

KAMPER REGISTRATION FORM

REGISTRATION WILL BEGIN AT 7:00 A.M. ON MONDAY, MARCH 19, 2018

Kamp Kidville 2018

Kamper Information Section (register up to three kamper on one page)

1st Kamper's Name: _____		Goes by: _____		Date of birth: _____	
Grade completed as of June 2018: K 1st 2nd 3rd 4th 5th					
Gender: Male Female			T-shirt size: YS YM YL AS AM AL		
2nd Kamper's Name: _____		Goes by: _____		Date of birth: _____	
Grade completed as of June 2018: K 1st 2nd 3rd 4th 5th					
Gender: Male Female			T-shirt size: YS YM YL AS AM AL		
3rd Kamper's Name: _____		Goes by: _____		Date of birth: _____	
Grade completed as of June 2018: K 1st 2nd 3rd 4th 5th					
Gender: Male Female			T-shirt size: YS YM YL AS AM AL		

Kindergarten Kamper's must complete the Kindergarten Verification Form and submit it with this form.

Kamper's home address: _____ City: _____ State: _____ Zip: _____

Kamper(s) reside(s) with: (check one) **Both Parents** _____ **Father** _____ **Mother** _____ **Legal Guardian** _____

Name of church you attend regularly: _____

- INSTRUCTIONS:**
- **2018 dates:** June 4 through July 27; closed Wednesday, July 4
 - Be sure to review the payment/cancellation policies provided in the Parent Handbook.
 - Check desired weeks for each kamper.
 - **A non-refundable registration fee of \$130 per kamper is due at the time of registration.**
 - We recommend making a copy of all registration documents for your records.
 - Bring the required forms to the Christian Life Center at First Baptist Church.
 - There will be a \$25 fee for returned checks. Kamp Kidville reserves the right to refuse payment by check from anyone whose checks have been returned.
 - All field trips and special activities are subject to change.

✓ Kamper 1	✓ Kamper 2	✓ Kamper 3	Week Desired	Tuition
			Week 1 June 4-8	\$90 per kamper
			Week 2 June 11-15	\$90 per kamper
			Week 3 June 18-22	\$90 per kamper
			Week 4 June 25-29	\$90 per kamper
			Week 5 July 2-6 CLOSED WEDNESDAY, JULY 4	\$90 per kamper
			Week 6 July 9-13	\$90 per kamper
			Week 7 July 16-20	\$90 per kamper
			Week 8 July 23-27	\$90 per kamper

Kamp Kidville will be closed Wednesday, July 4, 2018 (Week 5).

Parent/Guardian Information (one phone number must be available at all times for emergencies)

Mother's/Guardian's Name: _____ Email: _____

Daytime Phone: _____ Cell Phone: _____

Father's /Guardian's Name: _____ Email: _____

Daytime Phone: _____ Cell Phone: _____

In the event of an emergency, who do we call first? (circle one) **Father **Mother** **Guardian****

Person responsible for payment of tuition: _____

Contacts other than parents/Guardian: (must list at least one person as an alternate contact)

Emergency Contact#1: _____ Relationship to kamper: _____ Daytime Phone: _____

Emergency Contact#2: _____ Relationship to kamper: _____ Daytime Phone: _____

Emergency Contact#3: _____ Relationship to kamper: _____ Daytime Phone: _____

KAMPER HEALTH HISTORY AND MEDICAL CONSENT FORM

KAMPER INFORMATION: (PLEASE PRINT NEATLY)

Kamper's Full Name: _____
(first) (middle) (last)
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Gender: M F Height: _____ Weight: _____

MEDICAL INSURANCE INFORMATION: COPY THE FRONT AND BACK OF INSURANCE CARD AND SUBMIT COPIES WITH THIS FORM.

This kamper is covered by family medical/hospital insurance. (circle one) YES NO
 If no, name of responsible party: _____
 If yes, name of insurance company: _____
 Policy Holder: _____
 Policy Number: _____ Policy Holder's Date of Birth: _____
 Insurance Company Phone Number: _____

HEALTH CARE PROVIDERS:

Name of kamper's primary doctor(s): _____ Phone #: _____
 Name of dentist(s): _____ Phone #: _____
 Name of orthodontist(s): _____ Phone #: _____

ALLERGIES and MEDICATIONS: No known allergies

Kamper is allergic to: Food Medicine Insect Stings Environment (hay fever, etc.)
 Specifically allergic to: _____ Reaction: _____ Action to be taken: _____

Does the kamper have a prescribed EpiPen? (circle one) YES NO
Does the kamper have a prescribed daily inhaler? (circle one) YES NO
Does the kamper have a prescribed rescue inhaler? (circle one) YES NO

If **EpiPen** or **inhaler** must be brought to Kamp Kidville, the prescribed medication(s) must be in the original pharmacy container(s) with label including kamper's name, valid date, instructions and doctor's name. The medications **MUST** be given to the Kamp Director to be kept in a secure location. We only dispense medications required by a doctor to be given during the kamp day. Please list below the EpiPen and/or Rescue Inhaler you will be sending to kamp and the condition(s) for which they will be used.

Drug _____ Dosage _____ Condition _____
 Drug _____ Dosage _____ Condition _____

At home, my child takes the following prescription medication(s) daily: _____
 For the treatment of: _____
 At home, my child takes the following over-the-counter medication(s) daily: _____
 For the treatment of: _____

In the event of a medical emergency, every healthcare provider's first question will be "is the child on any medications?" This includes any over-the-counter meds. Kamp Kidville will disclose the information on this form only in the event of an emergency.

OTHER HEALTH QUESTIONS:

DATE OF LAST TETANUS SHOT: _____

- Has the kamper:
- Had a recent injury or surgery? YES NO
 - Had chronic or recurring illness or medical condition? YES NO
 - Ever been treated for seizures? YES NO
 - Ever been treated for (ADD) or (ADHD)? YES NO
 - Ever been treated for emotional or behavioral difficulties? YES NO
 - Ever been diagnosed with any form of Autism? YES NO

Please explain any "YES" answers: _____
 Please provide any additional information about the kamper's health that you think is important or that may affect the kamper's ability to fully participate in the kamp program. Attach additional information if needed. _____

I understand that, in the event my child requires medical or dental treatment while engaged in the activities either on or off campus at First Baptist Muskogee, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor, acting on behalf of the ministry with respect to the activity, as agent for me, to consent to any medical treatment deemed medically necessary, including but "not" limited to: x-ray examination; injection; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and given by a licensed physician, surgeon, dentist, or registered nurse, either as an outpatient or in a hospital. I further agree to indemnify and hold harmless any medical professional or church leader from loss, claim, or liability who provides authorization, medical, or first aid treatment to my child as deemed appropriate. I also give permission to the treatment facility to surrender physical custody of my child to the sponsoring agent's representative after treatment has been provided as well as communicate all medical information to the sponsoring agent's representative. To the best of my knowledge, I have disclosed and listed above all medical allergies, medications being taken, medical problems/conditions and pertinent information for the child indicated on this medical consent form.

Signature of Parent/Guardian _____ Date _____

State of Oklahoma
 County of Muskogee

Sworn to and subscribed before me on this _____ day of _____ 2018

Notary Public _____

My Commission expires _____

KAMP KIDVILLE CONSENT FORM

Kamp Kidville 2018

1st Kamper's Name _____

2nd Kamper's Name _____

3rd Kamper's Name _____

Participation Agreement

I hereby give permission for my child(ren) listed above to participate in all activities at Kamp Kidville. Such activities include, but are not limited to, the following: roller skating, dodgeball, basketball, volleyball, inflatables, video games, cooking classes, Bible study, arts and crafts, group sports and games, special events, and in-house field trips. My child(ren) desires, consents to, and is physically and mentally capable of participation in all such activities.

Signature _____ Date _____

Photography/Videography Agreement

I hereby give my permission to Kamp Kidville to photograph my child(ren) listed above, record his or her voice, and video him or her while participating in the activities/ministries of Kamp Kidville and/or First Baptist Church of Muskogee. I give permission for Kamp Kidville and First Baptist Church of Muskogee to use said images and recordings to promote future activities. I understand these images and recordings may occasionally be used on the First Baptist Church of Muskogee website, power point presentations, brochures, newsletters, publicity forms, within photo albums, newspapers, etc. The images and recordings will be solely owned by First Baptist Church of Muskogee.

Signature _____ Date _____

Payment Agreement

As the legal parent/guardian and responsible party for tuition and fees of the child(ren) listed above, I have read the Parent Handbook in its entirety and agree to follow all policies and rules set forth in said handbook. As stated in the Parent Handbook under Tuition and Fees/ Cancellations, I will cancel unwanted weeks by **Tuesday, May 15, 2018**, or pay the tuition for all weeks which I have registered. I will provide tuition payments no later than 5:30 p.m. each Monday evening of the weeks registered.

Signature _____ Date _____



Kindergarten Verification Form

This form must be completed by a school official such as the classroom teacher, school secretary, or building principal.

I, _____ hereby certify that _____
(Print teacher or school official's name) (Print student's name)

is currently enrolled in _____'s kindergarten class
(Print classroom teacher's name)

at _____ school.
(Print name of school)

Teacher's or school official's signature Date _____

Teacher's/School Official's Phone Number _____

and/or

Email Address _____

Kindergarten Parents:

If you think that your child might have an accident while at Kamp Kidville, you are welcome to leave a change of clothes, underwear, socks, and/or shoes with us. They will be stored discreetly. Please indicate your choice below.

I will _____ or I will not _____ be leaving a change of clothes, underwear, socks, and/or shoes at Kamp Kidville.

If you choose to leave any of the above necessities, please place them in a zip lock baggie or a disposable bag with their name on it and turn it into the Kamp Kidville Director.