

**T-shirt size: Youth: S M L  
Adult: S M L XL**

**Camp you are registering for (circle):**

**KINDER CAMP - entering K in fall 2019/  
children entering 1<sup>st</sup> grade in fall 2019**

Week 1: 6/17-6/21 _____	Week 6: 7/22-7/26 _____
Week 2: 6/24-6/28 _____	Week 7: 7/29-8/2 _____
Week 3: 7/1-7/5 _____	Week 8: 8/5-8/9 _____
Week 4: 7/8- 7/12 _____	Week 9: 8/12-8/16 _____
Week 5: 7/15-7/19 _____	***Week 10: 8/19-8/23 _____

**You are responsible for payment for each week selected  
\*\*\*Limited Enrollment available**

**\*SUMMER DAY CAMP – children completed grades 1-5**

**Start Date: \_\_\_\_\_**

**\$125 / per week – Augusta Residents / \$112.50 2<sup>nd</sup> child / \$100 – 3<sup>rd</sup> child**

**\$135 / per week – Non - residents**

Child's name \_\_\_\_\_ Sex: M / F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's name \_\_\_\_\_ Sex: M / F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**Parent(s) or guardian(s): (if divorced/separated please list absent parent)**

**MOTHER (custodial / non-custodian / step mother / deceased / no contact / protection order / incarcerated / other)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Can pick up child (ren) YES \_\_\_ NO \_\_\_ **If NO please submit all legal documentation to Childcare Director**

**E-mail address:** \_\_\_\_\_

**FATHER (custodial / non-custodian / step father / deceased / no contact / protection order / incarcerated / other)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Can pick up child (ren) YES \_\_\_ NO \_\_\_ **If NO please submit all legal documentation to Childcare Director**

**E-mail address:** \_\_\_\_\_

**EMERGENCY NUMBERS:** Please give the name, address and phone number of two people that may be notified in case of emergency or illness, when parents or guardians are not available. These people should live in the Augusta area. Please provide a telephone number where these people may be reached during program hours.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Can pick up Child (ren) Y \_\_\_ N \_\_\_

Phone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ can pick up Child (ren) Y \_\_\_ N \_\_\_

Phone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP YOUR CHILD:** *Any changes in this list must be in writing.*

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Does your child have any special needs that would keep him/her from participating in activities with a group of children? If so, what would your child need to enable him/her to participate? Please **contact the Camp Director/Childcare Director to discuss further.**

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Is your child currently on a Behavior Plan or have an IEP at School? Yes/No:  
If YES, please explain and bring in a copy of the plan. Please **contact the Camp Director/Childcare Director to discuss further.**

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What level swimmer is your child (ren)?  Beginner  Intermediate  Very Good

**As per childcare licensing, children age 8 and under who have not taken swim lessons and/or are at a beginner level will need their own Coast Guard approved flotation device, properly fitted for age and weight.**

Does your child have a flotation device? Yes or No

**Financial Agreement:**

I agree to pay \_\_\_\_\_ per week/per child in order to participate in the Summer Childcare Program. I understand payment is due Friday before the week of care starts. I understand IF I sign my child up for a week and they do not attend I am still responsible for paying for that week.

**Signature of parent or guardian:** \_\_\_\_\_

**If Childcare is being paid by another agency please check which one:**

CCSP Childcare Subsidy Program  Transitional Childcare  
 DHHS foster care (Medicaid # \_\_\_\_\_)  
 Aspire  Military GSA

**\*\* Until proof of the assistance is provided to the City of Augusta Childcare Bureau, parents are expected to pay the full weekly fee. It is the parent's responsibility to provide all needed information regarding co-pays and payment amounts to the Childcare Office. \*\***

## Identification Process

Please be advised that all persons picking up your child are subject to having to show a photo ID in order for us to release you child to them.

Also, any person appearing to pick up your child **MUST** be on the pick up list **OR** you must have made prior arrangement for this person to pick up your child.

Any person **NOT** appearing on the pick up list or whom you have not made prior arrangements to pick up your child will **NOT** be allowed to take your child from the childcare site.

***This is a precautionary measure to ensure the safety of your child***

## Permission to photograph

From time to time the children are photographed while they are participating in various activities when in the Summer Camp Program. These pictures may appear in the local newspapers or in our brochures promoting the Programs. The pictures would never be used for commercial use with the program benefiting monetarily from them.

For this we do need your permission:

\_\_\_\_\_ YES, I give my permission that it is ok for my child to be photographed.

\_\_\_\_\_ NO, I **do not** give my permission for my child to be photographed.

If, NO, the reason WHY: \_\_\_\_\_

## Emergency Medical Release:

**If emergency medical care is deemed necessary and I cannot be contacted, I authorize the City of Augusta Childcare Staff to act in my behalf in granting permission for my child to receive emergency treatment.**

\_\_\_\_\_  
**Signature of parent/guardian**

I have received a copy of the parent handbook \_\_\_\_\_