



# Young Ambassadors for Christ Summer Camp

County \_\_\_\_\_ Date of Enrollment \_\_\_\_\_ Grade for Fall 2020-2021 \_\_\_\_\_

## CHILD'S APPLICATION FOR ENROLLMENT

*To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually*

### CHILD INFORMATION:

Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_

Last

First

Middle

Nickname

Child's Physical

Address: \_\_\_\_\_

### FAMILY INFORMATION:

Child lives with: \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### CONTACTS:

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number

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### HEALTH CARE NEEDS:

*For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes\_\_ No\_\_*

List any allergies and the symptoms and type of response required for allergic reactions. \_\_\_\_\_

\_\_\_\_\_

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns \_\_\_\_\_

\_\_\_\_\_

List any particular fears or unique behavior characteristics the child has \_\_\_\_\_

\_\_\_\_\_

List any types of medication taken for health care needs \_\_\_\_\_

Share any other information that has a direct bearing on assuring safe medical treatment for your child \_\_\_\_\_

### EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_



# Young Ambassadors for Christ Summer Camp

## Transportation Permission

### A. Parent and Child Information

Name of Parent	Telephone Number - Primary
Name of Child <input type="checkbox"/> Picture attached	Telephone Number - Secondary

### B. Emergency Contact Information (non-parent)

Name	Telephone Number
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### C. Departure and Return Times

Departure Time	Arrival Time	Return Time
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### D. Authorized Destinations

Child transported from	Child transported to
------------------------	----------------------

### E. Parent Signature and Other

Person receiving child, if applicable <input type="checkbox"/> On application	Method of Travel
Permission to transport is valid from [give date] to [give date]. From To (up to 12 months)	Transportation Provider
Signature of Parent or Guardian	Date

NC Division of Child Development  
and Early Education

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# Young Ambassadors for Christ Summer Camp

## Acknowledgement of Receipt of Policies and Procedures

Child's Name \_\_\_\_\_

**Discipline and  
Behavior Management  
Policy**

I have read and received a copy of the facility's Discipline and Behavior Management Policy and the facility's director has discussed the facility's Discipline and Behavior Management Policy with me.

**Parent's Initial** \_\_\_\_\_

**Receipt of Parent  
Handbook**

I have received a copy of Young Ambassador for Christ Summer Camp Parent's Handbook

**Parent's Initial** \_\_\_\_\_

**No Smoking Policy**

I understand that Young Ambassador for Christ Summer Camp is a smoke free facility

**Parent's Initial** \_\_\_\_\_

**Photo Release  
Permission**

As a parent or guardian of this student, I hereby consent to use of photography/videotape taken during the course of the school year for publicity/promotional and educational purposes. I do this with full knowledge and consent and waive all claims or compensation for use or damages.

- Yes, I give consent for Young Ambassador for Christ Summer Camp Preschool to photograph my child for school purposes and/or at school events
- No, I do not authorize Young Ambassador for Christ Summer Camp Preschool to photograph my child for any event

Parent's Name Print \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_