

VHFLC Summer Camp 2020 Emergency Information Form

_____ Summer Camp Child Currently Attends _____ Grade for 2019/20 _____

Student Full Name _____ Birthdate ____/____/____

Parent #1: _____	Parent #2: _____
Address: _____	Address: _____
City/Zip: _____	City/Zip: _____
Home Phone: _____ - _____ - _____	Home Phone: _____ - _____ - _____
Employer: _____	Employer: _____
Position: _____	Position: _____
Work Phone: _____ - _____ - _____	Work Phone: _____ - _____ - _____
Cell/Pager: _____ - _____ - _____	Cell/Pager: _____ - _____ - _____
Email Address: _____	Email Address: _____

Emergency Information

Child's Physician: _____ Phone: _____ - _____ - _____

Child's Dentist: _____ Phone: _____ - _____ - _____

Medical Conditions or Allergies _____

Current Treatment (glasses, medication, hearing aide, etc.) _____

If parent cannot be reached, who may make a local emergency decision for you and/or may be authorized to pick up child from the Site? Information must be submitted, as child will not be allowed to leave with any other person unless authorized photo or ID is available. PICK UP EMERGENCY

Name: _____ Relationship: _____ Phone: _____ - _____ - _____

Name: _____ Relationship: _____ Phone: _____ - _____ - _____

Name: _____ Relationship: _____ Phone: _____ - _____ - _____

Permission is given to Vermont Hills Family Life Center for the following: (Please check)

As legal guardian, I hereby authorize the above named Center to consent to medical or surgical treatment for my child, when child is brought for treatment or ambulance called and when parent or guardian cannot be reasonably located.

My child may be taken on **field trips** by Tri-Met or yellow bus and my child may be taken on walks with proper supervision.

My child may have his/her photo taken and used on VHFLC information.

My child may have a generic sun screen administered.

My child may participate in swimming. If child is non-swimmer a flotation device will be used & required.

Signature: Parent or Guardian _____ Date ____/____/2020

Vermont Hills Family Life Center

We inspire the promise of tomorrow!

A non-refundable deposit of \$25 per week must be submitted with the registration form.
 Please return this application with deposits and \$20 registration fee to:
Vermont Hills Family Life Center, 4595 SW California St. Portland, Oregon 97219 or email: jessicat@vhflc.com
 Call us if you have any questions at (503) 452-8633

Child's Name: _____

Parent or Guardian Name: _____ Email: _____

School Currently Attending: _____ Grade entering in Fall 2017 _____

Camp Attending: St. Cecilia

<u>Early Bird Special</u> Must be registered by April 30 This price is adjusted to \$5 off per day	<u>Standard Camp Rates</u>	<u>Payment Options</u> Indicate your choice
<u>Full Day</u> 5 days \$ 235 4 days \$ 225 3 days \$ 165 2 days \$ 115	<u>Full Days</u> 5 days \$260 4 days \$245 3 days \$180 2 days \$125	A Pay entire summer 10% off Before April 30th B Pay reg. & deposits by Apr 30 Early Bird Special C Pay reg. & deposits after May 1st Standard Camp Rates

Camp Week	Weekly Dates and Themes	Days of the Week					Totals
		M	T	W	Th	F	
1	June 15-19 Wacky & Wonderful						
2	June 22-26 Indoor & Outdoor Camping						
3	June 29-2 Oregon Discoveries					CLOSED	
4	July 6-10 Harry Potter						
5	July 13-17 Master of Disguise						
6	July 20-24 Pop Graphics						
7	July 27-31 Winter & Ice						
8	August 3-7 BILL NYE						
9	August 10-14 Scavenger & Upcycle						
10	August 17-21 big & SMALL Structures						
11	August 24-28 Deep Blue Sea						
Enclosed registration fee of \$20 per child							
Enclosed deposits; Number of weeks x \$25 (per child)							

Total Due

I would like my fees taken through EFT (Electronic Funds Transfer) on **June 1, July 1, August 1**

We have a merchant fee of 5% for credit cards

I would like my fees taken out by credit card, please call me at _____ - _____ - _____

Please keep my credit card information on file and take camp fees out weekly. (5% merchant fee charged)

No refunds on registration or deposits. Deposits will be forfeited if no-show.

Childs Name _____

Health History & Medication

- I/we agree to have the emergency contact and authorized photos completed by parents/guardians and returned to VHFLC office prior to the start of camp or on the first day of camp.
- I/we understand that any medication must have an authorization form filled out by parents/guardian with medication in the original container, with label, dosage and name clearly printed on the bottle.
- I/we agree as legal guardian, that in the event of a medical emergency that VHFLC camp may consent to medical or surgical treatment when parent or guardian cannot reasonably be located. An ambulance and 911 may be called if necessary.
- I understand that if my child is allergic to something I will hold VHFLC harmless of liability. We will make every effort to avoid – said allergy substance, but cannot be held responsible for sources beyond our control – including what other children may bring with them.

Releases

- I/we authorize my child's appearance in VHFLC camp promotional materials. Camper's names are not published or released unless arrangements are made with you.
- I/we understand the administration of VHFLC reserve the right to withdraw any camper when in his/her judgment that the camper's behavior interferes with the rights and safety of others and the smooth functioning of the group or activity.
- My child may go on walking field trips with proper supervision & field trips on Tri-Met bus service.
- My child may go swimming at a pool with certified life guards. If s/he cannot swim a flotation device is mandatory.

Registration – Refund

- A summer registration fee of \$20 is due with initial registration/enrollment per child.
- A \$25 deposit will be required for each week's enrollment, which will be credited toward the weekly balance due per child. In the event you cancel a week the deposit will not be refunded unless it is **prior** to May 30.
- An early bird special rate applies to those getting their enrollment forms & deposits in by May 30.
- Your balance is due on **Monday** of camp, according to your projected attendance, if your first day of attendance is not Monday, your balance is still due on Monday by mail.
- A \$1 per minute late fee will be charged for children being picked up after 6:00 PM. Payable to the staff.

Remember

- Bring a sack lunch with beverage daily. We will provide morning and afternoon snacks.
- Please send children in shoes that invite running & playing, with straps around the heel.
- Please provide your child with a back-pack, water bottle, we will provide a generic sun screen

- **Please remember that children are always to be walked into the building when you arrive and make sure the camp staff acknowledges that you are arriving or picking up your child at the end of the day.**

By checking this box, I have read and agreed with the terms and policies

Date: _____ / _____ /2020