



LUNCH, LEARN & PLAY REGISTRATION FORM

Child's Name: _____

Address: _____

Home Phone: _____

Mother: _____ Cell #: _____ Work #: _____

Father: _____ Cell #: _____ Work #: _____

Email(s): _____

Best Way to Reach You: _____

Grade Entering in Fall 2019: _____ Age: _____ Date of Birth: _____ / _____ / _____
Month day Year

School District _____

Please check your child's ethnicity

_____ Asian _____ Black or African American _____ Hispanic _____ Native Hawaiian/Pacific Islander
_____ White _____ 2+ Races

Arrival Plans (Please check **one** of 3):

- _____ My child will be brought to the Courthouse
- _____ My child will walk to the Courthouse
- _____ My child will arrive on the bus from the
Lake Lauderdale Swim Program

Dismissal Plans (Please check **one** of 2):

- _____ My child will be picked up at the Courthouse
- _____ My child will walk home

Please check to indicate permission:

_____ *child's name*

____ I give my child permission to participate in Lunch, Learn and Play.

____ I give permission for my child's photograph to be used in publicity for Lunch, Learn & Play, including newspapers, websites, and Facebook.

____ In case of an emergency, I give permission for Lunch, Learn & Play staff to seek medical treatment for my child.

Parent/Guardian Name: *(Please Print)*

Parent/Guardian Signature:

_____ / /

_____ *Date*

INSURANCE INFORMATION

IS THE PARTICIPANT COVERED BY FAMILY MEDICAL/HOSPITAL INSURANCE? _____ YES _____ NO
IF SO, INDICATE CARRIER OR PLAN NAME

_____ GROUP # _____

A photocopy of the front and back of the health insurance card must be attached to this form.

NAME OF INSURANCE HOLDER

MEDICAL TREATMENT AUTHORIZATION

This health history is correct and complete. The person described in this form has permission to engage in all camp activities except as noted within. I hereby give permission to Lunch, Learn & Play, at the Salem Courthouse Community Center to provide, seek, and consent to routine health care and emergency treatment for my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Lunch, Learn & Play to secure and administer treatment, including hospitalization, for the person named above.

Signature of Parent or Guardian: _____ Date _____

Printed Name _____ Relationship to camper _____

ALLERGIES

_____ No known allergies

_____ This camper is allergic to: _____ Food _____ Medicine _____ Environmental (insect stings, hay fever, etc.)

Please describe below any allergies and the reaction seen (Attach additional sheet if necessary):

HEALTH HISTORY - Circle "Yes" or "No" for each statement. Has/does the camper:

1	Ever been hospitalized?	Y	N	11	Had fainting or dizziness?	Y	N
2	Ever had surgery?	Y	N	12	Passed out/had chest pain during exercise?	Y	N
3	Have recurrent/chronic illnesses?	Y	N	13	Had mononucleosis during the past 12 months?	Y	N
4	Had a recent infection disease?	Y	N	14	If female, have problems with menstruation?	Y	N
5	Had a recent injury?	Y	N	15	Have problems with falling asleep or sleepwalking?	Y	N
6	Has asthma/wheezing/shortness of breath?	Y	N	16	Ever had back/joint problems?	Y	N
7	Has diabetes?	Y	N	17	Have a history of bed-wetting or daytime incontinence?	Y	N
8	Had seizures?	Y	N	18	Have problems with diarrhea, incontinence or constipation?	Y	N
9	Had headaches?	Y	N	19	Have any skin problems?	Y	N
10	Wears glasses, contacts, other eyewear?	Y	N	20	Traveled outside the country in the past 9 months?	Y	N

Please explain "Yes" answer(s) in the space below, noting the number of the question(s): (If more space is required, please attach additional sheet.)

If traveled outside the country, please name countries visited and dates of travel. (If more space is required, please attach another sheet.)

RESTRICTIONS AND OTHER INFORMATION

Please, list and explain anything else we should be aware of, including behavioral, emotional and physical issues. (If more space is required, please attach an additional sheet.)

IMMUNIZATIONS

Attach a copy of your child’s up-to-date immunization record to this form

Camp registration is not complete until Immunization Record is received.

IMPORTANT INFORMATION

Name of Physician _____ Phone _____

Address _____

Name of Dentist/Orthodontist _____ Phone _____

Address _____

Parent

Signature _____ Date _____

CODE OF CONDUCT

By my signature and my child’s signature acknowledge that we have read, discussed, and understand the Code of Conduct.

Parent/Guardian Signature

Date

Child’s Signature (or child may print their name)



Code of Conduct for Children Attending Lunch, Learn & Play

Dear Parent or Guardian:

The following are the expected behaviors for ALL children attending Lunch, Learn & Play. If one of the supervisors or counselors notices that your child is not acting in accordance with this policy, he/she will give your child a warning and inform you of the incident in writing. If your child receives a 3rd letter you will be called to bring your child home and they will not be allowed back this summer.

	BUS	PRESENTERS	BARN	BATHROOM	COMMUNITY	PLAY GROUND
P POSITIVE ATTITUDE	-Use positive language -be aware of others around you -allow others a seat if open	-look -listen -Use positive language -use appropriate voice and body actions	-Use positive language -use appropriate voice and body actions	-Use positive language -GO!	-look -listen -Use positive language -be aware of others around you	-Use positive language -use encouraging language -use appropriate voice and body actions -include others
R RESPECTFUL	-use your manners -use appropriate voice level (inside voice)	-listen and talk at appropriate times -follow adult/counselor directions -be accepting of self and others	-listen and talk at appropriate times -follow adult/counselor directions -be accepting of self and others	-honor other's privacy -use appropriate voice -follow adult/counselor directions -	-use your manners -use appropriate voice level (inside voice)	-follow adult/counselor instructions -use appropriate voice and body actions
I INVOLVED	-follow adult + counselor directions -set a good example for others	-Be an active participant - do your best	-Be an active participant - do your best	-flush -wash	follow adult + counselor directions -set a good example for others	-take turns -include others -play by agreed upon rules
D DEPENDABLE	-keep the bus clean -keep track of your belongings -graciously accept consequences	-stay on task -be prepared to participate -graciously accept consequences -organize your materials	-if you take something out put it away	-clean up after yourself -get out in a timely manner Use for intended purpose -graciously accept consequences	-keep track of your belongings -graciously accept consequences	-graciously accept consequences -use playground equipment correctly -follow adult/counselor directions
E EVERYBODY IS SAFE	-keep hands, feet and objects to self -stay seated -sit in seats correctly	-keep hands, feet and objects to self -move carefully -push in your chair -use materials appropriately	-keep hands, feet and objects to self -move carefully -push in your chair -use materials appropriately -WALK	-keep hands, feet and objects to self -wash and dry your hands	-keep hands, feet and objects to self	-keep hands, feet and objects to self -use playground equipment correctly
THREATS WILL NOT BE TOLERATED!!						