Eastern Shore Bay Camp After School Registration Form 8180 Dyer Road

Fairhope, Al 36532 251-752-4897 www.baycamp.org

Now Registering Ages 5-12 years old

Director: Lisa Ledet

| Child's Name | | _Age | |
|----------------|-------|-------|--|
| Child's School | | Grade | |
| Check List: | Email | | |
| | | | |

- Completed Registration Packet
- Copy of Blue Card
- \$150.00 One Time Registration Fee
- \$70.00 per week payment (payments are written for the month dated on the first day of each month).
- We can accept check or money orders only
 O Checks must be made payable
 to Bay Camp; your child/children's names, Driver's License number, and two
 phone numbers must be on your check

Please return registration forms to P.O. Box 6, Fairhope, Al. 36533 (call if you are mailing) or you can call and deliver them to the site location, 8180 Dyer Road, Fairhope, Al. 36532 Celebration Church

CHILD'S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (home/center).

| Child's Name: | Name child is known by: |
|---|---|
| Child's birth date: | Child's home address: |
| Name(s) of parent(s)/guardian(s): | Home telephone number: () |
| Address of parent(s)/guardian(s): | |
| Mother's employer: | Father's employer: |
| Employer's address: | Employer's address: |
| Employer's telephone number: () | Employer's telephone number: () |
| List telephone numbers such as beeper, cellular phone, etc. | List telephone numbers such as beeper, cellular phone, etc. |

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

| Name | Relat | ionship to child | Telephone Nu | mber | Telephone Number |
|-------------------------|-------|------------------|--------------|---------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of child's doctor: | | Address: | | Telepho | ne number: |
| | | | | | |

Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (*If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.*)

Parent/Guardian Signature Date

Form not valid without signature of child's parent/guardian Page one of two-form not valid without second page

Child's Preadmission Record (continued) - page two of two - form not valid without first page

| Describe a | ny special need | ls or instructio | ons below: | | |
|------------|-----------------|------------------|------------|------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Person(s) the child may be released to:

| Name | Relationship to child | Address | Telephone Number |
|------|-----------------------|---------|------------------|
| | | | |
| | | | |
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I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities

Parent/Guardian Signature

Date

I give permission for my child to participate in:

(Circle yes or no and sign each line)

| · · · · · · · · · · · · · · · · · · · | v | | | |
|--|-----|----|------------------------------|------|
| Activities away from the facility: | yes | no | Signature of parent/guardian | Date |
| Transportation provided by the facility: | yes | no | Signature of parent/guardian | Date |
| Swimming/wading activities provided by the facility: | yes | no | Signature of parent/guardian | Date |

Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff.

Child's first day of attendance: Child's withdrawal date:

Additional information may be attached.

CHILD'S INFORMATION CONTINUED

I give my child permission to participate in photograph/ film footage/ tape recordings which may include image or voice (for promotion of the programs)

| | Yes / No | | |
|---|--------------|----|------|
| | / | _ | |
| Parent/Guardian Signature | Date | | |
| My Child is in custody of/ lives with: guardianother | both parents | fa | ther |

Persons FORBIDDEN to pick up child (we must have the court order on file to forbid any biological parent from picking up his/her child)

I understand that my child will not be released to any unauthorized person(s). Any person authorized to pick up my child must be listed above. I also understand that I have access to my pick up list and can make changes to it only in person. Furthermore, I understand that if an authorized person arrives to pick up my child and displays irrational behavior or appears to be under the influence of drugs or alcohol, it will be at the discretion of the staff to contact the proper authorities. At which time the staff may deny the release of my child from the camp.

Parent/Guardian Signature / Date

HEALTH INFORMATION

| Insurance Information | |
|--|---|
| Does child have medical insurance covera | age? |
| Insurance Company | Policy Holder |
| Contract # | |
| Immunizations | |
| | D IS ATTACHEDyesno |
| Physician Name: | Phone Number |
| Dentist/Orthodontist | Phone Number |
| My child takes the following medications | (include dosage and times of day): |
| DiabetesHeart Condition | ConvulsionsSports Restrictions |
| Explain here if any of the above applies: | |
| Does your child have allergies to medicin | e, food, insects, or anything else? |
| Does your child wear any appliances? (he Explain | earing aid, glasses, etc.) yes no |
| | r illnesses that affect their daily functioning? (If so |
| Is there anything else we should know? | |
| to feed themselves, function in a social er their needs, use the restroom alone, or are | I is not equipped or staffed for children who are unable avironment with other children, verbally communicate e not fully functional in any other aspect of daily life. I emanding program which involves walking, running, |
| | y Camp does not have the capabilities to transport or |

/

Trip Release & Consent for Emergency Medical Treatment & Medication

Parent/Custodian Authorization: This health history is correct so far as I know, and the camper herein described has permission to engage in all camp activities and field trips, except as noted by the physician and parent/guardian. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of personnel dictates, with the understanding that the family will be notified as soon as possible, and I hereby authorize the hospital emergency staff to take all necessary actions to treat my child.

I further give my permission for the Eastern Shore Bay Camp staff to provide appropriate transportation to and from field trips including those locations that may be out of the State of Alabama.

| Parent/Guardian/Custodia | I Signature |
|--------------------------|-----------------------|
| Print Name | |
| Date | Relationship to Child |

In an emergency situation, where for some reason the parent/guardian/custodian of the child cannot be contacted immediately, this form may be of extreme importance. The medical authorization granted by this form will be used only where absolutely necessary. **This authorization will be kept on file by the camp.**

WAIVER /RELEASE OF LIABILITY

| I (We), | ,parent/legal guardian/custodian of |
|--|--|
| camper | , agree and understand that some camp |
| activities, i.e., swimming and other sports, n | hay be hazardous. I recognize that there are risks |
| inherent in camp activities, including but not | limited to paralyzing injuries and death. |

As parent/legal guardian/custodian of the camper named herein, I agree to his/her participation in camp activities and hereby agree to indemnify and hold harmless the Eastern Shore Bay Camp Staff against any liability resulting from an injury that may occur to the camper while participating in camp activities. As parent/legal guardian/custodian, I further agree to indemnify Eastern Shore Bay Camp for any damages incurred arising from any claims, demands, actions or causes of action by the camper.

As parent/legal guardian/custodian, I hereby agree to pay all costs associated with medical care and transportation for said camper.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Parent/Custodian/Guardian
Print Name_____

Date

| Parent/Custodian/Guardian | |
|---------------------------|--|
| Print Name | |

Date

Eastern Shore Bay Camp P.O. Box 6 Fairhope, Al. 36533 AFFIDAVIT of Notification of LICENSE

STATE OF ALABAMA County of Baldwin

Before me, a notary public in and for said state and county, appeared

_____ and is known to me, after being duly sworn or

affirmed says as follows:

Affiant, _____, the parent/legal guardian of the minor child______, is in receipt of notice that Eastern Shore Bay Camp has filed a license with the State of Alabama Department of Human Resources.

Affiant

Sworn or affirmed to and subscribed before me this _____day of _____, 2024-2025.

_____Notary Public

My Commission expires

Return with Registration Form

If you have access to a notary please have notarized

Eastern Shore Bay Camp After School 2024-2025 Reserve Sheet

From the time of the original application for After School with Eastern Shore Bay Camp you are considered registered and are financially responsible for the entire school year (Aug. 9 – May 21). The only ways you may be released from Eastern Shore Bay Camp's After School program is: Serious, long-term illness with a doctor's excuse that would physically prevent the child from attending/ participating in the program; relocation or moving out of serviceable area (see handbook).

*Aug. 8^{th} – Aug. 30^{th} (4 weeks) *Sept. 3^{rd} – Oct. 4^{th} (5 weeks) *Oct. 7^{th} – Nov. 1^{st} (4 weeks) *Nov. 4^{th} – Nov. 22^{nd} (3 weeks) *Dec. 2^{nd} – Dec. 20^{th} (3 weeks) *Jan. 6^{th} – Jan. 31^{st} (4 weeks) *Feb. 3rd – Feb 28th (4 weeks) *March 10th – April 4th (4 weeks) *April 7th – May 2^{nd} (3 weeks) *May 5th – May 21^{st} (3 weeks) *No School Days – (8days)

Parent/ Guardian Signature

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PARENT COPY

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