



# 2016

## June 6 - July 15

**Office Use:**

- \_\_\_ Registration Form Complete
- \_\_\_ Vaccination Records Received
- \_\_\_ Total Family Fee
- \_\_\_ \$50 Deposit/Child Received
- \_\_\_ Total Due by June 3

Please print clearly. Admission into the program depends on space available. Enrollment is not confirmed until a completed registration form and a \$50 deposit per child are received by Mary J. Treglia Community House.

**ALL CAMP FEES MUST BE PAID BY FRIDAY, JUNE 3, 2016.**

**STUDENT INFORMATION** (List only children who will attend Camp Imagination; one form per family)

STUDENT NAME(S)	DATE OF BIRTH	MALE/ FEMALE	T-SHIRT SIZE	CURRENT GRADE (Spring, 2016)	SCHOOL
<b>CHILD'S HOME ADDRESS</b>					
Street Address					
City			State	Zip Code	

**FAMILY INFORMATION**

PARENT/LEGAL GUARDIAN'S FIRST & LAST NAME	RELATIONSHIP	E-MAIL	CELL PHONE	WORK PHONE

We CANNOT restrict either parent from picking up their child unless we have a legal custody or visitation order on file.

**HEALTH INFORMATION**

CHILD'S NAME	ALLERGIES/RESTRICTIONS/ILLNESSES/ BEHAVIORAL CONCERNS/LEARNING DISABILITIES	CURRENT MEDICATIONS	WILL CAMP STAFF ADMINISTER MEDICATION?*

\*IF Camp Imagination staff will need to administer medication to your child, you must complete a separate form.

Please talk to the Camp Director PRIOR to Camp.

PROVIDER	NAME	PHONE	ADDRESS
Hospital	St. Luke's OR Mercy OR Either		
Doctor			
Dentist			
Therapist/Other			

## TRANSPORTATION TO/FROM CAMP

**PICK UP/DROP OFF:** If you will be bringing your child to Camp, you may drop him/her off between 7:45 – 8:15 a.m., and must pick him/her up by 5:15 p.m. Parents who are late must pay \$5 for every 5 minutes after 5:15 p.m. that Camp staff must wait with children. If there is a custody order or other restriction on a parent's access to his/her child, Camp Imagination MUST have a copy of the legal order establishing the restriction.

**BUSSING:** The Sioux City Community School District is able to provide limited, free bussing from centralized locations in Sioux City. **Exact pick up/drop off times and locations will be provided to you on June 3. We apologize, but this information is not available prior to that date.**

YES, I would like to request bus transportation.                       NO, my child will be dropped off and picked up each day.

**Anyone other than a parent or legal guardian who may pick up your child:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## CAMP FEES

Camp Imagination is a 6-week program, but fees are listed as a weekly rate to help you compare to other summer options. **There are no discounts if your child cannot attend all six weeks; full payment is required to hold your child's spot. \*TO RECEIVE THE FREE RATE, FAMILIES MUST FIRST APPLY FOR OR PROVE INELIGIBILITY FOR DHS ASSISTANCE. Call 258-5137 for assistance or information.**

**CIRCLE THE APPROPRIATE RATE**

<b>(Total Fee for the 6 Week Program)</b>	<b>SCHOOL LUNCH RATE</b>		
	<b>Full</b>	<b>Reduced</b>	<b>Free*</b>
Total Fee for One Child	\$600	\$360	\$180
Total Fee Per Child if Two+ Children are Enrolled	\$510	\$300	\$150

**PAYMENTS:** A \$50, **nonrefundable** deposit per child is required to confirm your child's enrollment. Half of the remaining balance must be paid to Mary Treglia by May 24; the remaining half is due by June 3. *Weekly, automatic payment arrangements can be made with a credit or debit card and a signed form authorizing weekly debits to your card.*

**REFUNDS:** Will be granted only if the cancellation is confirmed by June 5, 2014. The \$50 deposit is **NOT** refundable.

**SCHOOL LUNCH STATUS:** Will be verified by your child's school or district.

**DHS CHILD CARE ASSISTANCE: MUST BE CONFIRMED** with our office. If you apply for DHS and are denied, you are responsible for the total fee that would normally be applied. Our Provider name is the Mary J. Treglia Community House.

## PARENT/GUARDIAN AUTHORIZATIONS (please initial each item and sign at the bottom)

\_\_\_\_\_ I understand that Camp Imagination is a program of the Mary J. Treglia Community House. I understand that Mary Treglia may collaborate with other agencies to staff, coordinate, and plan the program in the best interests of all children and the organizations.

\_\_\_\_\_ **Camp staff may talk to my child's teacher and/or school to access my child's school records, and to the school and/or school district to verify my child's lunch status. All information will be kept strictly confidential.**

\_\_\_\_\_ In the event that I am unable to be reached and my child requires urgent medical, surgical, or dental care, I hereby give permission for Camp staff to authorize such treatment, using this form. I further understand and agree to pay all costs and fees associated with these treatments.

\_\_\_\_\_ **My child may wear bug repellent and sunscreen, when needed, and I will send both with him/her.**

\_\_\_\_\_ Camp staff may take my child on scheduled walking and transported (bus) field trips. I understand that my child's schedule will be posted at Irving Elementary School so that I know where he/she is each day.

\_\_\_\_\_ **My child may be photographed and the photos used for Camp Imagination promotional or fundraising materials.**

\_\_\_\_\_ I understand that Camp Imagination is a five-week program and that daily, full-day attendance is expected for my child to benefit academically.

I have read, understand, and agree to the terms above. I hereby, for myself and my child, waive and release all rights and claims for damages against Camp Imagination, the Mary J. Treglia Community House, the Sioux City Community School District, their program contractors, successors, and assigns resulting from damages that were or may have been incurred as a result of my child's participation in Camp Imagination or my volunteering with the program.

Parent or Legal Guardian's Signature

Date

