

Medications (list everything the child is taking – please use additional paper if needed)

Medication _____ Dosage _____ Will this be given at Camp (yes/no) _____

DEMOGRAPHICS Completing this information below correctly helps Camp Fire seek & receive funding. All information will be kept confidential.

Camper's ethnicity ___ Caucasian ___ American Indian ___ Multi-racial ___ African/American ___ Asian ___ Hispanic/Latino

Status of Head of Household: ___ Married (two parent) ___ Single Parent ___ Partnership ___ Guardianship ___ Foster Parent

Household Annual Income: _____ Number in Household: _____

ENROLLMENT (ONE FORM per camper) List all camps you wish to register. Grade is when school begins in fall of 2017

ALL CAMPS ARE LIMITED IN SIZE

Complete \$ if attending

Dr. Seuss Camp (Mon.) grades k-2	June 11	\$ 40.00	
Art Camp (Wed,-Thurs.)grades 3-6	June 13 – 14	\$60.00	
Traditional Camp 1 (Mon-Fri.) grades k-6	June 18-29	\$225.00	
STEM Camp (Mon.- Tues.) grades 3-6	July 9 - 10	\$60.00	
Mini-STEM Camp (Thurs.) grades k-2	July 12	\$60.00	
Jr. High/Teens in Action Camp (Tues.-Wed.) grades 7th-12th	July 17-18	\$50.00 non-cit \$25.00 CIT	
Diva Camp (Fri.) grades k-2	July 20	\$45.00	
Traditional Camp 2 (Mon. – Fri.) grades k-6	July 23- 27	\$150.00	
Zootopia Camp (Tues.) grades k-2	July 31	\$ 40.00	
Around the World Camp (Mon.-Tues.) grades 3-6	August 6-7	\$60.00	
Who Done It Camp (Thurs.-Fri.) grades 3-6	August 9-10	\$60.00	
Survivor Camp (Tues.-Wed.) grades 3-6	August 14-15	\$60.00	
Before/After Camp	Please inform office of dates needed and # of children	\$4 per hour/child	

FINANCE POLICIES

Camp Fire is a non-profit youth development agency supported by the community. Payment in full must be received with registration.

In the event of a medical condition that causes cancellation, a refund (less \$20.00) will be made with written notification from the family along with a written explanation by a physician.

If your child leaves camp early or arrives late due to accident, illness, homesickness, behavior problems, other activities to attend, or camper or parent request, there will be no refunds or pro-rated fees.

If we are unable to place your child in a session of your choice, your payment will be refunded in full.

Camp Fire reserves the right to cancel any program with as much notice as possible. You will receive a full refund.

\$30.00 will be charged for check or charges not honored by your bank.

Camp Fire cannot be financially responsible for lost or stolen items. Label all of your child's belongings carefully.

Do not send valuables to camp (no large sums of money, electronics, keepsakes, etc.)

Payment is being made for the items marked above.

Total camp fee(s) completed above \$ _____

Camp Fire Member: Minus Certificate from Product Sales Certificate # _____ \$ - _____

Additional child discount (-\$10 if member, -\$5.00 if non-member) \$ - _____

Is this camper a member and signed up for more than 1 camp?
10% off each additional camp will be credited to you once we receive registration

Late fee (if less than 14 days before a camp) + \$8.00 \$ + _____

Before and After care fee will be billed after each camp

Registration Office Use Only: **Balance Due** \$ _____

Verify membership _____ Additional 10% applies ___ yes ___ no Amount - \$ _____

Total Due \$ _____

Pay Type: Ck # _____ Cash _____ Reg Date _____ Receipt # _____

___ I am applying for financial aid.

Contact the Camp Fire office for the formal application, **use online application at: tinyurl.com/2018CFscholarship** or print application by visiting www.campfiresc.org

My child (or ward) has permission to participate in the camp activities and trips during the session(s) and program(s) for which he/she is enrolled. I understand that camp activities have inherent risks, and that reasonable measures will be taken to safeguard the health and safety of all participants. I will assure that my child is properly prepared for all activities including having proper clothing and equipment, eating breakfast before arrival, a packed lunch, being in good health, willing and able to participate in camp activities, and willing and able to abide by camp policies and follow directions of camp personnel. I understand and agree to cooperate with all regulations and procedures, and I waive any claims against Camp Fire, partnering organizations, volunteers and paid staff, except for claims arising from gross negligence or willful acts of the organization or its agents that may arise from participation in the activities of the organization.

I understand that I will be notified as soon as possible in case of any emergency, unusual illness or injury affecting my child. In the event I cannot be reached, I hereby authorize the alternate contact people to act on my behalf, and authorize the camp to contact a physician to provide whatever medical or surgical treatment is necessary. I accept responsibility for the cost of such medical treatments. I have provided a complete picture of my child's physical, emotional and mental health, including all medications, on this registration form, and will provide (on the first day of camp) updated health information on the form provided by Camp Fire. I will assure that my child will not bring valuables, money, electronic items, weapons, alcohol or illegal drugs to camp. I will monitor my child's use and distribution of any photos taken at camp to assure that they are not used inappropriately nor posted on the Internet. In the event that my child (or ward) is photographed, filmed or recorded while participating in Camp Fire activities, Camp Fire or other partnering organization approved by Camp Fire may use the photo, film or recording for publicity, promotional or instructional purposes. I waive any rights for royalties or for compensation arising from the use of the photographs. Camp Fire will not disclose the names of campers or youth in any of their promotional materials including web site.

I hereby give permission to the medical personnel selected by the camp director to provide appropriate routine and emergency care of my child and to dispense medications, including the following over the counter medications (**circle items NOT allowed to dispense**):

1% Hydrocortisone cream Ibuprofen Insect Repellent Sunscreen Antibiotic Ointment Tylenol Band-Aids

Please note any of the above medications your child is ALLERGIC to _____

I have read, understand and accept all of the terms and conditions set forth in this enrollment agreement.

Parent/ Legal Guardian Signature: _____ Date _____

Attention - Adult Volunteers needed

Camp Fire is in need of adult volunteers for day camps. Duties may include the supervision of youth or assist with activities. If you or someone you know is interested in volunteering, Please fill out the information, and our office will send an application. Training and a background check are mandatory.

Name: _____ Address: _____ Primary Phone: _____

Circle the traditional camps you can attend

Camp 1 June 18-29

Camp 2 July 23-27