**EARLY RESULTZ**

Please print clearly. Please complete all blanks on this form. Incomplete enrollment forms cannot be accepted.

According to the minimum standards put forth by the Commonwealth of Virginia, we are unable to care for your child until all required paperwork is submitted, including:

□ Child’s proof of identity □ Up-to-date shot records □ Up-to-date physical □ Medication form (if applicable)

The following documents are acceptable forms of identity. Please check which document you’re submitting.

□Certified copy of birth certificate □Birth registration card □Passport

□Notification of birth (hospital, physician or midwife record) □Child identification card issued by the Virginia DMV

What date would you like your child to start camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 mm/dd/yyyy

**Child’s Information**:

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Full Name |  | Nickname |  |
| Age | Gender |  | Date of Birth |  |  |
| Address |  |  |  |
| City | State | Zip | Home Phone |  |
| Primary email address |  |  |  |

**Parent/Guardian Information:** In the event of an emergency, please number, in order of priority (1-3), which phone to contact.

|  |  |  |
| --- | --- | --- |
| 1. Parent/Guardian Name  | Cell Phone | Priority: |
| Address(if different from child) | Email Address |  |
| City | State | Zip | Home Phone |  | Priority: |
| Place of Employment | Work Phone | Priority: |

|  |  |  |
| --- | --- | --- |
| 2. Parent/Guardian Name  | Cell Phone | Priority: |
| Address(if different from child) | Email Address |  |
| City | State | Zip | Home Phone |  | Priority: |
| Place of Employment | Work Phone | Priority: |

**Medical Information:** If your child takes any medication, please also fill out the Medication Authorization Form.

|  |  |
| --- | --- |
| Doctor’s Name | Doctor’s Phone |
| Any special needs, medical conditions, birth marks, intolerances to food, medicine, substances and/or allergies  |
| What are the symptoms & action to be taken if any |
| Does your child require medication while in our care |

**Swim Permission:** My child has permission to participate in swimming activities. Please check your child’s ability to swim and provide a detailed statement regarding your child’s swimming skill on the line below.

My child cannot swim □ My child can swim with assistance □ My child can swim without assistance □

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I authorize the application of hypo allergenic sunscreen/insect repellent for my child by Early Resultz Summer Camp (ERSC) staff. (Please note any adverse reaction to sunscreen/insect repellent of which you may be aware) Yes□ No□

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

**Emergency Contact Information:** Names, addresses & phone numbers of TWO people to be called in the event that we cannot reach parent.

|  |  |
| --- | --- |
| 1. Name(other than parent/guardian) | Cell Phone |
| Address |  |
| City | State | Zip | Home Phone |

|  |  |
| --- | --- |
| 2. Name(other than parent/guardian) | Cell Phone |
| Address |  |
| City | State | Zip | Home Phone |

**Authorized Pick Up Information:** Full names of additional persons authorized to pick up your child, in addition to emergency contacts.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

**Statement of Authorization:** Please read each statement and sign below.

My child has permission to be transported by a ERSC vehicle and to participate in all ERSC program activities and related field trips.

• ERSC agrees to notify the parent/guardian whenever the child becomes ill. The parent/guardian agrees to pick up the child within 30 minutes of receiving the call that your child is ill. **(A temperature of over 100°F, recurring vomiting/diarrhea or a communicable disease would require exclusion from ERSC.)**

• The parent/guardian authorizes ERSC to obtain immediate care if any emergency occurs when she/he cannot be located immediately. I understand that in an emergency, my child may be transported in a private vehicle.

• The parent agrees to inform ERSC Child Care staff/director within 24 hours or the next business day if their child or any other immediate household member has developed any reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.

• I have been informed of ERSC’s Emergency Preparedness Plan.

**Statement of Understanding:** The following info is for the safety of your child. Please read & sign below.

• I understand that I am not to leave my child at ERSC unless a staff member or volunteer is there to receive and supervise my child.

• I understand that it is my responsibility to sign my child in upon arrival in the morning and sign my child out before leaving in the afternoon. **Sign-in/out sheets are available as you enter the program. There must be an exchange of responsibility from one adult to another, not from a child to staff. All persons signing children in/out must be at least 18 years of age. ERSC cannot release minors to minors.**

• I understand that my child will not be allowed to leave the program with an unauthorized person. **Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.**

• I understand that ERSC staff and volunteers are not allowed to babysit or transport children at any time outside the ERSC facilities and program. **If a violation of this policy is discovered, ERSC will take immediate disciplinary action toward staff and volunteers.**

• I understand that by state law, ERSC is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

• I consent for the use of photographs or digital images of my child in any printed/filmed material for promotions of ERSC.

• I am an adult over 18 years and wish to have my child participate in ERSC. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing my child to participate in ERSC, I understand and expressly acknowledge that I, for myself and for anyone entitled to act on my behalf, waive and release the ERSC, sponsors, representatives and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by ERSC. I further agree to indemnify and save harmless the ERSC from any claims or demands arising out of any such injuries or losses. I understand that this release includes any claims based on negligence, action or inaction of the ERSC, its staff, directors, members and guests. I have read, understand and am voluntarily signing this authorization and release.

□I have read and understand the statements above regarding ERSC policies and procedures.

□I have received a copy of the ERSC Parent Handbook.

□I have provided a copy of my child’s physical and immunization records along with this form.

□I have read and understand the statement above regarding the Photography Release.

**Financial Responsibility:** Please read each statement below and sign at the bottom. I am the parent/guardian of the above named child, and my financial responsibility is as follows:

• I understand that my weekly tuition of $150 is due by 7pm on the Monday before each week of care. Payments made after this deadline will be assessed an additional $35.

• I understand that my receipts should be kept as a record for filing taxes.

• I understand that my child must be picked up by 7pm. I will be charged $1 for each minute interval past 7pm.

• ERSC program sessions are not prorated and I must register my child and pay for the full camp.

• Child Care registration fees and camp deposits are nonrefundable.

• If my payment is returned by my bank, I am responsible for a $35 returned payment fee in addition to the amount of the original payment, which I must pay BEFORE my child is allowed back into the program.

• After a second returned payment, I will have to pay cash or money order only for any future sessions/programs.

**By signing below, you authorize and/or agree to all of the above.**

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

**Parent/Guardian Printed Name**

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

**Parent/Guardian Signature Date**