

**JEFFERSON PARISH PUBLIC SCHOOLS
COMMUNITY PROGRAMS
SUMMER CAMP 2014
REGISTRATION AND HEALTH INFORMATION**

SITE:	AMOUNT PAID: _____
	DATE PAID: _____
	Reg. check # _____

Child's Name: _____ Date of Birth: _____ Sex: _____ Age: _____ Grade: _____
 Home Address: _____ City: _____ State: **LA** Zip: _____
 Mother/Guardian _____ Cell _____ Home _____ Work _____
 Father/Guardian _____ Cell _____ Home _____ Work _____

CHILD CARE MAY CALL THE FOLLOWING IF I CAN NOT BE REACHED:

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Doctor _____	Phone _____	
Hospital _____	Phone _____	

PLEASE NOTE THAT YOUR CHILD WILL NOT BE RELEASED TO ANYONE OTHER THAN THOSE LISTED ABOVE.

EMERGENCY PARENTAL PERMISSION: In case of injury or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the doctor indicated above and to follow his/her instructions. If it is impossible to contact this doctor, the school may make whatever arrangements are necessary. _____ Please initial

HEALTH INFORMATION: Please circle yes or no if any of the following pertains to your child.

MY CHILD HAS/IS:

Allergies	yes * no	* If yes please list: _____		
Blind/Partial Sight	yes no		REQUIRES MEDICATION:	yes * no
Confined to wheel chair	yes no		Asthma	yes no
Diabetes	yes* no		Cerebral Palsy	yes no
Epilepsy	yes no		Deaf /Hard of Hearing	yes no
Muscular Dystrophy	yes no		Severe speech problems	yes no
Special Education Classification: _____			Other medical problems: _____	

* If student is required to take medication during Child Care the proper paper work must be completed and reviewed by the nurse before the student can start the Summer Camp program. See Director for paper work.

CAMP FEES:

NO CASH ACCEPTED/NO REFUNDS/NO CREDITS

My child will attend: (Circle one)

REGISTRATION:	\$ 50.00		DROP IN FEES: Drop in fee plus the cost of field trip required on field trip days		CAMP
WEEKLY FEES:		PARTICIPATION COST & TIME			CAMP & AM
CAMP	\$ 60.00	8 AM - 3 PM	CAMP	\$ 15.00	CAMP & PM
CAMP & AM	\$ 80.00	7 AM - 3 PM	CAMP & AM	\$ 20.00	CAMP & BOTH
CAMP & PM	\$ 87.00	8 AM - 6 PM	CAMP & PM	\$ 22.00	
CAMP & BOTH	\$ 92.00	7 AM - 6 PM	CAMP & BOTH	\$ 26.00	

My child will attend the following weeks: _____ All, Wk 1, Wk 2, Wk 3, Wk 4, Wk 5, Wk 6, Wk 7, Wk 8

CHILD CARE REGULATIONS:

PLEASE READ THE FOLLOWING & THE COMMUNITY EDUCATION CHILD CARE PARENT HANDBOOK

- Your child will be released only to persons listed on this registration form.
- All tuition is due on **Monday** or the first school day of the week. A penalty fee of \$5.00 per day/per family will be charged for all late payments including drop-in fees. If payment is not received by Friday, the student(s) may not attend until payment is made.
- PAYLIANCE** handles any NSF checks received. Name, address, child's name and phone number must be on all checks.
- A late fee is collected for children picked up after 6 p.m. closing. (\$1.00 for each additional minute) **FEES ARE PER FAMILY.** After 3 occurrences, your child may be dismissed from the Child Care Program.
- Discipline problems may result in dismissal from the Summer Camp Program.
- A charge of \$15.00 is required for additional copies of receipts.

ACTIVITIES: My child can not participate in the following activities (Please initial all that apply)

Weekly Field Trip _____ Exercising _____ Storytelling _____ Group Games _____ Arts & Crafts _____ Drug Free Program _____
 Sports _____ Singing _____ Dancing _____ Talent Show _____ Swimming/Camp Water Activities _____ News Photos _____

I HAVE READ THE ABOVE LISTED CHILD CARE REGULATIONS AND UNDERSTAND MY RESPONSIBILITY TO THE PROGRAM.

Parents/Guardians Signature _____

Date _____