TCDN Summer Club

June 26th- August 30th

2017 CAMP REGISTRATION FORM

Please complete all sections on this form. If there is a section that is not applicable, please write/type N/A. Incomplete forms cannot be accepted and we are unable to provide care until all paperwork has been submitted. If you have any questions about completing the form, please contact the TCDN Administration Office at 610-544-4555 x221.

PARTICIPANT INFORMATION Please type or print legibly.

Child's Full Name			Nickname
Address			
City	State	Zip	Home Phone
School	Grade Entering	Age	Date of Birth
Other Schools / Programs Concurrently Attending			Gender
Primary email address			

PARENT/GUARDIAN INFORMATION (please designate which numbers to call first) Please type or print legibly.

Parent/Guardian Name		Cell Phone	Priority
Address			
City	State	Zip	Home Phone	Priority
Place of Employment		Work Phone	Priority

Parent/Guardian Name		Cell Phone	Priority
Address			
City	State	Zip	Home Phone	Priority
Place of Employment		Work Phone	Priority
Is there a custody agreement for the child? If so, please provide a copy			

EMERGENCY CONTACT INFORMATION (TWO people to be called in the event that we cannot reach either parent/guardian) Please type or print legibly.

Emergency Contact Name			Cell Phone
Address			
City	State	Zip	Home Phone

Emergency Contact Name			Cell Phone
Address			
City	State	Zip	Home Phone

ALTERNATE PICK-UP PEOPLE (People who can pick up your child in addition to those mentioned above) Please type or print legibly.

Contact Name	Cell Phone	Home Phone
Address		
Contact Name	Cell Phone	Home Phone
Address		

MEDICAL / DEVELOPMENTAL INFORMATION- Please complete all sections. Please type or print legibly

Name, address and phone number of childs medical provider
Child's health insurance company and policy number:
Does your child have any dietary restrictions?
Does your child have asthma or any allergies and/or intolerances to food, medication or any other substances? What are the symptoms and action to be taken if any? (Please attach an action plan if available.)
Does your child have any medical conditions or special needs the staff should know about? Does your child have an IEP or GIEP?
Does your child have any behavioral or emotional issues the staff should know about? If yes, please explain:
Is your child taking any medications to treat any of the above mentioned conditions? If yes, please explain:

Statement of Authorization

1. My child has permission to take walks or be transported by vehicle to participate in all TCDN Summer Club activities and related field trips.
2. In the case that your **child becomes ill** during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the center as soon as possible.
3. In the case that your child or anyone in the immediate household of the child develops a **reportable communicable disease** as defined by the State Board of Health, it is the responsibility of the parent to notify TCDN within 24 hours or the next business day in order for TCDN to take proper action, except in the case of life-threatening diseases which must be reported immediately.
4. My signature authorizes the management and staff of TCDN to act for me according to their best judgment in the event of a **medical emergency and/or routine medical** care. I/we grant permission for minor first aid, emergency medical treatment and/or routine medical care by TCDN Summer Club staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases the TCDN of any and all liability and/or financial responsibility for any medical expenses incurred.

By signing below, you are authorizing all of the above.

Parent/Guardian Signature	Date

CHILD HEALTH REPORT(Required for children not currently enrolled in a TCDN School year program)

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

CHILD'S NAME: (LAST) (FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH: HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:	
FACILITY PHONE: COUNTY:	WORK PHONE:

☐ I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE:

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
☐ NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
☐ NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
☐ NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
☐ NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
☐ YES ⑥ NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) ☐ YES ⑥ NO	**NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.**	
	VISION (subjective until age 3)	
	HEARING (subjective until age 4)	
	LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT TITLE:
ADDRESS:	
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

2017 Summer Club Attendance

Child's Name: _____ Parent's Name: _____

Please circle the weeks and time period of each camp session your child will attend.

Theme	Dates	7:15am-3:30pm Cost	7:15am-6:00pm Cost
Week 1	6/26-6/30	$270.00	$345.00
Week 2	7/3-7/7	$220.00	$280.00
Week 3	7/10-7/14	$270.00	$345.00
Week 4	7/17-7/21	$270.00	$345.00
Week 5	7/24-7/28	$270.00	$345.00
Week 6	7/31-8/4	$270.00	$345.00
Week 7	8/7-8/11	$270.00	$345.00
Week 8	8/14-8/18	$270.00	$345.00
Week 9	8/21-8/25	$270.00	$345.00
Week 10	8/28-8/30	$165.00	$215.00

___ Please check if this child is eligible for a 2nd child discount.
___ Please check if child is participating in a WSSD summer extended school year program.
Extended school year program name and participation weeks: _____

- I understand and acknowledge that the first 5 weeks balance is due by June 16th and weeks 6-10 balance is due by July 21nd and for any late payments, a $25 fee will be assessed to my account.
- TCDN does not provide make-ups or refunds for any days missed for any reason.
- Any late pick-ups will result in a $2.50 per minute fee.
- 30 days written notice must be provided for any cancellation of weeks

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

Photo Release Statement

I hereby give permission to **TCDN Summer Club** to photograph and/or videotape my child for educational and/or promotional purposes. I understand the photos will be used to keep a journal of activities, and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of TCDN.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

The below is for administration purposes only:
Date Received by TCDN: _____