Child Information

Child Name _____ Age _____ Birthday ___/___/___

Grade entering into _____ School attending _____

Address- Home (Street, City, State, Zip Code) _____

T Shirt Size

☐ Youth XS ☐ Youth S ☐ Youth M ☐ Youth L

☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL

Approximate AM Drop off Time _____ Approximate PM Pick Up Time _____

Parent/Guardian Information

Parent/Guardian #1 Name_____

Home/Cell #_____ Work #_____ Email _____

Parent/Guardian #2 Name _____

Home/Cell#_____ Work #_____ Email _____

Child Resides with:

☐ Parent/Guardian #1 ☐ Parent/Guardian #2 ☐ Both ☐ Other _____

Emergency Contact

List <u>at least 1</u> and up to 3 other people (other than parent/guardian) who are authorized to pick up the camper and should be contacted in case of a medical emergency or emergency pick-up if parent/guardian cannot be reached.

1. Name_____ Relationship_____ Phone Number_____
2. Name_____ Relationship_____ Phone Number_____
3. Name_____ Relationship_____ Phone Number_____

Medical Information

Please fill out as detailed as possible as this information will be used to best serve your child. Please note that the New Berlin Recreation Summer Day Camp wants your child to have the best experience possible but may not be able to accommodate all special needs. Please contact the Camp Director to make sure this camp will be a good fit for your child. Please use additional paper if needed to explain in greater detail.

Due to the large-group format of our Day Camp, we are **unable to provide one-on-one care**. Children must be able to provide self-care in a group setting (able to follow the group and given instructions, able to use the restroom facilities unassisted, able to wash hands without assistance and able to control their behavior while participating in all activities).

1. **Check any special medical conditions that your child has that we should be aware of.**

☐ <u>No specific medical condition</u> (skip questions 2-5)	☐ ADD/ADHD	☐ Asthma
☐ Autism	☐ Behavior Concerns specify- _____	☐ Cerebral palsy/motor disorder
☐ Cognitively Disabled	☐ Diabetes	☐ Dietary Restrictions specify- _____
☐ Epilepsy/Seizures	☐ Food/Milk Allergy specify- _____	☐ Non-food Allergy specify- _____
☐ Special Accommodations at school (I.E.P)	☐ Sensory Concerns specify- _____	☐ Other condition(s) requiring -specify _____

Medical Information Continued -

2. **Triggers that may cause problems:**

_____

3. **Signs or symptoms to watch out for:**

_____

4. **Steps the camp should follow:**

_____

Character Contact

The goal of our program is to provide an atmosphere for children to develop a variety of satisfying skills and relationships while enjoying healthy activities. Throughout the summer we continue with our character development mission to develop respect, responsibility, caring, and honesty among our participants. As a family, please read and discuss the Character Contract together and sign below.

1. Appropriate Conversation: Campers will not be allowed to discuss inappropriate topics or contribute to demeaning conversations about other children and/or staff.

2. Appropriate Language: Campers will refrain from using obscene language or gestures for any reason.

3. Respect: Campers will follow instructions the first time they are given. Campers will also speak to staff and other campers with respect.

4. Play: Campers will not engage in horseplay with each other or staff. Hitting, pushing or any other type of aggressive behavior will not be allowed. Campers will keep their hands and feet to themselves at all times.

5. Responsibility: Campers will remain with their assigned group and within the eye contact of the staff.

6. Caring: Campers will use equipment, toys, and games properly. Campers will also help to care for the facility, grounds, other campers, and camp staff.

What will happen if this contract is violated?

If an incident occurs where a child conducts him-/herself in such a manner that jeopardizes their safety, the safety of others, or is not by the mission of the City of New Berlin, the following steps will be taken:

1. First incident A staff member will address and document the issue directly with the camper. The camper will sit out of an activity for the day, such as arts & crafts, free time, etc. Parents will be contacted during the day or at the end of the program, depending on the time of the incident.

2. Second incident A staff member will address and document the issue directly with the camper. The parent or guardian will receive a phone call and will be asked to pick up their child within the hour. The camper will NOT be allowed to attend the program the next day that he/she is registered for.

3. Third incident: A staff member will address and document the issue directly with the camper. A parent or guardian will be contacted and asked to pick up their child immediately. The child will be suspended for 3 days from the program they are participating in.

4. **Fourth incident:** A staff member will address and document the issue directly with the camper. A parent or guardian will be contacted and asked to pick up their child immediately. The child will be suspended for 5 days from the program they are participating in.

4. Fifth incident: The child will be dismissed from the program.

No Refund will be given for a child suspended/dismissed from the program.

We reserve the right, at any time, to dismiss from the program/choose any step immediately if we deem their behavior jeopardizes the environment, physical, emotional or other harm, to themselves, other children, staff, and/or the City of New Berlin Citizens.

We have reviewed the above with our child and we agree to follow the Character Contract.

_____ _____
Parent/Guardian's Signature   Date

_____
Child's Name