

CAMP REGISTRATION FORM

youthdept@wellspringinterfaith.org

260-422-6618, ext. 109

JUNE 6-JULY 19, 2018

2018 WELLSPRING SUMMER DAY CAMP PROGRAM

1316 Broadway Ave., Fort Wayne, IN 46802

(The Wellspring Summer Day Camp is committed to providing children with life enriching experiences and exposure to educational, recreational, social and cultural growth activities.)

Child's Name _____ Male ___ Female ___
(Last) (First)

Birth Date (MM/DD/YYYY) _____ Age _____

Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address: _____

School Attended in 2017-18: _____

Grade Level (2017-18) _____ **(the grade your child was in this school year)**

Parent/Guardian _____ Day Phone _____

Parent/Guardian _____ Day Phone _____

EMERGENCY CONTACTS (persons other than parents or guardians)

Name _____ Phone _____

Name _____ Phone _____

HEALTH AND SAFETY INFORMATION

Medical Conditions/Special Needs: _____

Takes Medication: Home only at Camp* List Medications: _____

*Wellspring employees will not administer any medications. Your child is responsible for all of his/her own medications.

RELEASE AND INDEMNITY AGREEMENT/ACKNOWLEDGEMENT OF RISK/AGREEMENT TO POLICIES OF WELLSPRING SUMMER DAY CAMP

I hereby acknowledge and agree that participating in activities at the Wellspring Summer Day Camp has inherent risks. I have full knowledge of the nature and extent of all the risks associated with day camp activities, including but not limited to:

1. All manner of injuries that may result from playing in organized games, dance, yoga or on field trips such as roller skating or bowling.

2. Recreational activities that involve running, jumping, throwing or kicking of balls or playing on playground equipment may result in injuries.

I further acknowledge that the above list is not inclusive of all possible risks.

Consent to Treat Minor

In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by Wellspring Interfaith Social Service employees, when neither of the parents or guardians can be contacted, I hereby give my consent for emergency medical treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of Indiana. I further understand that I shall be solely responsible for all costs associated with the emergency medical treatment provided.

I hereby acknowledge and agree that I have read the attached policies for the Wellspring Summer Day Camp. By signing below I understand that I am agreeing to all of those policies.

Print Child's Name _____

Print Your Name _____

Parent/Guardian Signature _____ Date _____

TRANSPORTATION

(Only list the names of 2 individuals, other than parent/guardian, that are able to pick up your child from the site or the bus stop)

ATTENTION PARENTS: Only the 2 individuals listed, other than the Parents/Guardians listed on the front of the form, will be allowed to pick children up from the sites or the bus stops. DO NOT LIST MORE THAN 2 INDIVIDUALS. Please only fill out the site/church pick up or the bus stop pick up, not both!

Sites/Churches

Please indicate how your child will be getting home from the site/church.

Car Rider _____

Name of person/persons ALLOWED to pick up your child from program (persons not listed will not be allowed to pick your child up from program). Name _____ Phone # _____

Name _____ Phone # _____

Walking alone _____

Walking with a parent/guardian _____

Name of person/persons ALLOWED to walk your child from program (persons not listed will not be allowed to pick your child up from program). Name _____ Phone # _____

Name _____ Phone # _____

Bus Stops

Please indicate how your child will be getting home from the bus stop.

Car Rider _____

Name of person/persons ALLOWED to pick up your child from bus stop (persons not listed will not be allowed to pick your child up from bus stop). Name _____ Phone # _____

Name _____ Phone # _____

Walking alone _____

Walking with a parent/guardian _____

Name of person/persons ALLOWED to walk your child from bus stop (persons not listed will not be allowed to pick your child up from bus stop). Name _____ Phone # _____

Name _____ Phone # _____

Please indicate which bus stop your child will be using. (check one)

- | | |
|--|---|
| <input type="checkbox"/> Bethlehem Lutheran on Euclid | <input type="checkbox"/> Bunche Montessori School on Green |
| <input type="checkbox"/> Hanna Homestead Park on Lewis and Gay | <input type="checkbox"/> Bloomingdale Elementary on Third |
| <input type="checkbox"/> Study Elementary on Brooklyn | <input type="checkbox"/> Autumn Woods Apartments on Anthony and Chartwell |

The following information is for statistical purposes only.

Child lives with: (check one)

- Mother Father Mother and Father
 Parent and Stepparent Foster Parent
 Grandparent Other relative _____
 Other _____

Family Size (number of persons living in the household including the child) _____

Ethnic/Racial Background (check one)

- African-American Asian/Pacific Islander
 Caucasian/White Hispanic
 Bi/Multi-racial Other (Identify) _____

Circle your income level under the number of persons in your household						
2	3	4	5	6	7	8+
0- 16,020	0- 20,160	0- 24,300	0- 28,440	0- 32,580	0- 36,500	0- 38,850
16,021- 23,550	20,161- 26,500	24,301- 29,400	28,441- 31,800	32,581- 34,150	0-- 36,500	0- 38,850
23,551- 37,650	26,501- 42,350	29,401- 47,050	31,801- 50,850	34,151- 54,600	36,501- 58,350	38,851- 62,150
37,651 +	42,351 +	47,051 +	50,851 +	54,601 +	58,351 +	62,151 +

How many years has this child participated in the Wellspring Summer Day Camp?

- 0 1 2 3 4 5 6 7 8 9 10 11 12 13