

CAMP CABOOSE ENROLLMENT FORM 2011

Any enrollment packets received after Friday, June 3rd will start the 2nd week of Camp.

NAME OF CHILD _____

Date of Birth _____ Grade in 11/12 _____ Sex _____

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Date of Birth _____ Grade in 11/12 _____ Sex _____

FAMILY STATUS: Married () Divorced () Separated () Single () Partnered ()

RESIDENCE: child lives with: Mother only () Father only () both parents together ()
shared/split residence () other() _____

LEGAL CUSTODY: both parents () Mother () Father () Guardian () _____

NAME OF PARENT (mother/father/guardian): _____
(circle one)

home address: _____ zip _____ home phone _____

work phone: _____ cell phone: _____ employer/school: _____

Primary e-mail address: _____

NAME OF PARENT (mother/father/guardian): _____
(circle one)

home address: _____ zip _____ home phone _____

work phone: _____ cell phone: _____ employer/school: _____

Please send a copy of Camp Caboose mailings to this parent: ____

PARTNER or OTHER INVOLVED PERSON: _____

home address: _____ zip _____ home phone _____

work phone: _____ cell phone: _____ employer/school: _____

Please send a copy of Camp Caboose mailings to this partner/involved person: ____

Do you receive child care tuition assistance?

City Day Care () County () other () (please specify) _____

Name of case worker, if any _____ phone: _____

For Red Caboose Administration Only

Received by: _____ on _____

SAPD _____ BC _____ Conf. _____

Check # _____ Amount _____

Priority Grouping:
6-9FT 6-9PT 3-5FT 3-5PT 1-2

Summer Schedule for Camp Caboose's Shooting Stars

(A fun experience for campers entering 1st & 2nd grade)

NAME OF CHILD _____

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CONTRACTED ENROLLMENT SCHEDULE: (please check)

FULL TIME (M-F) _____ OR PART TIME (2-4 days/wk): _____ M T W R F
(circle days needed above)

CONTRACTED WEEKS OF CARE: (please check requested weeks)

For a description of each weeks activities, please refer to the Enrollment Information Booklet

___	June 14-17 (T-F)	Theme: Willy Street Adventure
___	June 20-24	Theme: What goes up, must come down
___	June 27- July 1	Theme: When I Grow Up...
___	July 4-8 (closed 7/4)	Theme: A Camp Caboose Production
___	July 11-15	Theme: Around the World
___	July 18-22	Theme: Carnival Caboose
___	July 25-29	Theme: Making a Mess out of Things
___	August 1-5	Theme: Once Upon a Time...
___	August 8-12	Theme: Mission: Possible

FIELD TRIP WEEK: (please check requested days)

Monday, August 15 Tuesday, August 16 Wednesday, August 17 Thursday, August 18 Friday, August 19

Estimated time of drop off _____

No Camp: Monday, July 4th (holiday) and August 22nd through August 31st.

Estimated time of pick up _____

Parent Signature

Print Name

Date

CAMP CABOOSE 2011

Name(s) of child(ren) _____

PARENT PERMISSIONS, PAYMENT AGREEMENT

The following agreements are non-negotiable components of Red Caboose Summer Camp and a parent/guardian signature stating agreement with these statements is a necessary pre-requisite to enrollment.

PAYMENT OF FEES

I agree to pay for the days/weeks my child is enrolled, whether or not my child is in attendance. **I agree to pay my Summer Camp fees IN ADVANCE:** weekly _____ bi-weekly _____ monthly _____.

**Would you like an e-mail bill? _____yes _____no

If so, please provide your e-mail address here: _____

WITHDRAWAL & CHANGE OF SCHEDULE: I agree to give Red Caboose a four-week written notice before withdrawing my child from the program. If I do not give such notice, I agree to pay in full the tuition for the above contracted weeks and schedule. I understand that I may not reduce the number of days per week of my child’s set schedule and that I may not reduce the number of weeks that my child is enrolled for Red Caboose.

FIELD TRIPS: I understand that field trips (including swimming), by bus, van, or on foot, are an integral part of the program at Red Caboose. I agree to let my child go on all field trips (including swimming) during the time she/he is enrolled at Red Caboose.

EMERGENCY MEDICAL CARE: I give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately. In case of emergency (accident or illness) and I cannot be reached, I give full permission to Red Caboose to transport my child to the nearest available health care facility. I will assume full responsibility, including financial responsibility, for services rendered.

The following permission statements are only valid when a parent/guardian has marked his or her initials on the “yes” space next to the statement. If you wish to deny permission for any statement, simply mark your initials in the “no” space next to the statement. Any statement without a mark will be assumed to be a “no.” Please feel free to attach any additional instructions, directions or clarification of your wishes on a separate piece of paper.

_____ PHOTOGRAPHS and VIDEO: I agree and consent to the use of any photographs or video
yes no taken of persons under my guardianship. These pictures are to be used by Red
Caboose for educational, advertising and publicity purposes only.

_____ PONTOON BOAT RIDES: I agree to allow my child to participate in MSCR’S Pontoon Boat Rides
yes no during Red Caboose Summer Camp field trips, during which all children will be required to wear
life preservers.

In consideration of the opportunity to participate in a pontoon boat field trip through Madison School Community Recreation, the undersigned releases Red Caboose Day Care Center, Inc., and it’s employees, agents and officers (collectively, the “released Persons”) from any and all liability for loss resulting form damage or injury to the undersigned or the above-named child(ren)’s person or property, including death, whether caused by a Released Person’s negligence of otherwise, which may result from the above-named child(ren)’s or the undersigned’s participation in this activity. I understand that there are risks and dangers associated with any boat trip, including collision and drowning. I also authorize emergency medical treatment for myself and the above named child.

I agree to indemnify, hold harmless and defend the Released Person’s from and against any claims made against them relating to any accident in which I or the above-named child(ren) is/are involved while participating in the above-described activity and which may result from the negligence of the Released Persons, myself, third parties or the above-named child(ren.)

PLEASE TURN OVER!! PLEASE TURN OVER!! PLEASE TURN OVER!!

_____ SUNSCREEN: I give Red Caboose my permission to apply *Walgreen's Kids Sunblock SPF 50*
yes no Sunscreen Lotion, containing Aluminum Starch Octenylsuccinate, benzyl Alcohol, Carbomer,
Dimethicone, Disodium EDTA, Fragrance, Methylparaben, Polyglyceryl-3 Distearate,
Propylparaben, Sorbitan Isostearate, Sorbitol, Steric Acid, Tocopherol, Triethanolamine,
VP/Eicosene Copolymer, & Water to my child(ren). Please note specific instruction, if any:

_____ INSECT REPELLENT: I give Red Caboose my permission to apply OFF Skintastic Family,
yes no containing 7% DEET, to my child(ren). Please note specific instruction, if any:

SWIMMING INFORMATION:

The information below will be used to make your child's swimming experiences as safe and enjoyable as possible throughout the summer. Please specify any differences if you are answering for multiple children.

_____ Has your child ever been swimming at a pool or beach?
yes no

_____ Has your child taken swim lessons? If yes, please describe level completed and with who.
yes no

_____ Is your child afraid of the water?
yes no

_____ Is your child afraid of putting his or her head under water?
yes no

_____ Is there anything else that we need to know regarding your child's experience while swimming?
yes no

COMMENTS:

_____ parent/guardian signature _____ date

Print Name _____

The CACFP is operated in accordance with USDA policy, which does not permit discrimination because of race, color, national origin, sex, age, or disability. If you believe that your child has been treated unfairly in receiving food services for any of these reasons, write immediately to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.