

Denver Red Shield Corps & Community Center

2915 High St • Denver, CO 80205

Phone: (303) 295-2107 • Fax: (303) 291-0221

Summer Day Camp Application

Camp Dates: June 11 - July 13, 2018



COMPLETED APPLICATION INCLUDES:

REGISTRATION PACKET

COLORADO IMMUNIZATION RECORDS

\$25 REGISTRATION FEE

\$10 PER WEEK DEPOSIT

CHILD'S FIRST NAME _____ LAST NAME _____

CHILD'S DATE OF BIRTH _____ MALE / FEMALE _____

CHILD'S HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PERSON(S) RESPONSIBLE FOR PAYMENTS: _____

NAME OF 1ST LEGAL GUARDIAN _____

1ST LG'S HOME ADDRESS (IF DIFFERENT THEN ABOVE) _____ CITY _____ STATE _____ ZIP _____

1ST LG'S HOME PHONE: _____ 1ST LG'S CELL PHONE: _____

1ST LG'S WORK PHONE: _____ 1ST LG'S EMAIL: _____

RELATIONSHIP TO CHILD: _____

NAME OF 2ND LEGAL GUARDIAN _____

2ND LG'S HOME ADDRESS (IF DIFFERENT THEN ABOVE) _____ CITY _____ STATE _____ ZIP _____

2ND LG'S HOME PHONE: _____ 2ND LG'S CELL PHONE: _____

2ND LG'S WORK PHONE: _____ 2ND LG'S EMAIL: _____

RELATIONSHIP TO CHILD: _____

OTHER EMERGENCY CONTACT: _____ RELATIONSHIP TO CHILD: _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTACT'S HOME PHONE: _____ CONTACT'S WORK PHONE: _____

CONTACT'S CELL PHONE: _____ CONTACT'S EMAIL: _____

NAME(S) OF PERSON(S) AUTHORIZED TO PICK UP THE CHILD AT THE END OF EVERY DAY: (IN ADDITION TO PARENT(S)/GUARDIAN(S) LISTED ABOVE)

NAME	PHONE #	RELATIONSHIP
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

UN-AUTHORIZED PEOPLE WHO MAY NOT SIGN FOR CHILD

NAME	RELATIONSHIP
1 _____	_____
2 _____	_____
3 _____	_____

MEDICAL INFORMATION

PLEASE PROVIDE ALL KNOWN HEALTH INFORMATION, INCLUDING MEDICAL HISTORY, CHRONIC MEDICAL PROBLEMS, AND IMMUNIZATION HISTORY. WE NEED THE CHILD'S CURRENT IMMUNIZATION RECORDS YOU CAN OBTAIN A COPY FROM YOUR SCHOOL OR DOCTOR. IN ADDITION, PROVIDE ANY INFORMATION THAT WOULD HELP US TO UNDERSTAND YOUR CHILD (ALLERGIES, EATING HABITS, PERSONALITY, FEARS, ILLNESSES, ETC):

ALLERGIES

HAS YOUR CHILD SUFFERED A CONCUSSION? YES NO
IF YES, PLEASE PROVIDE DATE AND DESCRIBE THE INCIDENT

DOES CHILD TAKE MEDICATION REGULARLY? YES NO
IF YES, PLEASE COMPLETE THE FOLLOWING:

MEDICATION NAME _____ DOSAGE: _____ ADMINISTRATION TIME _____

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MEDICATION NAME _____ DOSAGE: _____ ADMINISTRATION TIME _____

DOCTOR: _____ PHONE # _____ ADDRESS: _____

DENTIST: _____ PHONE # _____ ADDRESS: _____

PREFERRED HOSPITAL: _____ PHONE # _____ LOCATION: _____

Authorization for consent to Medical or Dental care of minor child:

I, _____, grant permission for my child,
(Printed name of parent / guardian)

_____, to participate in all activities sponsored by
(Printed name of child) The Salvation Army Denver Red Shield.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to an X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff licensed under the provisions of diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree (s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Please list any known allergies, special medical conditions that the participant may have, or other information that may be useful to the Salvation Army staff and leaders.

Parent / Guardian Signature _____ Date: _____

Print Name: _____

Address: _____
Street City State Zip Code

Parents' Primary Phone: (____) _____ - _____ Parents' Mobile Phone: (____) _____ - _____

Emergency Contact Phone #1: (____) _____ - _____ Emergency Contact Phone #2: (____) _____ - _____

Medical Insurance Yes ___ No ___

Participant _____ Date _____

Insurance Company _____

Parent / Guardian _____ Date _____

Policy Number _____

Emergency contact Phone # _____

Parent / Guardian Signature: _____

Date: _____

WAIVERS

I HAVE RECEIVED AND READ A COPY OF THE SALVATION ARMY DENVER RED SHIELD CHILD CARE POLICIES & PROCEDURES (PAGE 7) I UNDERSTAND THAT BY ENROLLING MY CHILD IN THE SUMMER DAY CAMP PROGRAM I WILL FOLLOW AND ABIDE BY THEM ANY QUESTIONS OR CONCERNS MAY BE DIRECTED TO THE PROGRAM DIRECTOR

PARENTS OR LEGAL GUARDIAN INITIALS _____

Television / Video's

MY CHILD MAY VIEW TELEVISION AND/OR VIDEOS AT THE SALVATION ARMY DENVER RED SHIELD CORPS & COMMUNITY CENTER AS LONG AS THEY ARE G & PG RATING I UNDERSTAND THAT ANY TV VIEWING WILL BE DONE UNDER SUPERVISION

PARENT OR LEGAL GUARDIAN INITIALS YES _____ PARENT OR LEGAL GUARDIAN INITIALS NO _____

Sunscreen

I AUTHORIZE THE SALVATION ARMY DENVER RED SHIELD CORPS & COMMUNITY CENTER TO USE AND APPLY SUNSCREEN TO BARE SURFACES INCLUDING THE FACE, TOP OF EARS AND BARE SHOULDERS, ARMS, LEGS AND FEET 15 % 30 MINUTES BEFORE OUTDOOR ACTIVITIES. THE SUNSCREEN WILL BE AT MINIMUM A SPF OF 15 UP TO 30. SUNSCREEN WILL NOT BE APPLIED TO BROKEN SKIN OR IF A SKIN REACTION HAS BEEN OBSERVED. ANY SKIN REACTION OBSERVED BY STAFF WILL BE REPORTED PROMPTLY TO THE PARENT/LEGAL GUARDIAN. IT IS THE PARENT'S RESPONSIBILITY TO PROVIDE SUNSCREEN WITH A MINIMUM SPF OF 15 (BOTTLE MUST BE LABELED WITH THE CHILD'S FIRST AND LAST NAME)

NAME OF SUNSCREEN AND SPF NUMBER _____

- IN THE EVENT THAT MY CHILD'S SUNSCREEN IS NOT READILY AVAILABLE, MY CHILD MAY USE THE SUNSCREEN PROVIDED BY THE SALVATION ARMY RED SHIELD CORPS & COMMUNITY CENTER
- I DO NOT WANT MY CHILD TO USE ANY OTHER SUNSCREEN OTHER THAN THE ONE HE/SHE BRINGS

PARENT OR LEGAL GUARDIAN INITIALS _____

PHOTO RELEASE

I HEREBY IRREVOCABLY GRANT THE SALVATION ARMY THE ABSOLUTE RIGHT AND PERMISSION TO COPYRIGHT AND/OR PUBLISH OR USE PHOTOGRAPHIC PORTRAITS AND/OR PICTURES OF MY CHILD/ME, OR IN WHICH HE/SHE/I MAY BE INCLUDED IN WHOLE OR PART, OR COMPOSITE OR DISTORTED IN CHARACTER OR FORM IN CONJUNCTION WITH MY CHILD'S NAME OR A FICTITIOUS NAME, OR REPRODUCTION THEREOF IN COLOR OR OTHERWISE, MADE THROUGH ANY MEDIA, FOR ART, ADVERTISING, OR ANY OTHER LAWFUL PURPOSE WHATSOEVER. I ALSO GRANT THE SALVATION ARMY THE SAME RIGHT AND PERMISSION TO USE ANY STATEMENTS OR TESTIMONIALS MADE BY MY CHILD/ME.

SIGNATURE _____

DATE _____

PARENT OR LEGAL GUARDIAN

Transportation Release

BY INITIALING THIS RELEASE YOU AUTHORIZE THE SALVATION ARMY DENVER RED SHIELD PERMISSION TO TRANSPORT YOUR CHILD TO AND FROM OFFSITE ACTIVITY LOCATIONS USING RENTED BUSES.

PARENT OR LEGAL GUARDIAN INITIALS YES _____ PARENT OR LEGAL GUARDIAN INITIALS NO _____

I (PRINT NAME) _____ DECLARE THAT ALL THE ABOVE DATA COMPLETED IS TRUE, AND I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF THE NUMBER OF WEEKS OF ATTENDANCE INDICATED. I ALLOW MY CHILD TO PARTICIPATE IN ANY PLANNED FIELD TRIPS AND ACTIVITIES AND KNOW THAT I WILL BE NOTIFIED PRIOR OF ANY EXCURSIONS OUTSIDE THE SALVATION ARMY DENVER RED SHIELD CORPS & COMMUNITY CENTER AREA.

PARENT OR LEGAL GUARDIAN _____ DATE _____

THE FOLLOWING INFORMATION WILL ASSIST US IN GUIDING YOUR CHILD'S EXPERIENCE AT THE SALVATION ARMY DENVER RED SHIELD

PLEASE LIST ADULTS THAT ARE PROVIDING REGULAR CARE TO THE CHILD:

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

PLEASE LIST THE CHILD'S SIBLINGS:

NAME	GRADE IN SCHOOL	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOW DOES YOUR CHILD GET ALONG WITH HIS/HER SIBLINGS?

DOES YOUR CHILD HAVE ANY SPECIAL FEARS OR CONCERNS?

PLEASE DESCRIBE DISCIPLINE TECHNIQUES USED AT HOME

WHAT ARE YOU HOPING YOUR CHILD WILL ACCOMPLISH IN SUMMER DAY CAMP?

DOES YOUR FAMILY CURRENTLY ATTEND CHURCH OR MINISTRY RELATED ACTIVITIES ANYWHERE? IF SO, PLEASE LET US KNOW WHERE

DO YOU HAVE ANY OBJECTIONS TO YOUR CHILD TAKING PART IN DAILY CHAPEL PROGRAM AND DEEPENING THEIR CONNECTION TO THE LORD'S WORD? IF YES, PLEASE LET US KNOW A LITTLE BIT MORE

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

Attendance

DUE TO THE POPULARITY OF OUR SUMMER DAY CAMP PROGRAM WE NEED TO KNOW WHICH WEEKS YOUR CHILD WILL/WILL NOT BE ATTENDING THE PROGRAM THIS WILL ALLOW US TO OFFER OTHER YOUTH TO ATTEND DURING THE WEEK(S) YOUR CHILD(REN) WILL NOT BE IN ATTENDANCE AND KEEP OUR PROGRAM FULL. PLEASE CHECK THE WEEKS YOUR CHILD WILL BE ATTENDING (NOTE: THERE IS A \$10 REGISTRATION FEE FOR EACH WEEK OF CAMP THAT WILL HOLD YOUR CHILD'S SPOT AND WILL BE PUT TOWARDS THE TOTAL CAMPSHIP FEE OF \$75 A WEEK REGISTRATION FEES ARE NON-REFUNDABLE) THESE ARE THE WEEKS YOU WILL BE FINANCIALLY RESPONSIBLE FOR UNLESS NOTICE IS GIVEN PRIOR TO THE START OF THE WEEK THAT YOUR CHILD WILL NOT BE ATTENDING. ADDITIONALLY, IF YOU WISH TO ADD A WEEK THAT YOU DID NOT ORIGINALLY SIGN UP FOR IT WILL BE BASED UPON CURRENT AVAILABILITY.



June 11-15, 2018

June 18-22, 2018

June 25-29, 2018

July 2-6, 2018
**NO CAMP ON JULY 4*

July 9-13, 2018



PARENT OR LEGAL GUARDIAN _____ DATE _____