

Bigfork ACES 2017 Summer Camps

Youth Information

Participant's Name (please print): _____

Gender: _____ Date of Birth: _____

School: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Ethnicity: _____

Age: _____ Physical Restrictions _____

Family Information

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone No(s): _____ Email: _____

If living at a separate location

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone No(s): _____ Email: _____

Transportation

I (or someone I designate) will pick my child up from program.

Name of Person and Alternate: _____

My child will walk home alone from the program. Please indicate when they may leave _____.

Other: _____

Health Release

I give permission for the activity leader in charge to act on my behalf to take measures he or she deems necessary in the event of sickness or injury during the field trip. I agree to pay for any medical expenses for my child whose name appears above.

Current medical conditions _____
(including allergies) or medication: _____

Insurance Company: _____

Policy No.: _____ Policyholder's Name: _____

Signature: _____ Date: _____

Permissions

Please indicate below whether you give permission for the following things:

- The program to take and use photos of your child for the purpose of promoting the program (e.g., on our website, in program brochures)
 Yes No
- The program to survey your child occasionally in order to improve the program (*Note: Any survey that is part of a research study or for any purpose other than program improvement will have a separate permission process. This is just for program improvement information.*)
 Yes No

CONFIDENTIAL INFORMATION

Name of Child _____ Grade _____ School _____

Lunch Status: _____ Free _____ Reduced _____ Non-subsidized

All children will be offered breakfast, lunch and afternoon snack. Please indicate if you do NOT want your child to participate in the meals program. _____ NO. My child will not participate.

Please indicate any food allergies _____

PART A

I the undersigned (as a parent or guardian of the participant, a minor), give permission for mutual exchange of information between the 21st Century Afterschool Program and your school district regarding health and safety issues, food program status, immunization records, IEP records and academic achievement.

PART B

I the undersigned (as a parent or legal guardian of the participant, a minor), hereby authorize the staff of the 21st Century Community Learning Center after school program volunteers, coaches, trainers, supervisors, instructors and drivers as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital or by licensed medical personnel. Staff will NOT medicate children. Parents/guardians are ENTIRELY responsible for medications and for personally arranging for or insuring the proper and timely medicating of their child.

Signature _____ Date _____

Summer Camp Registration

Title of Camp	Group	Week - Dates	Camp Fee	Ext Hours Fee
Spy Camp	Red Barons	July 20-24	\$40	\$20

We serve nutritious breakfast, lunch and snack every day at camp at no extra charge.

2017 CAMP FEES WEEKLY and FULL SUMMER RATES – Total 9 weeks

Camps run in two sessions. Please indicate if they will participate in the morning only session or full day session.

LUNCH STATUS

	Camp - \$110	Before & After Camp Care - \$30	
Reduced Lunch Status	Camp - \$40	Before & After Camp Care - \$20	
Free Lunch Status	Camp - \$30	Before & After Camp Care - \$10	

Camp Pass	\$800	Super Pass	\$950 (extended day)
Camp Pass Reduced Status	\$300	Super Pass	\$400 (extended day)
Camp Pass Free Status	\$200	Super Pass	\$250 (extended day)

A current copy of your Free/Reduced Lunch Status must accompany this form unless you have provided one for the afterschool program already.

PLEASE ASK FOR DISCOUNTED RATES FOR MORE THAN ONE CHILD

Fees

Camp Fees	\$
Extended Hours Fees	\$
Camp/Super Pass Fee	\$
Grand Total	\$
Amount enclosed to secure registration	

FEES ARE BASED ON A CHILD’S ELIGIBILITY FOR THE NATIONAL SCHOOL FREE AND REDUCED LUNCH PROGRAM. If you feel you may qualify, please contact **YOUR** school for verification!

Please note you must prepay in full to reserve a spot in any camp and must give 7 days cancellation notice for a full refund.

If you have an outstanding balance at ACES you will be placed on a waiting list until your balance is paid in full.