

# Carolinas District 2009 Childcare Registration Form

Cost \$80 per child

Use one form per Child (1-5 yrs) being registered. The parent/legal guardian of the listed camper must fill out this form if the camper is a minor.

GENERAL INFORMATION	MEDICAL INFORMATION
Child's Name _____	Health Ins. Co. _____
Address _____	Policy # _____ Group # _____
City _____ State _____ Zip _____	Name of Insured _____
DOB ____/____/____ Age _____ Male or Female	Family Physician _____ Phone # _____
Parent/Guardian _____	Is your child on prescription medications? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home # _____	List of Prescription Medications being brought to camp and when they are to be taken: <b>(medications must be in the container labeled by the pharmacy)</b>
Cell # _____	_____
Email address _____	_____
Church <b>Belmont Foursquare</b>	<b>(use back of form if necessary)</b>
Church # <b>30168</b>	Date of last Tetanus Shot ____/____/____
Church City <b>Belmont</b>	Does your child have any of the following conditions?
Pastor <b>Kevin Ford</b>	<input type="checkbox"/> Diabetes
Emergency Contact not listed above:	<input type="checkbox"/> Asthma
Name _____	<input type="checkbox"/> Epilepsy
Relationship _____	<input type="checkbox"/> Other _____
Home # _____	<input type="checkbox"/> Allergies to Medications. List _____
Cell # _____	_____
	<input type="checkbox"/> Allergies to Food. List _____
	<input type="checkbox"/> Restricted Activities. List _____
	<b>Non Prescription Medications permitted to be given at camp if necessary:</b>
	<input type="checkbox"/> Tylenol <input type="checkbox"/> Benadryl <input type="checkbox"/> Antacid <input type="checkbox"/> Neosporin <input type="checkbox"/> Bandage
	<input type="checkbox"/> <b>NO MEDICATIONS TO BE GIVEN</b>

**This form must be signed by all three parties to register.**

"This health information is accurate to the best of my knowledge. To my knowledge the child listed above has not been exposed to any communicable disease during the past 30 days. The child listed above has my permission to attend the Carolinas District of Foursquare Churches Summer Youth Camp Childcare and engage in all age applicable activities except as noted. Should I be unreachable while at camp, I hereby authorize the executive staff or designated medical professionals to administer emergency medical assistance. I realize my insurance policy is primary in the event a claim is made for the child listed above and I accept full responsibility for payment of expenses incurred as a result of medical treatment. I further assume full responsibility for the actions of the child listed above and will pay for any damages done by him/her. I hereby irrevocably consent to and authorize the unrestricted use and reproduction by you or anyone authorized by you, of any and all photographs and/or video images which you have taken of the child listed above, for use within the scope of the Carolinas District Camps."

**My signature confirms that I have read, understand, and agree to the above mentioned information.**

SIGNATURE OF PARENT OR LEGAL GUARDIAN ATTENDING CAMP X \_\_\_\_\_

\_\_\_\_\_ Date

### THE BOTTOM LINE & IMPORTANT INFORMATION

1. Return Registration Form with Fee (made payable to your church) DUE BY May 25<sup>th</sup>.
2. Late registrations will be accepted thru June 1<sup>st</sup> with an additional \$25 late fee.
3. No registrations will be accepted after June 1<sup>st</sup>.