



Registration Checklist

Parent Handbook

Please read carefully and thoroughly-some information has been changed
Determine registration fee (rates decreased as of 5/1/2010)
Please read and acknowledge your receipt of the Parent Guide to Day Care

Registration Forms

Completely fill out all paperwork (if you do not complete all required information you will be asked to come to our office to correct it)
Be sure to include the Camp Fire USA program name on the program/school line

Parent Authorization

Read and initial each statement

Special Needs Form

Complete special needs form for each child, if necessary

Credit/Debit Card Payment Authorization Forms

If you wish to pay by credit/debit card, please complete a credit card authorization form

Include Payment

Please include the registration fee, and or activity fee (summer)
Your child will is not considered registered until these fees are paid
Registration and activity fees will not be refunded for any reason

Return registration to Camp Fire USA

Mail or drop off all completed forms, registration fee and activity fee (summer) to:
We DO NOT accept faxed registration forms

Camp Fire USA
2808 Canyon Drive
Amarillo, TX 79109
806.373.7922

www.amarilocampfireusa.org



Registration Form

Child's Name: _____ DOB: _____ Male Female

Program / School _____ Grade: _____ Kindergarten? _____ If so, time released: _____

Teacher: _____ Are there any siblings in Camp Fire USA Programs? If yes, name/program _____

Who has legal custody of the child and what is the relationship? _____

****Please provide Camp Fire USA with a copy of custody agreement, if needed. _____ Director's Initials (received).

Parents or Guardians:

Mother's Name: _____ Home Phone: _____

Address: _____ Zip: _____ Pager/Cell: _____

Business Name/Address: _____ Work #: _____

Email Address: _____

Email will be kept confidential. We may contact or send Camp Fire USA info / updates by email

Father's Name: _____ Home Phone: _____

Address: _____ Zip: _____ Pager/Cell: _____

Business Name/Address: _____ Work #: _____

Email Address: _____

Email will be kept confidential. We may contact or send Camp Fire USA info / updates by email

Persons(s) authorized to pick up your child, in addition to the above names listed. Any changes **must** be in writing.

1) _____ Phone: _____

2) _____ Phone: _____

3) _____ Phone: _____

If new, how did you hear about Camp Fire USA? (Please check one)

Ad Referral Website School Other _____

Name of Referral: _____

ETHNIC BACKGROUND: (Please Check One)

African American American Indian Hispanic Caucasian

Asian/Pacific Islander Multi-Racial Other _____

Are there any special needs to consider? If so, a special needs form is required with registration.

- Asthma
- ADD or ADHD
- Learning Disabilities
- Other _____
- Allergies _____
- Epilepsy
- Hearing or Visually Impaired
- Diabetes
- Physical Disabilities
- Autism

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

INFORMATION FOR GRANT PURPOSES:

Fund raising is vital to nonprofit organizations. In order for us to meet the needs of our families and youth regardless of income, we must receive financial support from foundations, businesses, etc. This information will aid in that process when applying for grants.

Do You Qualify for Free/Reduced Lunch: YES NO

Estimated yearly household income: (Please check one)

- \$9,999 or less
- \$10,000-\$14,999
- \$15,000-\$19,999
- \$20,000-\$24,999
- \$25,000-\$49,999
- \$50,000-\$79,999
- \$80,000 +

Number of people living in household: 2-3 4-5 6-7 8 or more

Are you interested in information regarding Camp Fire's:

- Summer program/camps YES NO
- Kids Care After School YES NO
- Little Stars Academy YES NO
- Gift of Giving (Service Learning) YES NO
- Financial Matters YES NO

Please make sure this is filled in. FULL TIME = 5 DAYS PART TIME = 3 DAYS DROP IN

Care Needed:

- After school
- Summer
- Spring Break
- Winter Break/Holiday
- Staff Development

Days Attending:

- | | | | | |
|---|---|---|----|---|
| M | T | W | TH | F |
| M | T | W | TH | F |
| M | T | W | TH | F |
| M | T | W | TH | F |
| M | T | W | TH | F |

Camp Fire USA Staff Use Only

Date: _____

Amount Received: _____ Registration Fee Activity Fee 1st week

Payment Type: Cash Check Money Order Credit Card Financial Aid CCMS

Handbook Distributed: Yes No Staff Initial: _____



PARENT AUTHORIZATION FORM

Child _____ School: _____

I have read, understand and agree to adhere to Camp Fire USA Panhandle Plains Council policies as stated in the Parent Handbook. My signature below indicates permission to have information shared regarding my child's needs between Camp Fire USA, the school, and licensing staff.

Initial

PROGRAM PARTICIPATION: I give permission for my child to participate in any and all activities during the Kids Care After School & Summer. I assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify and agree to hold harmless Camp Fire USA Panhandle Plains Council, school, staff, volunteers, and other collaborators from any claims arising out of an injury to the participant.

NEWS RELEASE: I give permission for my child to be included in any promotional/media resources, tapings, etc. regarding Camp Fire USA and / or Kids Care After School & Summer.

EMERGENCY MEDICAL RELEASE: If I cannot be contacted in the event of an emergency, I give permission to Camp Fire USA staff to secure emergency medical treatment for my child.

SUNSCREEN: I give permission for my child to use sunscreen and/or bug spray that is safe and designed for children.

FIELD TRIPS/TRANSPORTATION: I give permission for my child to attend all field trips and outings offered by Camp Fire USA. The child will be transported by Laidlaw Transportation, under staff supervision, to and from all field trips and outings.

PERSONAL PROPERTY: I understand that Camp Fire USA staff and/or volunteers are not responsible for the loss or damage of personal property.

SCHOOL PLAYGROUND: I give permission for my child to play on the school playground. I understand that school playground equipment may not meet state childcare licensing requirements.

Parent/Guardian Signature: _____ Date _____



Parent Orientation

Welcome to Camp Fire USA:

- _____
Initial Camp Fire USA after school sites open at 3:00 and close at 6:00PM. Summer care sites open at 7:00 am and close at 6:00 pm. There is a \$10.00 late fee for the first 15 minutes and a \$1.00 late fee per minute thereafter.
- _____
Initial I can consult my Parent Handbook, the site coordinator, or Camp Fire USA administration with any questions or concerns about the program.
- _____
Initial I will not send a sick child to the program. Please consult with the Camp Fire USA sick policy. Any medication (prescription and non-prescription) given at the program requires written permission.
- _____
Initial I will notify Camp Fire USA if my child will be absent from the program on a regularly scheduled day.
- _____
Initial My child will be signed in/out each day by an authorized person. This is an individual who is listed on the registration form. Authorized persons will be prepared to show a picture ID every day they pick up my child.
- _____
Initial I will notify Camp Fire USA of changes such as: address, phone, custody, pick-up list, or anything else that concerns my child.
- _____
Initial I realize that payments are due on site Friday for the following week, and payments are due regardless of attendance. If I do not pay on Friday, I must come into the Camp Fire office Monday by noon to make my payment for the week. **NO CASH ON SITE PLEASE.** Payments will **NOT** be adjusted due to illness or holidays/school closings. Staff development days, holidays, spring and summer break fees will be charged at an additional rate.
- _____
Initial My account will be billed according to the schedule I arrange at the time of registration, e.g. weekly, daily, or drop in. My account will not be adjusted for any reason.
- _____
Initial If applying for financial assistance, I understand that full rates must be paid until the application is complete and approved by the Camp Fire USA billing department.
- _____
Initial I understand that it is my responsibility to keep up with my invoices and I understand that there will be a fee at the end of the year to obtain an end of year statement.
- _____
Initial I will give a written notice if withdrawing my child from the program and I understand that my child will be dropped from the program after not attending for two weeks or more with no notice and that I will be responsible for payment of those two weeks.
- _____
Initial I understand that activity and registration fees are nonrefundable.
- _____
Initial **I would like my account to be billed accordingly (please circle one)**

Year Round Plan	School Year Plan	School Days Only Plan	CCMS
Weekly	Part Time 3 days	Drop in	Financial Assistance

Parent/Guardian Signature

Date

ADMISSION INFORMATION

Operation Name		Director's Name	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:			
1. <input type="checkbox"/> TRANSPORTATION:			
<input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school			
2. <input type="checkbox"/> FIELD TRIPS: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:			
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:			
<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:			
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:			
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address
School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to: walk to and from school,
 ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

_____ _____
Health Care Professional's Signature Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

_____ _____
Signature - Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Signature – Parent or Legal Guardian

Date

ADMISSION INFORMATION

HEALTH REQUIREMENTS

Name of Child:

Date of Birth:

Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)

Positive

Negative

Date:

Signature or stamp of a physician or public health
personnel verifying immunization information above.

Signature

Date

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the
statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent's signature

Date

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official
notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at

www.dshs.state.tx.us/immunize/public.shtm

Signature – Parent or Legal Guardian

Date

AUTHORIZATION FOR EMERGENCY MEDICAL CARE
AUTORIZACION PARA ATENCION MEDICA DE EMERGENCIA

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for:

Si en caso de alguna enfermedad o accidente no me pueden localizar para arreglar atención médica de emergencia para mi niño, doy permiso para que:

Name of Day Care Facility Owner or Director Nombre del Dueño o Director del Centro de Cuidado de Niños
--

to take my child (or children):

a que lleve a mi niño (o mis niños):

Name of Child (1)/Nombre del Niño (1)	Name of Child (2)/Nombre del Niño (2)
Name of Child (3)/Nombre del Niño (3)	Name of Child (4)/Nombre del Niño (4)

to:

a:

Name of Doctor/Nombre del Doctor	Telephone No./Teléfono
Address of Doctor/Dirección del Doctor	

or to:

o a:

Name of Hospital or Clinic/Nombre del Hospital o Clínica	Telephone No./Teléfono
Address of Hospital or Clinic/Dirección del Hospital o Clínica	

I give consent for necessary emergency treatment when my child is in the care of this physician or hospital or clinic.

Doy mi consentimiento para el tratamiento médico necesario estando mi niño bajo la atención de este doctor u hospital o clínica.

Signature-Parent or Legal Guardian
Firma-Padre o Tutor

Date/Fecha