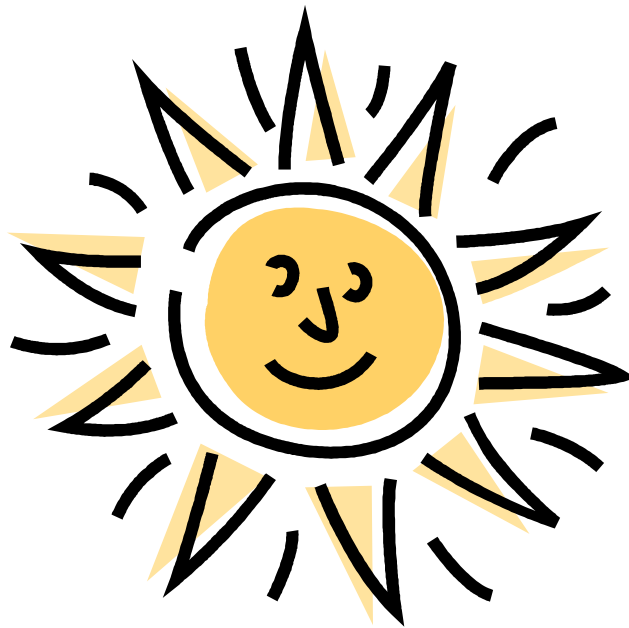


TLC 4 Kids Summer Camp

(Ages K-5th grade)



REGISTRATION PACKET

Child's Name _____

Enrollment Form

_____Weeks Attending Form

Swimming Experience Form

 Allergy Form (If form not applicable to your child, please put N/A on form and SIGN IT!)

_____ **Medical Form** (If form not applicable to your child, please put N/A on form and SIGN IT!)

Summer Camp Contract

YS	YM	YL	YXL	AS	AM	AL	AXL
(Youth)				(Adult)			

Amount Paid

Payment Method _____

Date Received _____

TLC 4 Kids Summer Camp ENROLLMENT FORM

Child's Name _____ Sex _____ Age _____ Date of Birth _____

Grade Just Completed: _____ Email Address: _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____ Cell Phone Number _____

Father's Home Address (if different from child's) _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Cell Phone Number _____

Mother's Home Address (if different from child's) _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements (check one): () Both Parents () Mother () Father () Other

Permissions:

- I give TLC 4 Kids Summer Camp permission to apply bug spray to my child. YES / NO
- I give TLC 4 Kids Summer Camp permission to apply sunscreen to my child. YES / NO
- I give TLC 4 Kids Summer Camp permission to photograph my child during school events and use those pictures on our church social media sites. YES / NO

Parent Signature

Date

Emergency Medical Authorization

In the event neither parent nor guardian can be reached and medical treatment is indicated, TLC 4 Kids Summer Camp has my permission to authorize medical treatment for my child_____. TLC 4 Kids Summer Camp uses Emory Eastside Medical Center for emergency treatment.

Parent Signature

Date

The child may be released to the person(s) signing this agreement or to the following:

* Name_____ Address:_____

Telephone Number_____ Relation to child_____

Relationship to Parent(s) or Guardian_____

Other identifying information (if any) _____

* Name_____ Address:_____

Telephone Number_____ Relation to child_____

Relationship to Parent(s) or Guardian_____

Other identifying information (if any) _____

Persons to contact in the case of an emergency when parent or guardian cannot be reached:

Name_____ Telephone Number_____

Name_____ Telephone Number_____

Name of Public or Private School that child attends_____

Child's doctor or clinic name_____

Doctor/clinic phone number_____

My Child has the following special needs_____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

Summer Camp Reservation Form

(This form MUST be filled out! Changes can be made to form by Friday prior to the reserved week!)

Child's Name _____

Please circle the weeks your child will be attending.

	<u>DATES</u>	<u>ATTENDING</u>		<u>TUITION</u>	<u>DUE</u>
Week #1	June 1-June 4	Yes	No	\$120.00	June 1
Week #2	June 7-June 11	Yes	No	\$150.00	June 4
Week #3	June 14-June 18	Yes	No	\$150.00	June 11
Week #4f	June 21-June 25	Yes	No	\$150.00	June 18
Week #5	June 28-July 2	Yes	No	\$150.00	June 25
Week #6	July 6-July 9	Yes	No	\$120.00	July 2
Week #7	July 12-July 16	Yes	No	\$150.00	July 9
Week #8	July 19-July 23	Yes	No	\$150.00	July 16
Week #9	July 26-July 30	Yes	No	\$150.00	July 23
Week #10	Aug 2-3	Yes	No	\$60.00	July 30

*\$30.00 Weekly discount for sibling(s)

FEES NEED TO BE PAID THE FRIDAY PRIOR TO THE RESERVED WEEK.
NO EXCEPTIONS!

If we are not notified that your child will not be attending by the Friday prior to the week reserved, you will be responsible to pay for that week in full.

Swimming Permission Form

My child, _____, has permission to participate in scheduled swimming at:

**Briscoe Park Swimming Pool
2500 Sawyer Prkwy
Snellville, GA 30078
770-985-3535**

I understand children will be swimming in over two feet of water, and the proper student/teacher ratio will apply as mandated by state licensing. A certified lifeguard will be at the pool at all times.

If your child has successfully completed a swimming class requiring him/her to swim a distance of 15 yards unassisted, please attach a copy of the certificate. Without receipt of certificate, each child will be tested for his/her swimming ability before being allowed to go swimming by the certified lifeguards employed by TLC 4 Kids Summer Camp Program.

Please check off appropriate skill level for your child:

_____ **Non-swimmer (requires flotation device provided by parent)**

_____ **Emerging swimmer (can stay afloat in 4 ft of water for a short period of time WITHOUT a flotation device)**

_____ **Independent swimmer (can swim length of pool WITHOUT flotation device)**

Your signature constitutes and is evidence of:

- Your consent to permit your child to participate in swimming activities.
- Your agreement to accept general liability for the participation of your child in the swimming activities.
- Your agreement to waive, release, indemnify and hold harmless TLC 4 Kids Summer Camp Program and Trinity Lutheran Church, its members, agents and employees from any and all claims and liability arising out of your child's participation in the program.

Parent/Guardian (Please Print)

Parent/Guardian Signature

Date

Allergy Action Plan Form

(To be completed by Health Care Provider ONLY)

Child's Name _____ D.O.B _____

Allergy (check applicable)

- ☐ Foods (list) _____
- ☐ Medications (list) _____
- ☐ Stinging Insects (list) _____
- ☐ Latex _____

If these symptoms: (to be determined by physician authorizing treatment)

- | | | |
|--|--------------------------------------|--|
| • If food is ingested but no symptoms | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Mouth: Itching, tingling, swelling of the lips or tongue | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Skin: Hives, itchy rash, swelling of face or extremities | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • GI: Nausea, abdominal cramps, vomiting, diarrhea | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Tightening of throat, hoarseness, hacking cough | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Shortness of breath, repetitive coughing, wheezing | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Thready pulse, fainting, pale, blueness | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Other _____ | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Several of the above areas affected | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

Antihistamine: _____
Medication/dose/frequency

Epinephrine: inject intramuscularly (circle all that apply) EpiPen EpiPen Jr. Twinject 0.3mg Twinject 0.15mg
(If Epinephrine is administered during a reaction, CALL 911. State that an allergic reaction has been treated and additional Epinephrine may be needed. Send used Epinephrine device with student to the Emergency Room.)

Other: _____

Parent or Guardian Information (Please Print)

Mother's Name _____

Home # _____ Cell # _____ Work # _____

Father's Name _____

Home # _____ Cell # _____ Work # _____

*Parent agrees to provide necessary supplies including EpiPen and Antihistamine. Parent agrees to notify TLC Community Schools of any changes in the student's health status. Parent agrees to allow TLC Community Schools to act upon these instructions.

Parent Signature _____ Date _____

Asthma Action Plan Form

(To be completed by Health Care Provider Only)

Child's Name _____ D.O.B. _____

Emergency action is necessary when the child has symptoms such as _____

Step 1.

Emergency Asthma Medication:

Name	Amount	When to use

Step 2.

Seek emergency medical care if the child has any one of the following:

- No improvement minutes after initial treatment with medication
- Struggling to take a breath
- Chest and neck pulled in with breathing
- Child having trouble walking or talking
- Lips or fingernails are gray or blue

Special Instructions _____

Parent Information: (Please print)

Mother's Name _____

Home # _____ Cell # _____ Work # _____

Father's Name _____

Home # _____ Cell # _____ Work # _____

*Parent agrees to provide medication(s) needed to treat asthma symptoms. Parent agrees to notify TLC Community Schools of any changes in the child's medical status. Upon signing this form, parent agrees to allow TLC Community Schools to treat child for asthma symptoms or to call 911 if asthma symptoms do not improve.

Parent signature _____ Date _____

TLC for Kids Summer Camp Contract

This contract is entered into by _____
(print parent's name)
and TLC for Kids Summer Camp, provider, for the purpose of securing
arrangements for childcare for _____.
(print child's name).

The parent agrees:

1. To pay a registration fee of \$100.00 per child for TLC for Kids Summer Camp. No sibling discount for registration fee.
2. To pay the Provider the rate of \$ 150.00 per week for summer camp services for their child. There is a \$30.00 discount for sibling(s) for weekly tuition only.
3. To pay tuition to the Provider by the Friday prior to the week that camp occurs.
4. To pay the Provider an overtime rate of \$1.00 a minute for every minute beyond 6:30pm that the parent is late when picking up his/her child.
5. To pay for the week in full if the provider is not notified the Friday prior to a child's reserved week that they will not be in attendance.
6. To inform the Provider by 9:00am of child's absence from camp.
7. To make their presence known to staff upon arriving at the center by calling 678-344-3575. No parents are allowed in the building due to Covid policies.
8. To come to the center to pick up their child as soon as possible when child is sick.
9. To not bring child to center when child has a fever, unexplained rash, diarrhea, vomiting, or any other symptom of a contagious illness.
10. To keep the center informed of changes in emergency contact information, allergies, medical conditions, and written notice of person(s) to whom the child may be released.
11. To maintain open communication with the child's teacher(s) and Director of the center.

Parent Signature _____ Date _____

TLC Summer Camp Calendar

Week	Monday	Tuesday	Wednesday	Thursday	Friday
June 1-4 "Summer's Here!"	Memorial Day No Camp!	First Day of SUMMER CAMP!	Craft	Water Day *BRING swimsuit, towel, flipflops, sunscreen	Field Trip Stone Mountain Park Hike/Picnic
June 7-11 "Sportastic"	Craft	Pool Day Briscoe Park Pool *BRING swimsuit, towel, flipflops, sunscreen	Field Trip Get Air Trampoline Park	Water Day *BRING swimsuit, towel, flipflops, sunscreen	Field Trip Get Air Trampoline Park
June 14-18 "Zooming Thru Outer Space"	Craft	Pool Day Briscoe Park Pool *BRING swimsuit, towel, flipflops, sunscreen	Craft or Field Trip Planetarium	Water Day *BRING swimsuit, towel, flipflops, sunscreen	Craft or Field Trip Planetarium
June 21-25 "That's Gross"	Craft	Pool Day Briscoe Park Pool *BRING swimsuit, towel, flipflops, sunscreen	Craft	Water Day *BRING swimsuit, towel, flipflops, sunscreen	In-House Field-Trip High Touch High Tech Science Program
June 28-July 2 "Treasure Island"	Craft	Pool Day Briscoe Park Pool *BRING swimsuit, towel, flipflops, sunscreen	Craft or Field Trip Miniature Golf	Water Day *BRING swimsuit, towel, flipflops, sunscreen	Craft or Field Trip Miniature Golf
July 6-9 "Party in the USA"	Craft	Pool Day Briscoe Park Pool *BRING swimsuit, towel, flipflops, sunscreen	Craft	Pool Day Briscoe Park Pool *BRING swimsuit, towel, flipflops, sunscreen	Field Trip "Movie Theater"

July 12-16 "Animal Planet"	Craft	Pool Day Briscoe Park Pool *BRING swimsuit, towel, flipflops, sunscreen	Craft	Water Day *BRING swimsuit, towel, flipflops, sunscreen	Field Trip Yellow River Animal Sanctuary
July 19-23 "Building and Beyond"	Craft	Pool Day Briscoe Park Pool *BRING swimsuit, towel, flipflops, sunscreen	Craft or Field Trip LegoLand	Water Day *BRING swimsuit, towel, flipflops, sunscreen	Craft or Field Trip LegoLand
July 26-30 "Going for the Gold"	Craft	Pool Day Briscoe Park Pool *BRING swimsuit, towel, flipflops, sunscreen	Craft	Water Day *BRING swimsuit, towel, flipflops, sunscreen	In-House Field Trip Olympic Games Ice Cream Truck
August 2-6 "So Long Summer!"	Full Day Summer Camp	Full Day Summer Camp	First Day of GCPS for K-1 st Full Day Digital Learning 2 nd -5 th Before/After School Care Begins for K-1 st	First Day of GCPS for 2 nd -3 rd Full Day Digital Learning 4 th -5 th Before/After School Care Begins for 2 nd ,3 rd	First Day of GCPS for 4 th -5 th Begins <u>Aug. 9</u> Full Day Digital Learning 4 th -5 th BEFORE/AFTER SCHOOL CARE BEGINS <u>AUG.9</u> for 4th -5th

**ON ALL SWIMMING DAYS, WE WILL BE SWIMMING AT BRISCOE PARK
SWIMMING POOL LOCATED AT
2500 Sawyer Pkwy Snellville, GA 30039**

**Sometimes weather does not permit us to swim. Unfortunately, we are unable
to make up swim days.**

Field Trips are subject to change if necessary.