



All Saints Catholic School Childcare/Summer Camp
Bangor, Maine 04401
(207) 941-9585

SUMMER CAMP 2020 – ENROLLMENT APPLICATION

Child's Name: _____ Nickname: _____

Address: _____ Home Phone: _____

Gender: _____ Date of Birth: _____ Grade: _____ Age as of June 21st _____

Child's Ethnicity: (Please check one. We are responsible for reporting the following information in our annual reports)

- Checkboxes for American Indian, Asian, Native Alaskan, Black, Multi-racial, Hispanic, Native Hawaiian, Pacific Islander, White

Child's Religion: _____ Church Attending: _____

PERSON'S HAVING LEGAL CUSTODY OF CHILD

Name: _____ Relationship to Child: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Occupation: _____

Business Address: _____

Name: _____ Relationship to Child: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Occupation: _____

Business Address: _____

If a custody arrangement or agreement exists, explain and attach supporting documentation (including pertinent visitation agreements, or a copy of the court decree). If any of the above information changes, please inform us immediately.

SIBLINGS

Table with 3 columns: Name, Age, Birthdate. Includes three rows of blank lines for data entry.

CHILD RELEASE INFORMATION

Children will not under any circumstances be released to any person without the expressed consent to do so by the child's custodial parent(s) or guardian(s). Prior to pick up, please inform the childcare office if someone other than yourself or those listed below are picking up your child.

Name: _____ Contact Phone: _____ Relationship to child: _____

Name: _____ Contact Phone: _____ Relationship to child: _____

Name: _____ Contact Phone: _____ Relationship to child: _____

REGISTRATION

~ See attached Sign-up Sheet ~

EMERGENCY INFORMATION

Persons to be called in case of an emergency if custodial parent(s) or guardian(s) are unavailable.

Name: _____ Relationship to child: _____

Home Address: _____ Phone Number: _____

Business Address: _____ Business Phone Number: _____

Name: _____ Relationship to child: _____

Home Address: _____ Phone Number: _____

Business Address: _____ Business Phone Number: _____

Name: _____ Relationship to child: _____

Home Address: _____ Phone Number: _____

Business Address: _____ Business Phone Number: _____

MEDICAL RECORD AND HISTORY

(To be completed by parent / guardian)

Present general health: _____

Special needs: _____

Past serious illness: _____

Medications your child takes: _____

PLEASE NOTE: If your child requires medication to be administered at school, please complete an Authorization to Dispense Medication Form, available upon your request.

Child's Physician: _____ Phone Number: _____

Child's Dentist: _____ Phone Number: _____

Does your child see any other doctors besides their physician or dentist? Yes No

If yes, please explain: _____

1. Does your child have any medical issues? (For example: asthma, epilepsy, etc.) Yes No

2. Have there been any previous hospitalizations? Yes No

If yes, please explain: _____

3. Any allergies? Yes No

If yes, please explain: _____

4. Any previous diseases or illnesses? Yes No

If yes, please explain: _____

5. Any operations? Yes No Dates: _____

6. Any physical handicaps? Yes No

If yes, please explain: _____

7. Is there any history of convulsions or seizures in child? Yes No

If yes, please explain: _____

8. Is there any history of diabetes in child? Yes No

9. Is there any history of diabetes in family? Yes No

10. Is there any history of heart trouble in child? Yes No

11. Is there any history of heart trouble in family? Yes No

12. Is there any history of developmental delays in child? Yes No

If yes, please explain: _____

AGREEMENTS

Hospital Preference _____ (initial)

I, _____, hereby give authorization to All Saints Catholic School Child Care/Summer Camp and its employees to obtain emergency medical treatment for my child in the event of sudden illness or injury.

Hospital preference, if any: _____

AGREEMENTS (CONTINUED)

Sunscreen and Insect Repellant _____(initial)

I, _____, give permission for my child, _____, to have:

Sunscreen: Yes No

Insect repellent: Yes No

Permission will allow staff to apply the above as needed. I will supply sunscreen labeled for my child as needed.

PHOTOS _____(initial)

I, _____, give permission for All Saints Catholic School personnel to:

Photograph my child for brochure of All Saints Catholic School Child Care Program Yes No

Photograph my child for use within the classroom (non-publicity) Yes No

Include my child’s class picture in the All Saints Catholic School Yearbook Yes No

Photograph my child for picture on the website. Yes No

ONE-WEEK TRIAL PERIOD AGREEMENT FORM

I, _____, consent and agree to a One-Week trial period for _____ dating from his or her first attendance at All Saints Catholic School Child Care (Summer Camp). I understand that if, at any time during this One-Week trial period, the child does not show signs of adjusting or is not ready for this type of Child Care experience, based on improper behavior, emotional disturbances or mental health conditions too severe to be handled by the staff in this environment, action will be taken

(Administrator’s Signature)

(Parent/Guardian Signature)

(Date)

FEE AGREEMENT

I agree to the following conditions regarding care for my child by All Saints Catholic School Child Care – Summer Camp.

The tuition fee for child care and Summer Camp services is to be paid weekly on Wednesday. If the fee is not paid in any two-week period, services may be terminated until the fee is collected, unless arrangements are made with the Director.

FEES ARE AS FOLLOWS:

Please note these are daily charges, **PRICES ARE SUBJECT TO CHANGE.**

Daily Summer Camp Rate - \$40

I understand that payment is due by means of either of the following:

- Tuition Express Weekly Debits** – The checking or savings account on record will be debited weekly for the amount due, per your Fee Agreement.
- Prepay** – Prepayment to be made at the start of the Summer Camp Program

Parent's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

Office Use

Check number: _____
Admittance Date: _____ Date of Dismissal: _____

Medical Conditions/Allergies: _____

Immunization Records

(to be completed by child's physician)

PATIENT NAME: _____ DATE OF BIRTH: _____

DTAP/DTP/DT/TETRA _____

DTAP/DTP/DT/TETRA _____

DTAP/DTP/DT/TETRA _____

DTAP/DTP/DT/TETRA _____

ADULT TD _____

OPV/IPV _____

OPV/IPV _____

OPV/IPV _____

OPV/IPV _____

HEPTB/HIB _____

HEPTB/HIB _____

HEPTB/HIB _____

HEPTB/HIB _____

MMR _____

MMR _____

PNEUMOCOCCAL CONJUGATE

PREVNAR _____

PREVNAR _____

PREVNAR _____

PREVNAR _____

HIB _____

HIB _____

HIB _____

HIB _____

VARICELLA _____

PPD/TINE T _____

FLU _____

ALLERGIES _____

CONTRACTED DISEASES _____

EXEMPTIONS FROM VACCINATIONS:

MEDICAL _____ RELIGIOUS _____