

Date Application Completed \_\_\_\_\_

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

**Summer Camp 2021  
CHILD'S APPLICATION FOR ENROLLMENT**

*To be completed, signed and placed on file in the facility on the first day and updated as changes occur.*

**CHILD INFORMATION:**

Full Name \_\_\_\_\_  
Last First Middle Nickname

Child's Physical Address: \_\_\_\_\_  
Street City Zip Code

Elementary School Attends \_\_\_\_\_ Grade Completed June 2021 \_\_\_\_\_ Date of Birth \_\_\_\_\_

**FAMILY INFORMATION:**

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**CONTACTS:**

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

\_\_\_\_\_  
Name Relationship Address Phone Number

\_\_\_\_\_  
Name Relationship Address Phone Number

**ENROLLMENT OPTIONS & PAYMENT**

The first week's tuition of \$198 per child is due at the time of enrollment and is non-refundable. **Your child is not considered registered until we have received all of the registration packet and the first week's tuition. Spaces will not be held without full paperwork and the first week's tuition.**

**Two-week notice must be given to the Main Office to drop a week that you signed up for.** If two-week notice is not given, you will be responsible for paying for the week. Notice can be sent by email to Robin at [rhavican@coskidsmatthews.org](mailto:rhavican@coskidsmatthews.org). DO NOT only notify your child's Group Leader. This is not considered notice for not attending a week.

**Initial next to the weeks you would like to enroll.**

\_\_\_\_ June 7 - 11                      \_\_\_\_\_ July 6 - 9, closed July 5                      \_\_\_\_\_ August 2 - 6  
\_\_\_\_ June 14 - 18                      \_\_\_\_\_ July 12 - 16                      \_\_\_\_\_ August 9 - 13  
\_\_\_\_ June 21 - 25                      \_\_\_\_\_ July 19 - 23                      \_\_\_\_\_ August 16 - 20  
\_\_\_\_ June 28 - July 2                      \_\_\_\_\_ July 26 - 30

Partial Week - If you regularly need only 2, 3, or 4 days week, you can sign-up for camp on a "Partial Week" basis. Days cannot be substituted once scheduled. Two-week notice for changes/cancellation is required. Circle the days of the week below:

June 7 - 11    M T W R F                      July 6 - 9    T W R F                      August 2 - 6    M T W R F  
June 14 - 18    M T W R F                      July 12 - 16    M T W R F                      August 9 - 13    M T W R F  
June 21 - 25    M T W R F                      July 19 - 23    M T W R F                      August 16 - 20    M T W R F  
June 28 - July 2    M T W R F                      July 26 - 30    M T W R F

*Once this application is received, families will receive an email confirming whether the space is available, as well as the rest of the registration packet. I understand that the space will then be secured for my child for the dates indicated above once my first week's payment and all paperwork have been turned in to Robin Havican. I understand that I am responsible for paying in full for the weeks indicated on this application, unless a two-week advance notice is given. I understand that payment is due on the Friday prior to the week enrolled.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**HEALTH CARE NEEDS:**

*For any child with health care needs such as severe allergies, asthma, diabetes, seizures or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child’s parent or health care professional. Is there a medical action plan attached? \_\_\_ YES \_\_\_ NO*

List any allergies and the symptoms and type of response required for allergic reactions. \_\_\_\_\_  
\_\_\_\_\_

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns. \_\_\_\_\_  
\_\_\_\_\_

List any particular fears or unique behavior characteristics the child has. \_\_\_\_\_  
\_\_\_\_\_

List any types of medication taken for health care needs. \_\_\_\_\_

Share any other information that has a direct bearing on assuring safe medical treatment for your child. \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY MEDICAL CARE INFORMATION**

Name of health care professional \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

I, as the parent/guardian, authorize COSKids to obtain medical attention for my child in an emergency.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I, as the operator, do agree to seek emergency transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from the physician or the child’s parent, guardian, or fulltime custodian.

Administrator’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please provide any information concerning your child which will be helpful in his/her experience in group settings, such as any specific likes/dislikes, fears, habits or needs. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does your child enjoy doing when inside? \_\_\_\_\_

What does your child enjoy doing outside? \_\_\_\_\_

Does your child have any special interests or talents? \_\_\_\_\_