

Medical / Intake Information

Is your child taking any medication or under the care of a physician or psychologist? Yes No

Doctor's Name: _____ Phone #: _____

LIST ANY MEDICATIONS YOUR CHILD IS TAKING: _____

ALLERGIES, MEDICAL CONDITIONS OR SPECIAL NEEDS: _____

Does your child have a disability or condition which has been diagnosed, such as Cerebral Palsy, Seizure Disorder, Diabetes, Developmental Delay, ADD, ADHD, or Autism?

If yes, please describe: _____

Does your child have an I.E.P. or has your child been assessed for speech or physical therapy?

If yes, please explain: _____

Is your child toilet trained? Yes No I understand that **ALL** summer campers are required to be **completely** potty trained prior to acceptance. (_____ Parent Initial)

Medical Authorizations

I give permission for facility staff to take whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of the center.

In case of simple injury (such as abrasion, skinned knees, splinters, etc.), I understand that the center staff will perform routine hygienic procedures, such as washing wounds and applying bandages and I will be informed about these incidents and the action taken. These procedures may also include the application of over-the-counter first aid products such as **as the following:**

Yes No Antiseptic Spray Yes No Anti-Itch cream Yes No Neosporin (_____ Parent Initial)

Yes No Insect repellent Yes No Sting Ease Yes No Sunscreen

Other Authorizations

NON-VEHICULAR EXCURSION

My child has my permission to participate in the following off-site activities when the children are walking/riding and are accompanied by staff of the center:

Activities include bike rides; nature walks; organized and free play

Locations of activities include the church/preschool parking lot, upper church parking lot, ball fields, R.D. Family Center

PHOTOS

I give Claiborne Christian permission to use photos, security videos, class samples, etc..., for the purposes of publicity on our CCP Facebook page and marketing materials. (_____ Parent Initial)

FIELD TRIPS & WATER ACTIVITIES

This program will consist of Center-sponsored field trips and water play activities in the summertime. (i.e. wading pools and water slides for 4 yrs -school age) at the center. My child will be allowed to be transported on the school bus. Signed consent is required before each field trip is taken. (_____ Parent Initial)

PARENT HANDBOOK

I have received and reviewed the 2024 CCP handbook. I understand and will abide by the policies and procedures outlined in this handbook. (_____ Parent Initial)

I certify that all information provided on this sheet is acceptable to me and has my full authorization. I understand that it is my responsibility to update facility staff should any information change.

Signature (parent or legal guardian)

Date



2024 Financial Information Summer Camp

Annual Fees	Weekly fees
<p>Registration Fee - \$50.00</p> <p>Activity Fee - \$175.00</p>	<p>Weekly - \$175</p> <p>Please note: Students will be charged a weekly rate regardless of the number of days attending. Due to the ever-changing environment of childcare, we reserve the right to increase rates at any time. We will provide at least one month's notice.</p>

Payment Information	Payment Options
<p>Payment is required in advance of participation in summer camp each week.</p> <p>Contact Wendy Wooley at 318.396.7989 ext 3205 with any questions pertaining to your account.</p>	<p>Automatic Bank Draft from your account (No Fee) You may set this up online through the provided link. https://app.securegive.com/CCSCCPS</p> <p>Cash or Check (There will be a \$35 charge on all returned checks.)</p> <p>Credit or Debit Card online at: https://app.securegive.com/CCSCCPS to set up a one time payment or recurring payments. All debit or credit card payments will be charged a convenience fee.</p>

Please select your child's shirt size	
Youth	<input type="checkbox"/> Extra small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra large
Adult	<input type="checkbox"/> Extra small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra large

Party Responsible for Bill: _____

Email Address you want your statement sent to: _____
(Email address)

Signature of Parent or Guardian Date