

2010 Freetown Village Summer Camp Enrollment Form

① Child's Name _____ Male Female Age _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

School Attended & Township* _____

Camp T-shirt Size				
Youth	S	M	L	
Adult	S	M	L	XL

*Does your child receive free or reduced lunch? Y N Grade Level (FALL 2010) _____

② Is this the first time your child has participated in our day camp? Yes No

**If 'yes', how did you hear about the Freetown Village Summer Camp? (check all that apply)*

- friend/family member website McCoy/ Indy's Child
 camp banner @ St. Alban's F.V. newsletter/brochure other _____

③ Parent/Legal Guardian _____ Rel. to child _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone(s) _____

Cell Phone _____ E-mail _____

④ Is anyone else authorized to pick up your child? Yes No

If 'yes', please print name(s) and relationship.

⑤ Does your child have any allergies (**especially food**) or physical conditions that may inhibit his/her participation?

Yes No *If 'yes', please explain* _____

⑥ Is your child on any medication? Yes* No

**If 'yes', please list* _____

⑦ In case of emergency, we will attempt to first notify the listed parent/guardian. **Please provide us with an alternate person should the parent/guardian not be available:**

Name _____ Relationship to child _____

Address _____ Phone _____

Doctor's Name _____ Phone _____

Preferred Hospital _____ Insurance Carrier _____

Over →

③ Enrollment & Camp Fees: Weekly camp session fees are **\$70.00** for non-members.; **\$60.00** for active FV Members.

- Indicate the week(s) of **definite** enrollment below, including EARLY CHECK IN/LATE CHECK OUT. Be sure to check your schedule **carefully** for conflicts (vacations, summer school, other camps, back-to-school, etc.).
- **Schedule Changes:** Once your registration is confirmed, any cancellations must be made prior to the corresponding **Payment Due Dates (see below)** to avoid penalty. (**Example:** *if you've registered for Session #5 and need to withdraw, notice must be received no later than June 11.*) No refunds for days missed due to illness, vacations.
- For Camp Session #6, there is an additional **\$12.00*** field trip charge to UniverSoul Circus. (**If you would like to join us, you can purchase additional tickets at time of registration, until May 8th. Tickets are non-refundable. After camp begins, a limited number may be available on a first come basis.*)

Camp Sessions 1—5	Payment Due Date
<input type="checkbox"/> [#1] June 7—11	May 14
<input type="checkbox"/> [#2] June 14—18	May 21
<input type="checkbox"/> [#3] June 21—25	May 28
<input type="checkbox"/> [#4] June 28—July 2	June 5
<input type="checkbox"/> [#5] July 5—9	June 11

Camp Sessions 6—9	Payment Due Date
<input type="checkbox"/> [#6] July 12—26	June 18
<input type="checkbox"/> [#7] July 19—23	June 25
<input type="checkbox"/> [#8] July 26—30	July 2
<input type="checkbox"/> [#9] August 2—6	July 9

Early Check In/Late Check Out (optional-additional fee required)

- **EARLY Check In** (7:00 a.m.—7:45 a.m.): Yes No (\$10.00 per week)
- **LATE Check Out** (4:30 p.m.—5:30 p.m.): Yes No (\$15.00 per week)
- **BOTH EARLY & LATE (A.M. & P.M.):** Yes No (\$20.00 per week)

⑨ Registration Fee: This is a one-time, non-refundable fee due at time of registration.

	Early Bird (before April 16)	After April 16
First child	<input type="checkbox"/> \$ 20.00	<input type="checkbox"/> \$ 35.00
<i>\$5 discount for each additional child</i>		

⑩ Payment Included with Application:

Registration Fee	\$ _____	(due at time of registration)
Camper's UniverSoul ticket* (\$12 each)	\$ _____	*(due at time of registration)
<u>Add'l</u> UniverSoul tickets (\$12 each)	\$ _____	(non-refundable)
Prepayment of Camp Sessions Fees	\$ _____	
TOTAL ENCLOSED	\$ _____	

Method of Payment: Check (made payable to Freetown Village) VISA MasterCard

Credit Card # _____ Exp. Date _____

Signature of Cardholder _____

RETURN COMPLETED APPLICATION & SIGNED AUTHORIZATION FORM TO:

Freetown Village • 625 Indiana Avenue #200 • Indianapolis, IN 46202

(317)631-0224 Fax (CREDIT CARD REGISTRATIONS ONLY)

Questions? Contact us at (317) 631-1870 or e-mail marriam@freetownvillage.org.

2010 FREETOWN VILLAGE, INC. SUMMER CAMP
PARENT/GUARDIAN AUTHORIZATION

1. I understand that I may change my child's schedule by giving the camp advance notice (in writing) in accordance to the **PAYMENT DUE DATES** as listed on the enrollment form and confirmation letter. If I fail to give advance notice, I will still be financially liable for the associated session fees. Freetown Village, Inc. is unable to reduce or reimburse fees for days missed due to illness, vacations or other reasons.
2. I understand that if my child is not picked up at the designated time, I agree to pay the late fees associated with extended care (see *Freetown Village Summer Camp information sheet.*)
3. My child and I agree to abide by the rules and regulations set by Freetown Village for the health, safety and welfare of all camp attendees. **I have read the enclosed Discipline Policy** and have provided medical/health information (including food allergies) and contact information.
4. I understand that Freetown Village, Inc. is not responsible for my child's personal belongings (lunch, clothing items, water bottle, etc.), but will make every effort to provide proper supervision. I will clearly identify all of my child's belongings, and unless required, I will not allow my child to bring personal electronics, games, books, etc.
5. I give permission for my child to participate in camp programs and activities, including camp-sponsored off-site trips.
6. **I give permission to Freetown Village, Inc. to use photographs and comments of my child and myself in publications and promotional materials, and for media coverage of camp events.** Y N
7. I give permission for Freetown Village, Inc. to administer first aid treatment to my child and, if necessary, to have my child transported to a local hospital for medical treatment.
8. I understand that Freetown Village, Inc. will take reasonable precautions to assure the safety and well being of my child, and that accidents or injuries may occur. I recognize the risks and agree to assume the risks by allowing my child to attend the Freetown Village Summer Camp.

"I hereby release, discharge, and agree to indemnify Freetown Village, Inc., its officers, directors, and employees from all claims, and demands for relief on account of any and all injury which may exist or hereafter arise related to his attendance at the Freetown Village Summer Camp."

Name of Parent/Guardian (Print) _____

Name of Child(ren) _____

Signature of Parent/Guardian

Date

2010 FREETOWN VILLAGE, INC. (FED ID#35-1609921)
SUMMER CAMP DISCIPLINE POLICY

It is our intent to approach discipline in the Freetown Village Summer Day Camp from a positive approach. We have developed a structured learning program that will keep our campers focused and engaged. This teaching format will decrease the need to discipline.

We lead with clear guidelines for acceptable behavior and use positive reinforcement for acceptable behavior to teach good social skills. Camp guidelines are posted in each room and reviewed. We know that children enjoy learning new things and genuinely work hard to display good behavior. When a guideline is broken, the child will first receive a verbal warning. The Instructor will discuss with the child the reason for discipline and review acceptable guidelines for behavior. Subsequent offenses may result in time-out or removal from an activity. If necessary, the child will be referred to the Camp Manager.

Each *major* discipline occurrence (fighting with other campers or staff, use of profane language, theft, destruction of property, etc.) will be documented, and the parents/guardians will be notified. We feel that it is our responsibility to work *with* you in providing a safe, fun, and educational learning experience that you and your child(ren) will always cherish.

If the child's behavior continues to be disruptive or harmful to other children, you will be notified and he/she may be asked to leave the program. No refunds will be given.

It is the policy of Freetown Village, Inc. not to administer corporal punishment (spanking). Also St. Alban's Episcopal Church forbids parental corporal punishment on their property.

We thank you for your support.

"I have read and agree with the disciplinary policy of Freetown Village, Inc. and understand that this is a continual policy."

Signature of Parent/Guardian

Date

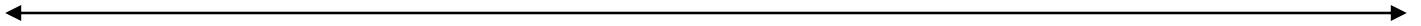
FREETOWN VILLAGE, INC.
Medical Authorization Form

Name of Medication #1: _____ Tablet Liquid Topical Cream

Prescribed by Doctor Self-prescribed

Date(s) and/or time for administration _____

Dosage to be administered _____ with a snack with water



Name of Medication #2: _____ Tablet Liquid Topical Cream

Prescribed by Doctor Self-prescribed

Date(s) and/or time for administration _____

Dosage to be administered _____ with a snack with water

"I authorize Freetown Village Inc., to administer the above listed medication to my child."

Child's Name

Signature of Parent/Legal Guardian

Date