Summer Day Camp Application 2016

New Student Enrollment

Academy of the Son
THE SALVATION ARMY

Child's Name: _____

Date of Birth: _____ Age: _____

Gender: **M / F** 2015-16' School Year Grade: _____

School: _____

Allergies: _____

Medical/Other Notes: _____

_____

_____

Weeks attending Day Camp: (Check all that apply)

1 Jun 27 - Jul 1	2 Jul 5- Jul 8	3 Jul 11- Jul 15	4 Jul 18- Jul 22	5 Jul 25- Jul 29	6 Aug 1- Aug 5	7 Aug 8-Aug 12	8 Aug15-Aug19	9 Aug 22-Aug 26	10 Aug 29-Sep 2

*Please note that we will be closed Monday July 4th.

- ☐ Application
- ☐ Registration Fee ($25)
- ☐ Copies of Parent IDs
- ☐ Copy of Child's Birth Certificate

For Office Use Only
Date Received: _____
Received By: _____

The Salvation Army Torrance

4223 Emerald Street, Torrance, CA 90503
Office Bookings: 310-370-4515
lorna.banuilos@usw.salvationarmy.org

The Salvation Army

Mission Statement of the Academy of the Son

Our mission is to empower children to develop independence, resilience, and critical thinking skills. Engage their creativity by providing a well structured sequence of learning activities that encourage children to question, construct, problem solve, and perform open ended tasks. Finally, to explore both God's word and God's world and understand how this can apply to their lives.

Parental Statement of Enrollment

I wish to enroll (child's name) _____ in The Academy of the Son at The Salvation Army Torrance Corps. In signing this application, I agree that after a place has been secured, my child will participate in all activities while he/she is attending the academy unless dismissed for breach of academy policy. In the event of dismissal, or voluntary/automatic withdrawal, there will be no refund of fees.

Parent's Acknowledgement of Handbook

I, _____, acknowledge receipt of The Salvation Army Parent Handbook and agree to read and abide by the rules, practices, and guidelines for my child, _____, participation in The Salvation Army Torrance Corps Summer Day Camp.

I further understand that The Salvation Army is mandated by the State of California to report any suspicious circumstances that might be a symptom of abuse.

Academy of the Son
THE SALVATION ARMY

Office Use

_____
Business Administrator Date

_____
Program Director Date

_____
Corps Officer Date

Contact Information

Parent/Guardian Information

Name:_____ Cell Phone: _____

Relationship to Child: _____

Email Address: _____

Preferred Method of Contact: _____

Parent/Guardian Information

Name:_____ Cell Phone: _____

Relationship to Child: _____

Email Address: _____

Preferred Method of Contact: _____

Emergency Contact #1

Name: _____

Relationship to child:_____

Cell Phone: _____

Emergency Contact #2

Name: _____

Relationship to child:_____

Cell Phone: _____

Please list any other people authorized to pick up your child/ren:

Name/Relationship to Child: _____

Name/Relationship to Child: _____

Name/Relationship to Child: _____

Name/Relationship to Child: _____

Academy of the Son
THE SALVATION ARMY

Parent Signature _____

Date _____

Activity Release

The Salvation Army Torrance - Summer Day Camp

I, _____, parent/guardian of _____, give my permission for _____ to attend and participate in activities sponsored by The Salvation Army's Torrance Corps Academy of the Son.

I agree to the conditions, regulations and policies of The Salvation Army, and accept full financial and legal responsibility. Additionally, I authorize the Administrators of this program to provide reasonable and necessary emergency medical treatment to my child should it become necessary during their participation in this program.

I agree to relieve The Salvation Army, it's directors, officers, employees, volunteers, agents or other representatives from any and all liability in connection with any loss, damage or injury arising from my child's participation in this program, except as such loss, damage or injury arises from The Salvation Army's sole negligence.

I acknowledge that I have carefully read this document, that I know and understand its content, and that I sign this document by my own free will.

Photograph & Transportation Consent

I herby give my consent and permission to The Salvation Army of Torrance, to photograph my child and to use any and all such photographs for any and all promotional purposes of The Salvation Army.

I herby give my consent and permission to The Salvation Army to transport my child/ren from any and all facilities necessary for youth programming.

_____ _____

(Child Name - Please Print) (Date)

_____ _____

(Parent's Name - Please Print) (Parent's Signature)

_____

(Parent's Phone Number)

_____

(Emergency Contact Name)

_____

(Emergency Contact Phone Number)

Academy of the Son
THE SALVATION ARMY

Tuition Agreement

The Salvation Army Torrance - Summer Day Camp

Registration Fee: $25

Tuition: $135/week **(Inclusive of snacks, activities, transportation and excursions)**

My Child, _____ will be attending Day Camp: (Check all that apply)

Week	1	2	3	4	5	6	7	8	9	10
Dates	6/27-7/1	7/5-7/8	7/11-7/15	7/18-7/22	7/25-7/29	8/1-8/5	8/8-8/12	8/15-8/19	8/22-8/26	8/28-9/2
Day Camp										

I, (parent full name) _____, hereby agree to pay the following amounts:

	Registration Fee	Weeks Attending Day Camp	Day Camp Payment	TOTAL PAYMENT
Child	$		$	$

1. All payments are due no later than the Monday of each week.
After which payments are considered late. PLEASE NOTE THAT ONLY CHECKS, DEBIT/CREDIT CARDS OR MONEY ORDERS ARE ACCEPTED, NO CASH .

2. Late Payment: Failure to pay Day Camp fees may result in the loss of reservation and placement on the wait list for the session of Day Camp in question.

3. Refund Policy/Termination of Attendance Agreement: Written notice received two weeks prior to discontinuing a child in the program will be entitled to a refund of fees paid beyond the final date of attendance. All refunds are subject to a 50% processing fee deducted from the refunded amount. Refunds will not be issued unless written notice is received two weeks prior to discontinuing a child in the program. Refunds will be processed and given within 15 working days after the final day of attendance.

Note: Automatic Credit Card Payments can be set up through the office if desired. Inquire with office staff.

Parent Signature_____ Date_____

Academy Director_____ Date_____

Academy of the Son
THE SALVATION ARMY

Sun Safety Release

The Salvation Army Torrance - Summer Day Camp

The Salvation Army Torrance 'Academy of the Son' Summer Day Camp is designed to be a fun, safe and educational program for your child.

As a part of programming, your child will spend a portion of their day outdoors including, but not limited to; snack and lunch time, outdoor free play, outdoor organized activities and excursions.

It is highly recommended that your child applies sunscreen before arriving on site and continues to reapply sunscreen throughout the day. Additionally, it is recommended that children are wearing clothes conducive to summer elements, for example: a shirt that covers their back and shoulders, a hat and a rash vest during water play activities.

Please indicate below if you give permission for staff to aid your child in the application of sunscreen while at Summer Day Camp.

☐ **YES** **I grant permission for sunscreen to be applied to my child.**

☐ **NO** **I do not give permission for sunscreen to be applied to my child and I will not hold The Salvation Army Torrance 'Academy of the Son' Summer Day Camp responsible for any sun burns or related injuries received.**

All children will be reminded to apply sunscreen and wear a hat whenever outdoor activities occur.

Parent Signature: _____

Date: _____

Academy of the Son
THE SALVATION ARMY

Code of Conduct

The Salvation Army Torrance - Summer Day Camp

Children:
I promise to uphold the 'Academy of the Son' Summer Day Camp Code of Conduct.

I will:

- Listen to instructions from my leader and follow directions the first time.
- Speak politely to others and use my manners.
- Be responsible for my belongings.
- Use Day Camp facilities and equipment in a safe way and tidy up supplies I use.
- Never use my body or words in a way that might be harmful or hurtful towards myself or others.
- Stay with my group and try my best in our activities.
- Sit sensibly on buses and walk safely on excursions.
- Accept consequences (time out, call to parent, suspension from camp etc.) if I choose not to follow camp rules.

I will follow the Code of Conduct to help myself and others have a great time at Camp!

Child Signature: _____ Date:_____

Parent/Guardian: I have discussed this Code of Conduct with my child and agree to support the 'Academy of the Son' Day Camp in upholding such standards. I promise to speak with staff politely on all occasions and ensure outstanding payments for Camp fees are honored in the time frame agreed upon. I will inform staff of any changes that may impact my child while they are at Camp during the summer.

Parent Signature: _____

Date: _____

Academy of the Son
THE SALVATION ARMY

IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS NUMBER	STREET	CITY	STATE ZIP	BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS NUMBER	STREET	CITY	STATE ZIP	HOME TELEPHONE ( )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS NUMBER	STREET	CITY	STATE ZIP	HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME		DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME		DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only*)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES (**For infants and preschool-age children only*)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*

DIET PATTERN: (What does child usually eat for these meals?)		WHAT ARE USUAL EATING HOURS?
	BREAKFAST	BREAKFAST _____
	LUNCH	LUNCH_____
	DINNER	DINNER

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

(1) To be accorded dignity in his/her personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.

(3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.

(4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.

(5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.

(6) Not to be locked in any room, building, or facility premises by day or night.

(7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE: **PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.

2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.

3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.

4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.

5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.

6. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name: _____

   Licensing Office Address: _____

   Licensing Office Telephone #: _____

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.

8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender"database, go to www.meganslaw.ca.gov

LIC 995 (9/08) (Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS

(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

_____
Name of Child Care Center

_____ _____
Signature (Parent/Authorized Representative) Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender"database go to www.meganslaw.ca.gov

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____ . THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE	WORK PHONE
( )	( )