

# 2024 Part Day Summer Camp Program Enrollment Form

COMMUNITY SCHOOLS ✨ CHAPEL HILL-CARRBORO CITY SCHOOLS

750 S. MERRITT MILL RD. CHAPEL HILL, NC 27516

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (M.I.) (Nickname) (mo.) (day) (yr.)

Grade completed June 2024: \_\_\_\_\_ Sex:  M  F Race:  White  Hispanic  American Indian or Alaska Native  
 Asian  Black or African American  Native Hawaiian or Pacific Islander

School attended 23-24: \_\_\_\_\_ (If not in CHCCS district, attach Physical Examination/Immunizations form.)

Child's Street Address: \_\_\_\_\_  
(City) (State) (Zip)

Parent/Guardian 1: \_\_\_\_\_ Parent/Guardian 2: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_ (h) \_\_\_\_\_ (h)  
\_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_ (c)

Place of Work: \_\_\_\_\_ Place of Work: \_\_\_\_\_

email address: \_\_\_\_\_ email address: \_\_\_\_\_

## Medical/Developmental History

	YES/NO		YES/NO
Allergies? (list & describe treatment below)	<input type="checkbox"/> <input type="checkbox"/>	Motion sickness when traveling?	<input type="checkbox"/> <input type="checkbox"/>
Previous diseases or illnesses?	<input type="checkbox"/> <input type="checkbox"/>	Physical limitations?	<input type="checkbox"/> <input type="checkbox"/>
Chronic illness?	<input type="checkbox"/> <input type="checkbox"/>	Developmental delays?	<input type="checkbox"/> <input type="checkbox"/>
History of seizures?	<input type="checkbox"/> <input type="checkbox"/>	Behavioral/emotional special needs?	<input type="checkbox"/> <input type="checkbox"/>
History of diabetes?	<input type="checkbox"/> <input type="checkbox"/>	Does the child receive special services during the school day?	<input type="checkbox"/> <input type="checkbox"/>
History of heart trouble?	<input type="checkbox"/> <input type="checkbox"/>	Does the child have any other special needs?	<input type="checkbox"/> <input type="checkbox"/>
Hospitalizations/surgeries?	<input type="checkbox"/> <input type="checkbox"/>		

Please explain YES answers here: \_\_\_\_\_

## Emergency Information

>> Hospital preference in the event of emergency: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Child's Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an emergency, if parents/guardians cannot be reached, the people listed below may be contacted. These people **must also be listed under Release Information** if they are authorized to pick up the child from camp as well.

>> At least two people must be listed here:

Name/Relationship: \_\_\_\_\_ / \_\_\_\_\_ Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (w/c)

Name/Relationship: \_\_\_\_\_ / \_\_\_\_\_ Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (w/c)

## Release Information

In addition to the parent/guardian, the following people are authorized to pick up the child from Summer Camp:

Name/Relationship: \_\_\_\_\_ / \_\_\_\_\_ Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (w/c)

Name/Relationship: \_\_\_\_\_ / \_\_\_\_\_ Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (w/c)

The Summer Camp program agrees to provide transportation to an appropriate medical facility in the event of an emergency. In an emergency situation, other children at the site will be supervised by a responsible adult. The Summer Camp staff will not administer any drug or medication without specific instructions from the child's physician or parent/guardian.

I agree that the child care provider may authorize the physician of his/her choice to provide emergency care if neither I nor the child's physician can be contacted immediately.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Swimming Ability**

Please describe the child's swimming ability and indicate if the child has had swimming lessons:

\_\_\_\_\_

**Miscellaneous Information**

Please provide any additional information about the child that is important for staff members to know (specific likes, dislikes, fears, etc.):

\_\_\_\_\_

**Insurance Information** Please check one of the statements below.

**Family/Private Insurance**

I have family insurance for my child to cover medical expenses resulting from accidents which might occur while my child is attending the Summer Camp program sponsored by Chapel Hill-Carrboro City Schools.

**School Accident Insurance**

I have purchased/will purchase school accident insurance for my child. (Contact the school office for more information.)

**No Insurance**

My child is not covered by family/private insurance or school accident insurance, therefore, I will assume this financial responsibility.

**Other** (Please explain): \_\_\_\_\_

**Acknowledgments** Please read the following carefully and sign below.

Physical Exam/Immunizations: I certify that a record of a physical exam and a complete record of immunizations are on file in the CHCCS school office where the child is enrolled, or are included with this enrollment form.

Medical Expenses: I fully understand that Chapel Hill-Carrboro City Schools is not responsible for medical expenses resulting from accidents which might occur while my child is attending the Summer Camp program.

Field Trips: I understand my child will be transported by activity bus to various field trip locations. Information and permission forms will be provided to parents prior to the child's first day of camp.

NC Child Care Law and Rules: I certify that I have received a copy of the NC Child Care Law and Rules pamphlet.

Program Policies: I certify that I have received, read and understand the After-School and Summer Camp Programs Operational Policies and Procedures handbook, which includes the discipline/behavior management policy. I certify that I will comply with all of the policies and procedures outlined in this handbook.

Fee Payment Policies: I certify that I have read and understand all fee payment policies as stated on the Summer Camp Enrollment Information sheet and in the policy handbook. I understand that Summer Camp payments are due two weeks in advance of each session and that if I have not given a two week withdrawal notice for any given camp session, I am responsible for fees in full whether or not my child attends. I understand that registration and deposit fees are non refundable and non-transferable under any circumstances.

Withdrawal Policy: I understand that if I choose to withdraw my child from a session, I must give two week's notice and that such notice must be given directly to the Community Schools office, by phone or in writing. I understand that I will forfeit the deposit for any session from which I withdraw my child.

Enrollment Form: I certify that all information I have provided on this enrollment form is true and accurate. I understand that providing false or incomplete information may be grounds for dismissal from the program.

Permission for Photographs: (check one)  **I GIVE**  **I DO NOT GIVE** permission for my child to be photographed at the Summer Camp site by staff for a scrapbook or display, journalists reporting on child care, etc.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_