

ZION LAND SUMMER CAMP

 APPLICATION FOR ENROLLMENT

Enrollment Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| NAME OF CHILD |  |
| HOME ADDRESS |  |
| DATE OF BIRTH |  |

|  |  |
| --- | --- |
| MOTHER: | FATHER: |
| ADDRESS: | ADDRESS: |
| HOME PHONE: | HOME PHONE: |
| CELL PHONE: | CELL PHONE: |
| RECEIVE TEXTS: YES / NO | RECEIVE TEXTS: YES / NO |
| EMAIL: | EMAIL: |
| MOTHER’S WORK INFORMATION | FATHER’S WORK INFORMATION |
| EMPLOYER: | EMPLOYER:  |
| ADDRESS: | ADDRESS: |
| Phone Number: | Phone Number: |

**Friendly reminder that TUITION is Due every Monday.**

Your registration is not complete until all required registration fees and documents are received before the First Day of Camp. COPY OF BIRTH CERTIFICATE

REQUIRED at time of Registration: REGISTRATION FEE $50 (Non- Refundable)

IMMUNIZATION RECORDS ALLERGIES/FOOD ALLERGIES COPY OF PARENTAL COURT ORDERS COVID TEST (3 DAYS Prior to Camp)

COPY OF PARENT/GUARDIAN LICENSE STATE ID /CAMPER PHOTO

\*Summer Camp Handbook Required Signatures

Per current Federal and State Regulations parents are required to advise staff of concerns with Covid-variances or other infectious diseases. Due to COVID-19 we will have certain precautionary screening measures in place. There will be required screening each day of all campers. Masks are at the discretion of the parent. However, anyone with a fever of 100.4 or above will not be allowed to enter camp or will be sent home from summer camp.

I acknowledge and will assume responsibility of my child (ren) in attending Zion Land Summer

Camp. **Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

MEDICAL INFORMATION/ EMERGENCY TREATMENT AUTHORIZATION

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

\*Where necessary provide written doctor’s medical instructions.

**Immunization - Provide a copy of an immunization record, along with a Negative Covid Test taken within 3 days of arrival.**

List any ongoing medical conditions that might impact the camper’s health and well-being.

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

Note any significant medical conditions or surgeries-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Significant behavioral issues or mental health concerns or diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please advise on signs and symptoms to watch for. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Plan of Care used to neutralize- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Seizures-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardiac Health- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asthma-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pediatric asthma action plan-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OtherIllnesses\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note any limitation to daily activities or field trips:**

Physical Activity Limits-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Considerations such as avoiding sun exposure or exposure to allergens-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\***Potential severe reaction to insect stings** -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the child wears glasses, contacts, or orthodontic devices- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Asthma Treatment Plan, Food Allergy & Emergency Care Plan, Administration of Medication**

**Must Be written by a Medical Professional.**

**ALLERGIES/SENSITIVITIES**

Children with life threatening allergies should have a special PLAN OF CARE. Severe allergic reactions to animals, insects, foods, beverages, or materials (wheezing, rashes, etc.) should be noted. \* **IF THERE ARE NO ALLERGIES, PLEASE STATE “NONE”**

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication (Physician’s Orders Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**\*Administration of Medication Designee Consent: An additional form requires signature, see the Camp Director.**

**Medications** - List any ongoing medications **given at home** that might impact the campers health while in our care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Child’s Health Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Coverage Listed Under (Parents Name)-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Insurance Provider- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identification #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I state that the information that provided is correct, and I am the parent/legal guardian for the child listed above. Zion Land Summer Camp is hereby authorized to obtain emergency treatment for my child. I give my consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the minor at a recognized medical facility under the general or special supervision of a licensed physician or surgeon.

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Protocol**

The following steps are followed in the event of an emergency:

1. The parent/guardian will be notified immediately. However, if life threatening emergency First Aid (911-Emergency Assistance) will be contacted immediately.
2. The child’s health care provider will be contacted
3. An attempt will be made to contact the parent/guardian through all the emergency persons listed on the child’s application form
4. If the parent/guardian or child’s health care provider cannot be contacted, we will do one or all the following:
5. Call for emergency first aid assistance and transportation.
6. Contact the next Emergency Contact on your Application.
7. Have the child transported to an emergency hospital in the company of a staff member.

I attest to the following:

That the information provided is correct and accurate.

That in the event of a medical emergency, I authorize Zion Land Summer Camp to seek emergency medical care for my child as deemed necessary by the Camp/Health Director.

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Zion Land Summer Camp provides quality services to campers of all ages, races, faiths, or incomes. Zion Land Summer Camp pledges that human rights are exercised without discrimination of any kind based on, national origin, race, gender, language, religion, political or other opinion, disability, age, marital and family status, sexual orientation, veteran's status, or gender expression.

Zion Land Summer Camp is committed to providing an inclusive and welcoming environment for members of our staff, clients, volunteers, subcontractors, and vendors.

ZION LAND SUMMER CAMP
800-822 FLORA STREET
ELIZABETH, NEW JERSEY 07201
908-355-0081

Email: *Zionlandsummercamp@gmail.com*

EMERGENCY CONTACT/PICK UP INFORMATION

**(Person must be 18 years and older to pick up camper)**

Please list person(s) that will be authorized to pick up your child(ren) or in case of emergency may be contacted if parents are unavailable. Proper Identification are required for your child to be released. If the name is not on the contact list the child will not be released unless the parent has called and provided the center with the name of the person picking up the child**.**

**ALL PERSONS MUST HAVE PHOTO IDENTIFICATION.**

|  |  |  |
| --- | --- | --- |
| CONTACT NAME | Relationship to Camper | Phone Number: Home, Cell, Work |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\*If the information above changes during the Camp Session, please notify the Director or Admin office immediately.

**PLEASE PROVIDE OFFICIAL COURT DOCUMENTATION** (i.e.: Custody Order, Restraining Order or Protection from Abuse Order) **OF ANY PERSON(S) UNAUTHORIZED TO VISIT/REMOVE YOUR CHILD FROM ZION LAND SUMMER CAMP.** A certified copy of the most recent order and all amendments will be strictly followed and kept on file.

**Zion Land Summer Camp or its subsidiaries are not involved with parental or family disputes. It is the signing parent’s responsibility to provide Current, Official Court documentation from the Court and or Family Services.**

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STAFF:**

 **OFFICIAL COURT DOCUMENTATION HAS BEEN PROVIDED AND ON FILE**

1. Review Documents-Dates. (Confidential Files)
2. CONFIRM NAME AND ID BEFORE RELEASE.
3. IF there is an issue or concern contact the Director.
4. IF there is an immediate concern for the Campers well-being, other campers, or the staff that causes alarm or threat contact-

 A. Contact the Police Department B. Contact the Parent on file

 C. Contact the Director. D. File an incident report within 12 hours.