

Kids Place 2018 Summer Camp

Welcome to our 25th ***Kids Place Summer Camp!*** Every week campers will enjoy adventures and the simple pleasures of being a kid. Camp Kids Place offers a structured program in which campers make friends, learn life skills, experience teamwork, and just have some good, old fashioned summer fun. Each week all sites will go on two fieldtrips (weather permitting) to ***Camp KP at Millertown, an ACA accredited camp.*** Some of the activities available there include: ***Jr. Olympic Pool, Archery, Paintball Range, Water Slides, Inflatable Activities (Pool Obstacle Course & Jostling, Mechanical Bull & Surfing), Water Gun Village, Zip Lines, Climbing Walls, Pedal Karts, Roller Skating, Game Room, Theater, Art, Fishing, and Low Ropes Courses.*** Tennis shoes or secure fitting sandals are required for most of the above activities and lunch is always provided at Camp KP at Millertown!

In conjunction with our field trips, our weekly theme titles for the summer weeks include: ***Welcome Week, Chants & Rap Battles, American Heroes, Lab Rats, Walk on the Wild Side, Stars and Stripes, Nature Nutz, Top Shots & Triple Threats, Spirit Week, and the Garden Gurus.*** We promise all the extras with guest speakers, lots of water & mud, nature discovery, science, messy arts & crafts, drama, and good old fashioned healthy fun!

Summer camp gives kids a world of good!

Our 2018 summer camp weekly fee is \$ 120.00 at our school site locations or 135.00 at camp KP at Millertown or a daily fee of \$30.00 with no additional cost for field trips! Upon signing up for the summer camp, a registration fee of **\$65.00 per child is due.** This year we have an **“Early Bird Special”** price of **\$50.00 per child** for those who pay the entire registration fee by 4/13. This fee includes 1 Kids Place t-shirt which is mandatory on all field trips. When you register your child, you are reserving time, space, staff, and provisions for your child whether or not he or she attends. Both Full time and part time enrollment is available. Full time children choose the weeks that they want to attend and pay for only those weeks! Summer Camp is filled with many opportunities to experience something new, to learn something about yourself or the world around you, and to make some new friends along the way. We are excited about spending the summer with your children.

Call Kids Place main office for more information.

Phone (865) 933-7716

Check our website kidsplaceinc.org for more information on the Millertown Pike field trip location or call the main office at **865-933-7716**. The 2018 Summer Camp Registration is Nonrefundable!

2018 Sevier Co. Summer Camp Registration

Home School _____ Summer Camp School _____

Child(ren) Name _____

Social Security Number (for CAC only) _____

Grade / Age (s) _____ Full Time _____ Part Time (# of days) _____

Home Phone _____ Work Phone _____

Circle T-shirt size: Youth Sizes: 6-8 10-12 / Adult Sizes: Small Medium Large X-large

2018 Registration Fee – \$ 65.00/child. *“Early Bird Special”* price of **\$50.00/child** for those who pay the entire registration fee by 4/13. All children who pay registration will receive a free t-shirt.

Summer Camp Rates - All fees are due in advance by Friday for the up & coming week. Summer fees are due regardless of attendance. A two week notice must be submitted in writing to terminate, alter, or cancel summer services for any reason. Any change in registration will come with a \$35 registration fee. This includes changing from part time to full time and vice versa. **You must choose your attendance rate below for the full summer:**

_____ **Full time (5 days/week) - \$120.00** or _____ **Part time rate (per day) - \$30.00**

Kids Place accepts CAC and Douglas Cherokee. Neither, CAC nor Douglas Cherokee programs cover the \$65.00 registration fee. If you are a DHS Voucher Recipient, attach your voucher to this form. I understand that as a DHS Voucher recipient, I am responsible for payment in full of all monies not paid by DHS. **Weekly fee according to DHS Voucher \$ _____ + Weekly Parent Fee \$10.00 = total parent weekly fee \$ _____.**

Circle Weeks Attending Our Sevier Co. Summer Camp – 1st day of Summer Camp 6/5					
Last day of School 6/2	6/4 - 6/8	6/11 - 6/15	6/18 - 6/22	6/25 - 6/29	7/2 - 7/6 (closed 7/4)
7/9 - 7/13	7/16 - 7/20	7/23 - 7/27	7/30 - 8/3	8/6-8/10 Closed	Full Day 8/13 First Day of School 8/14

Kids Place takes pictures throughout the week. By registering to attend Kids Place, you agree to your child’s pictures being used for promotional purposes, which could include our website and other social media sites.

I understand by signing this agreement that I have read, understand, and agree to abide by the rules outlined in this agreement. I also agree to abide by the terms and policies outlined in the Kids Place handbook.

Guardian(s) Signature _____ **Date** _____

Registration Amount Paid \$ _____ **Check #** _____ **Director Initial** _____

2018 Summer Camp Registration is Nonrefundable!

General Information

Child's name _____ Date of birth _____

Address _____ Best Phone # _____

Grade _____

Parent/Guardian Information

Guardian

Name _____ Best Phone # _____

Address _____

Where employed _____ Work telephone _____

Guardian

Name _____ Best Phone # _____

Address _____

Where employed _____ Work telephone _____

If parents are divorced, which parent has custody of child? _____

For the child's safety, list other persons to whom child may be released:

1. _____ Phone _____

2. _____ Phone _____

Background Information

Other children and adults in the home

Age School children attend

Hobbies & Interests: _____

Does your child play with other children? _____ If not, how does the child react? _____

Is the entire family together for any part of the day? _____

Has your child experienced any of the following in the past year?

Moving _____

Divorce _____

Change of school _____

Serious illness _____

Death in the family _____

Birth in family _____

How would you describe your child?

Active _____

Quiet _____

Shy _____

Friendly _____

Is there any other information I should know about your child? _____

General Information (cont.)

The following individuals (other than guardian) are authorized to pick up the named child and to work with Kids Place staff in the event of an emergency, unforeseen circumstances, or illness:

Authorized Person _____ Best phone # _____
Address _____
Where employed _____ Work telephone _____

The staff of Kids Place has my permission to administer first-aid, including (triple antibiotic ointment, band-aids, peroxide, Benadryl stick, & sunscreen) and seek further medical care for my child in an emergency. I will be notified as soon as possible by a Kids Place staff member. I am responsible for all costs of medical treatment that my child receives.

I understand that my child will be participating in many supervised activities, some of which may result in injury. I will not hold Kids Place, Inc. or the Kids Place staff liable for any injuries that may occur while participating in our program.

Guardian's Signature _____ Date _____

Medical Insurance Company _____

Policy Number _____

Name of physician _____ Phone _____ Address _____

Take child to emergency hospital _____

Please write any special conditions or allergies of which we should be aware: _____

My Child's immunizations are up to date and in the office of _____ school.

My child, has permission to participate and attend field trips planned by the Kids Place program. A notice will be posted at least one day in advance if there is a change in plans or destination.

I will make other arrangements for care if my child cannot participate in that field trip.

I have received a copy of DHS Licensing Requirements and a copy of Kids Place, Inc. Parent Handbook and agree to all of its terms. I understand that I pay my day care fees in advance by Friday for the proceeding week. If I fail to pay on time I understand there is a \$5.00 late charge for each day late. I have filled out a Family Enrollment Form and understand my day care fees to be \$ _____ / week.

On site pre-enrollment visit date: _____

Kids Place takes pictures throughout the week. By registering to attend Kids Place, you agree to your child's pictures being used for promotional purposes, which could include our website and other social media sites.

Guardian Signature _____ Date _____

Site Director Signature _____ Date _____

Child's Health History Checklist

Child's Name _____ Date of Birth _____

Medical History: Check all that applies to your child

Measles	Mumps	Chicken Pox	Whooping Cough
Asthma	Tonsillitis	Ear Infections	Free Bleeder
Meningitis	Seizures	Reaction to TB Skin Test	

Allergies: _____

Is there any evidence of:

Check all that applies to your child

- | | |
|--|--|
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Vision difficulties |
| <input type="checkbox"/> Speech difficulties | <input type="checkbox"/> Kidney problems |
| <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Behavior difficulties |

If you checked any of the above, please give additional information below.

Inform us below of any other medical situations that pertain to your child:

Previous Hospitalization _____

Serious Illnesses _____

Medications Taken Regularly _____

Any other medical condition / special problem we would need to be aware of _____

When did your child have their last tetanus shot? _____

When was their last visit to the doctor? _____

Guardian Signature _____

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Jr. Olympic Pool*	Pool Obstacle Course & Jostling	Pedal Karts*
Mud Obstacle Courses	Low Ropes Course*	Climbing Walls*
Archery*	Roller Skating*	Fishing
Paintball Range*	Game Pavilion	Kickball/Football
Water Slides	Mountains Games	Theater & Art
Water Town	Inflatable Obstacle Courses	Zip Lines*
Mechanical Red Neck Games	Mechanical Bull & Surfing Games	

*Some activities require certified staff and safety harnesses, equipment, and helmets to safeguard them during their activity. Our camp has certified staff in the following activities; lifeguard, archery, zip line, and climbing walls. Training is required for all activity areas as well as inspections of equipment.

Release of Liability and Assumption of Risk

I give my permission for my child to ride the Kids Place school bus and participate in the activities listed in bold above at KP Millertown Campus and for my child to be transported by bus to the campus. I acknowledge that participating in the above list of activities entails risks that could result in physical or emotional injury, paralysis, or death. I understand that the risk cannot be eliminated without jeopardizing the essential qualities of the activity. I release and agree to indemnify and hold harmless Kids Place, Inc. from any claims that are in any way connected with my child's participation or claims that Kids Place, Inc. was negligent.

School Site _____

Child's Name _____

By signing this document, I acknowledge that if my child is hurt, I may be found by a court of law to have waived my right to maintain a lawsuit against Kids Place, Inc. on the basis of any claim from which I have released them. I have had sufficient opportunity to read this agreement, understand it, and agree to be bound by its terms.

Guardian's Signature _____

On field trip days, please have your children at the site by **8:00am** and ready to go in a KP field trip t-shirt and appropriate clothing for that particular field trip. **There is a lot to be done prior to leaving on the field trip so arriving on time is extremely essential. No child shall be allowed to leave the site without appropriate clothing and KP t-shirt! Expect to be sent back home without one!** Children are not allowed to join us after we board the bus or at our destination due to ratios and safety. Please be on time!

If we have to change a trip due to weather or add anything pertaining to a field trip it will be noted on the dry erase board. Again, please check for menu changes and what is needed from home for the field trip.