



2018 Summer Camp Registration Packet

Thank you for choosing the PARC Summer Day Camp.

The PARC has been serving the communities of Fort Bend County and surrounding areas for over 15 years.

All admission paperwork must be filled out completely.

The summer day camp and after school programs are licensed by the State of Texas for child care. It is important that you read over all the paperwork and fill out the forms completely.

For more information of child care licensing, please look over the website listed below.

https://www.dfps.state.tx.us/child_care/

This packet includes:

- Admission form – must be filled out annually and must be complete
- Waiver of Claims
- The PARC Financial Agreement Policies
- Credit Card Authorization (required)
This form can be used to charge your credit card, with your permission or as deemed necessary by the PARC for lack of payment. Please read this form carefully and fill it out.
- Parent Handbook

- Summer Camp Calendar and Specialty Camp choices and information. Your child must select a 1st and 2nd choice for each week they will attend. These specialty camps fill up quickly. For the select number of middle school students, you will see where to mark the week of your child's attendance.

- The registration fee is \$75.00 for the months of February – April. The registration fee will increase to \$150.00 for the month of May. A deposit will be required for each week your child selects a specialty camp. Weeks of attendance and deposits may be moved around with written notice 2 weeks prior to that specific week, at that time, specialty camp choices may be full.
All deposits will be charged when we receive the required paperwork. The deposits are due no later than May 15th. The Registration fee and Deposits may be made in installments.



Summer Day Camp

Operation Number/Name: 810746
Prime Time/Camp Yahweh at The PARC
431 Eldridge Rd. Sugar Land, TX 77478
281-634-8926
Director – Elaine Jones

Please fill out this form completely.

Admission Form

2018

Child Admission Information

(Please print)

Date of Admission: _____

Child's Last Name: _____ First Name: _____ T-shirt size: _____

Grade level completed: _____ Sex: _____ Birth date: _____

Child's Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____

Church Affiliation: _____

Parent or Guardian #1

Parent or Guardian #2

Name: _____

Name: _____

Address (if different) _____

Address (if different) _____

Parent #1 work phone: _____

Parent #2 work phone: _____

Parent #1 cell phone: _____

Parent #2 cell phone: _____

Parent #1 email: _____

Parent #2 email: _____

(Email is necessary for communication)

Authorization for Release and Emergency Medical Attention

I authorize the PARC to contact the following person(s) in case of a medical emergency and I cannot be reached:

I hereby authorize The PARC to allow my child to leave the childcare operation ONLY with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Relationship: _____ Emergency contact: Yes or No

OR

Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Relationship: _____ Emergency contact: Yes or No

OR

Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Relationship: _____ Emergency contact: Yes or No

In the event that the child's parents or guardians nor one of the persons listed above cannot be reached to make arrangements for medical care, I authorize the PARC to transport my child to _____ hospital and a Bearer of this form has my permission to have an attending physician tend to the medical needs of my child as necessary.

Health Insurance Company: _____

Policy or Group Number: _____ Phone Number: _____

Authorization for Emergency Medical Attention

Name or Physician: _____

Address: _____

Phone: _____

Director in charge has permission to give my child the following over the counter medication. The director will call a parent/guardian before administering any over the counter medication.

__tylenol __ibuprofen __tums __cough drops

Special concerns or health issues:

Hospitalization in the past 12 months: _____

Fears: _____ Health: _____

Sun sensitivity: _____ Surgeries: _____

Serious illnesses: _____ Does your child run a temperature easily? Yes or No

Allergies: _____ Treatment _____ EPI Pen: **Yes or No**

Allergies: _____ Treatment _____ EPI Pen: **Yes or No**

(All children who have a food allergy must fill out an "Allergy Plan" form).

Is there any reason why your child should not play in the gym: _____

Is your child on daily medication: **Y or N** - if yes, name of medication _____ Reason: _____

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The information given to us about your child is confidential and will be shared only with the immediate staff members, including communicable diseases.

I give consent for a PARC Director to secure any and all necessary emergency medical care for my child.

Signature: Parent or Legal Guardian: _____

Date: _____

School Age Statement

My child attends the following school: _____ Grade completed _____

Address: _____ school phone number: _____

His/Her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening record are on file. ____ yes ____no

Waiver of Claims

I understand the deposit and tuition policies _____ (initials)

I understand that the Registration Fee and deposits are non-refundable _____ (initials)

<ul style="list-style-type: none">• I Give _____ Do not give _____ Consent for my child to be transported and supervised by the operations employees to and from school.
<ul style="list-style-type: none">• I give _____ Do not give _____ Consent for my child to be transported and supervised by the operations employees on a field trip.
<ul style="list-style-type: none">• I give _____ Do not give _____ Consent for my child to be transported and supervised by the operations employees for emergency care
<ul style="list-style-type: none">• I give _____ Do not give _____ <p>Consent for my child to participate in water activities <i>(write yes or no on the line provided)</i></p> <p>_____ sprinkler play _____ Splashing/wading pools _____ Swimming pools</p>

I have read and understand the PARC summer camp and after school Parent Handbook.

I understand that **hand held games** are allowed during specific hours of the day. I understand that The PARC is not responsible for lost or stolen games. **I understand that these games cannot have internet access and will not be allowed to access The PARC wireless connection (wifi).** I understand all games must be rated "E" for everyone. ***Your child may have their cell phone at the PARC however, they will be asked to put their phone away during specific times of the day. The PARC is not responsible for lost, stolen or broken phones; we do not encourage you to allow your child to bring their phone to camp.*** Your child will be allowed to use The PARC phone at anytime during the day within reason.

I am familiar with the kind of activities that my child may engage in at The PARC. I am aware of the fact my child will be permitted to play in The PARC's gym. I am also aware The PARC staff will take every reasonable precaution in the best interest of my child. Accidents, however, do happen. Therefore, I hereby release The PARC from any claim that may be asserted on my behalf or my child's behalf for personal injuries or property damage occurring on the premises of The PARC out of normal activities.

I expressly agree that The PARC and its staff may, when deemed by them necessary and in the best interest of my child, administer first aid and obtain appropriate medical or surgical treatment for my child in emergencies when the consent of a parent of legal guardian may not be available and they cannot be reached.

Signature of Parent of Legal Guardian

Date

Printed Name

Permission to Photograph

Please sign below if you **DO NOT** want pictures and/or videos of your child shared on the PARC website, Facebook page, Instagram and Twitter accounts. The PARC does use email address for communication within the PARC database. We do not give out or publish email addresses, home addresses and phone numbers to anyone without the consent of the parent of the child.

Parent or Legal Guardian _____

Date _____

(Read this form carefully, sign and return with the admission form)

The PARC Financial Agreement Policies

1. The tuition is \$195.00 per week. There is a \$10 sibling discount, per week.
 2. Included in this packet is a credit card authorization. The form can work two ways. Filling out this form can authorize the PARC to charge your credit card when the tuition is due. ***there will be a \$4.00 credit card charge per charge transaction.** If, the payment is due and you have not communicated with The PARC your intentions to pay, we may charge your card for the amount past due. You will be notified prior via email or phone call. This will be a last resort and will result if you do not communicate your intentions to make a payment.
 3. If a child withdraws due to lack of payment, the tuition balance payment is still required.
 4. Parents are encouraged to communicate with the Director regarding any unforeseen difficulty in meeting financial obligations to the PARC.
 5. I understand that the one-time registration fee is non-refundable.
 6. Failure to abide by the policies of The PARC or any temporary absence from The PARC without payment of tuition and fees can result in dismissal from The PARC summer day camp.
 7. It is understood that my child may be withdrawn from The PARC Summer Day Camp due to circumstances deemed appropriate by the director, including behavioral problems and non-payment of tuition.
 8. Financial aid is available – email Steven@theparc.org for more information.
 9. I understand that if I receive financial aid from The PARC, all of the policies listed still apply to my situation as well.
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I understand and accept the Financial Agreement Policies for the PARC. I have read the PARC handbook that has been provided, and I agree to abide by all of the PARC policies. Further, I agree to provide all records required of me by the School and by state law.

Signature of Parent of Legal Guardian

Date

Printed Name

(Read this form carefully, sign and return with the admission form)

Credit Card Authorization (required)

This form can be used to charge your credit card, with your permission or as deemed necessary by the PARC for lack of payment.

- I understand that I may pay the tuition balance via check also, check must be presented on the tuition due date.
- I understand I will be charged **\$4.00** for every credit card transaction. This is a fee that comes from the Credit Card Company.
- **Deemed necessary is defined as**; we have tried to contact you; you have not returned our calls or email. Your child attended camp during the summer and you have an outstanding debt to the PARC. You will be notified 24 hours prior to processing a payment. To avoid your card being processed, you must communicate with the PARC your financial intentions and a payment arrangement must be made.

Date: _____

Child Name (s): _____

Email Address: _____

Name of Credit Card: _____

Credit Card #: _____

EXP. _____

I authorize the PARC to charge my credit card on the appropriate due date. I am aware that I will be notified via email and by a paper statement. I understand that the amount charged will be the amount noted in the latest email and paper statement.. I understand that I can set up automatic payments by checking the box noted on this form.

- **School year charges - Please charge my card automatically- _____(1st of the month) OR _____(15th of the month)**
- **Summer Months- payment is due on the Tuesday prior to the week of attendance. You authorize the PARC to automatically charge your credit card on the Tuesday prior to your child's attendance. Yes OR No (circle one)**

If you do not authorize the PARC to set us automatic payment, it will be your responsibility to make sure payment is made on the required due date. Late fees will be applied for late payments.

Signature of Parent of Legal Guardian

Date

Printed Name
