

## Summer Day Camp





ASK ME IF YOU SCHOLARSHIPS II

## **Camp Kroc**

May 30th - August 11th 9AM-5PM

### Registration Form PLEASE PRINT Legibly (Please complete one per child)

Child's Name:		Child's Dat	e of Birth
Parent(s) Name(s):			
(A)		Primary Ph	one #
(B)		Primary Ph	one #
	lress:		
City:		State:	Zip:
-	one # (A)		
	dress (A)		
Child's School:			Grade:
Cost of Camp \$130/week	□ <b>Member**:</b> \$160/week	□ Additional Memb	er Child:
	□ <b>Non-member</b> : \$200/week CHOLARSHIPS ARE AVAILABLE.*** A		• •

# Mark ONLY those weeks you are paying for Space is NOT guaranteed until payment is made IN FULL for that week.\*

Select	Session	Camp Dates	Theme	Paid
0	Week 1	May 30 - June 2	Gliding Gizmos	
0	Week 2	June 5 - June 9	Treasure Hunters	
0	Week 3	June 12 - June 16	The Great Outdoors	
0	Week 4	June 20 - June 23	Wild West	
0	Week 5	June 26- June 30	Jurassic Kroc	
	Week 6	July 5- July 7	Bible Camp	FREE

Select	Session	Camp Dates	Theme	Paid
0	Week 7	July 10 - July 14	Superhero Academy	
0	Week 8	July 17 - July 21	Splashtopia	
0	Week 9	July 24 - July 28	Time Travelers	
0	Week 10	July 31 - Aug. 4	Agents of K.R.O.C.	
0	Week 11	Aug. 7 - Aug. 11	Shark Week	

**Check-in for camp begins daily at 8:30 AM** Late Pick-up charge is \$10 each day.

## Do you need to drop off early or pick up later? We have Extended Care!

AM Extended Care – 7:30am-8:30am PM Extended Care – 5:00-6:00pm Will You Need (Please Check – *price is per week*):

☐ AM Extended Care \$25	□ PM Extended Care \$25	□ Both \$50
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\*All camp fees must be PAID IN FULL BEFORE the start date for your child to participate in camp. NOTE: Space is limited; registration will be accepted on a first-come, first-served basis. Please refer to the reverse side for Refunds & Cancellation Policies.

\*\* Membership camp pricing is for those with family memberships or youth memberships active BEFORE 1/1/2023. If membership is dropped after camp is paid, the balance of \$40 per week will be due prior to your child being able to attend camp.

\*\*\*Scholarships are limited and are available on a first come, first serve basis.

There will be a \$30/week Rush fee applied if a camper is registered within 2 weeks before the start of a week of camp. This is a rolling policy that will be in effect the entire summer.

#### PLEASE KEEP YOUR RECEIPTS FOR TAX PURPOSES

### **Health History Form:**

		I assist our staff in providing	
the best care  ☐ Diabetes  ☐ Epilepsy	for your child. Please  Asthma  Carries Inhaler	check if applicable or allergic.  ☐ Carries Epi-Pen  ☐ Behavioral Challenges	Full Name of Minor/Camper: Please PRINT  Emergency Contact & Pick Up Authorization  (We require 2 emergency contacts other than the legal guardian)
☐ Penicillin	☐ Insect Stings		
□ Other			Name
			Relationship
Name & purpo	se of any medication: _		Phone # ()
Dietem / Deetwie	ation o		Name
Dietary Restric	JUONS		Relationship
Known allergie	es:		Phone # ()
medications of permission not permis	of any kind without priote.  rovide a specialized I ood allergies, we recess know if there are ther food restrictions.  on physical activity:	ct your child's experience at	People NOT AUTHORIZED to pick up my student:  Name Name  Family Doctor Doctor's Phone () Doctor's Address
to treat my chimmediate m	nild for minor cuts, sci edical attention is nee	tion Army Kroc Center Staff rapes, and bruises. If eded or if an injury is severe, gency Medical System (911)	Refund & Cancellation Policy  Cancellations received before May 1 will be refunded minus a 15% processing fee. Cancellations after May 1 and up to 2-weeks prior to the start date of the week your child is register in camp will be issued a 50% refund after the 15% processing fee has been deducted. No refunds are available for

#### Please assess your child's swimming abilities:

will be activated at the discretion of Club Kroc Staff.

☐ I understand the Kroc Center is not responsible for lost or stolen personal belongings. **Parent Initials:** \_\_\_\_\_

Parent Initials: \_\_\_\_\_

Swimming is an activity that all Summer Camper's participate in. Providing us with an assessment of your child's currently swimming abilities will provide camp counselors and aquatic staff a better way to monitor pool activity.

cancellations within 2 weeks of the start date or for any day(s)

in. Please note that any questions should be directed to the

Youth & Education Manager.

your child is absent during a week they are actively participating

□ Camper cannot swim □ Assisted swimming with flotation device only	<ul><li>□ Camper is a beginner swimmer</li><li>□ Camper is able to swim without direct assistance</li></ul>
Initial each section below	
(initial) General Liability Waiver	
Parent/Legal Guardian is required to sign authorization and waiver be	elow to acknowledge understanding and agreement of the content.
I understand that use of the facilities and equipment at The Salvation or exposure to infectious disease and I agree to assume any such risprofessionals to make sure that I can safely participate in activities are agree that by signing this agreement, I am giving up my right (and/o The Salvation Army Kroc Center, its agents, employees and volunteed damage or any other loss that I might suffer while using The Salvation If The Salvation Army has actual knowledge that an individual is a re-	sks. I understand that it is up to me to consult physicians and other and events at The Salvation Army Kroc Center. I also understand and it the right of the minor(s) for who I sign) to make any claim against ers, including the right to sue them, for bodily injury, illness, property in Army Kroc Center facilities and services, except as limited by law.
(initial) Field Trip Consent	
I understand that on occasion camp activities may include short day Center grounds and may include ground transportation. I understar liability waiver above. Therefore, I hereby permit my child to partici- the grounds with adult supervision.	nd that liability for transportation is covered under the general
(initial) Photo/Video Consent	
I agree to allow The Salvation Army Kroc Center to use and publish minor child for whom I am signing) appears. (Pictures are only used	
(initial) Acknowledgment of Kroc Center Code	of Conduct (attached)
I have read the Kroc Center Code of Conduct and have disclosed be the ability of my child or other children to fully participate in Camp Code of Conduct or failure to properly disclose a child's known behavior	Kroc. I also acknowledge that a child's egregious violation of the
Does your child have a behavior modification plan at school? $\qed$	ES 🗆 NO
If so, please describe what works best or list any behaviors we need your child.	I to be aware of to make Camp Kroc a positive experience for
I HAVE CAREFULLY READ THIS ENTIRE PAGE AND FULLY UND THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP CERTA SALVATION ARMY.	
I hereby certify that I have the authority to sign this docume Form.	ent for the child/children identified on this Registration
Parent or Legal Guardian's Name (PRINT):	
Signature:	Date:
NAME OF CAMPER:	

	0-25 based on age and a camp color will be assigned. Previous color system is no longer in use.			
hild's T-shirt Size: Youth size: Small urchase Extra T-shirts (cost \$12/shirt): Qty.	☐ Medium ☐ Large <b>Adult size:</b> ☐ Small ☐ Medium ☐ Large(One T-shirt is provided for each child who registers for camp).	□X-Larg		
urchase Extra 1-shirts (cost \$12/shirt). Qty	(One 1-shirt is provided for each child who registers for camp).			