets are required on all Bike & Scooter Days.**
- 5. Battery powered bikes & scooters are not permitted.**
- 6. Campers must be signed in and out daily through the Brightwheel kiosk with the Camper's personal code.**
- 7. I.D.s will be checked @ pick up if Staff Members do not recognize those picking up the Campers. Please do not be offended – this is for the safety of the children.**
- 8. If you camper is ill, he/she will not be permitted to attend Summer Day Camp until symptoms have cleared and/or he/she is 24-hour fever free.**
- 9. Sunscreen must be applied to Campers before drop off on every day of Summer Camp.**
- 10. Each Camper must bring 2 spray bottles of sunscreen to Camp. This sunscreen will remain on campus and be used throughout the summer.**
- 11. Payment is due WEEKLY and will be invoiced through Brightwheel.**
- 12. Camp T-shirts are required to be worn on ALL off-campus trips. This is a safety precaution. If your camper does not come with a camp shirt, ICS will give the camper a new shirt and parents will be charged \$18 for an extra t-shirt.**

**Student Names:** (please print on lines below)

\_\_\_\_\_

\_\_\_\_\_

---

---

**MEDIA RELEASE WAIVER**

Independence Christian School requests permission to reproduce recordings through printed, audio, visual, or electronic means. Your authorization will enable us to make reasonable use of recordings of activities in which your student(s) were involved in order to train teachers, increase public awareness, and promote continuation and improvement of education programs through the use of mass media, displays, brochures, websites, and other means of communication.

By signing below, I acknowledge that I have read and understand this Media Release and I agree to its provisions

- YES, I give my consent to the above
- NO, I do not give my consent to the above

**Parent or Guardian Signature:** \_\_\_\_\_

ICS will **NOT** use Student's Name **AND** Photo together on any social media outlets.

---

---

**RULE ACKNOWLEDGEMENT**

I acknowledge that I have received and reviewed the I.C.S. Summer Day Camp Rules and Procedures.

By signing below, I (parent/guardian) \_\_\_\_\_ acknowledge that

I will adhere to these rules and procedures. I have discussed the Summer Day Camp rules with my child(ren) and we are in agreement with the Day Camp's policies.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

---

### PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART

**NOTE:** Regulation Section 101221 requires the following information be on file.

CHILD CARE CENTER NAME: Independence Christian Preschool & Day Camp	LICENSE NUMBER: 304370606	DATE:
--	------------------------------	-------

#### PARENT'S INSTRUCTIONS:

- All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
- Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
- Prescription and nonprescription medication shall be administered in accordance with the label directions.
- Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

CHILD'S NAME	DATE OF BIRTH
--------------	---------------

MEDICATION NAME Sunscreen	DOSAGE Reapply as needed
------------------------------	-----------------------------

I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:

Prevention of Sunburn

From June 19, 2023 to August 25, 2023 at As Needed daily while in attendance.  
BEGINNING DATE                      ENDING DATE                      TIME OF DAY

PARENT'S SIGNATURE:	DATE:
---------------------	-------

#### MEDICATION CHART Staff Documentation of Medicine Administration

DATE	TIME GIVEN	STAFF SIGNATURE

Upon completion, return medicine to parent or destroy, and place form in child's record.

STAFF	DATE
-------	------