

Kids Academy Summer 2019 Registration for Ages 5-7

Age on September 30, 2019 _____ Birthdate: _____ — _____ — _____ Grade in Fall 2019 _____

How many children from your family are enrolling in Kids Academy? _____ Name of School _____

(Please copy this form if you are registering more than one camper.)

_____ Sex M F

CCC Student ID (If known) _____

_____ Last Name First MI _____

_____ Street Address _____

_____ City State Zip Code _____

_____ Parent/Guardian #1 Daytime Phone Ext. Parent/Guardian #2 Daytime Phone Ext. _____

_____ Parent #1 Name _____ Parent #2 Name _____

_____ Parent #1 Cell Phone _____ Parent #2 Cell Phone _____

_____ E-mail _____

_____ Home Phone _____

Visa Mastercard Amex Discover

_____ Number _____ CVV# _____

Charge customers only: Cardholder name _____ Card expiration date _____

Amount to be charged \$ _____ Cardholder signature _____

Check enclosed \$ _____ payable to **Cumberland County College**

**Do not send cash. Payment in full required with registration. Submit separate check for each child.
Send mail registration to:**

Attn. Kids Academy, Cumberland County College, 3322 College Drive, Vineland, NJ 08360

A completed copy of the medical form, Student Code of Conduct and Release forms MUST be submitted with this application. No registration will be processed without it.

Kids Academy Summer 2019
Registration for Ages 5-7
Please select weeks and AM/PM Care options below.
Student Name: _

Pre-Camp June 17 - June 21 <i>\$190 for the week</i>	Pre-Camp AM Care 6:30am-8:45am	Pre-Camp PM Care 4:00pm-6:00pm	Cost
Week 1: June 24 - June 28 <i>\$190 for the week</i>	Week 1 AM Care 6:30am-8:45am	Week 1 PM Care 4:00pm-6:00pm	
No Camp due to 4 th of July Holiday	No Camp	No Camp	
Week 2: July 8 - July 12 <i>\$190 for the week</i>	Week 2 AM Care 6:30am-8:45am	Week 2 PM Care 4:00pm-6:00pm	
Week 3: July 15 - July 19 <i>\$190 for the week</i>	Week 3 AM Care 6:30am-8:45am	Week 3 PM Care 4:00pm-6:00pm	
Week 4: July 22 - July 26 <i>\$190 for the week</i>	Week 4 AM Care 6:30am-8:45am	Week 4 PM Care 4:00pm-6:00pm	
Week 5: July 29 - August 2 <i>\$190 for the week</i>	Week 5 AM Care 6:30am-8:45am	Week 5 PM Care 4:00pm-6:00pm	
Week 6: August 5 - August 9 <i>\$190 for the week</i>	Week 6 AM Care 6:30am-8:45am	Week 6 PM Care 4:00pm-6:00pm	
Week 7: August 12 - August 16 <i>\$190 for the week</i>	Week 7 AM Care 6:30am-8:45am	Week 7 PM Care 4:00pm-6:00pm	
Week 8: August 19 - August 23 <i>\$190 for the week</i>	Week 8 AM Care 6:30am-8:45am	Week 8 PM Care 4:00pm-6:00pm	
Post Camp August 26 - August 30 <i>\$190 for the week</i>	Post Camp AM Care 6:30am-8:45am	Post Camp PM Care 4:00pm-6:00pm	
Total Amount			

Kids Academy Summer 2019 HEALTH HISTORY & MEDICAL AUTHORIZATION

This form must be completed with immunization dates and returned with EACH registration.

NOTE: A doctor's signature is NOT required on this form.

NAME OF STUDENT _____
Last First MI Birthdate

Male Female

Parent/Guardian #1 Name: _____ **Daytime Phone:** _____

Cell Phone: _____

Parent/Guardian #2 Name: _____ **Daytime Phone:** _____

Cell Phone: _____

Alt. Emer. Contact: _____ **Daytime Phone:** _____

Family Physician: _____ **Daytime Phone:** _____

PLEASE COMPLETE THE FOLLOWING:

For the safety of your child, do not withhold any pertinent medical information.

1. Were you ever advised not to allow this child to play in any sports? **YES*** **NO**
2. List any malfunction or loss of an organ: _____
3. List any allergies including bee stings, peanuts, hives, asthma: _____
4. Currently under physician's care for: _____
5. Current medications being taken: _____
6. Will your child need any medication? Y N Name of Medication _____

- | | | |
|---|-------------|-----------|
| 7. Has this child: | YES* | NO |
| (a) had difficulty with sight? | _____ | _____ |
| (b) had difficulty with hearing? | _____ | _____ |
| (c) ever been unconscious after an injury? | _____ | _____ |
| (d) had a fracture or dislocation within the last three years? | _____ | _____ |
| (e) ever experienced high blood pressure? | _____ | _____ |
| (f) ever experienced chest pain/palpitations? | _____ | _____ |
| (g) had to stay in the hospital overnight within the last year? | _____ | _____ |
| (h) other _____ | _____ | _____ |

8. Does this child have a history of:

(a) fainting with exercise?	_____	_____
(b) undue tiredness/fatigue?	_____	_____
(c) a family member having sudden unexplained death under the age of 40?	_____	_____

*** Please explain (attach extra pages if necessary.)**

According to state law, all students must be immunized or submit a statement from a physician that immunization is in progress. IMPORTANT: ATTACH A CURRENT COPY OF IMMUNIZATION RECORD FROM DOCTOR'S OFFICE.**

If an emergency illness or injury occurs, I (parent/guardian) hereby authorize Cumberland County College to treat and/or send this person to a physician or hospital and authorize the necessary treatment. I also authorize the physician or hospital to release my child after treatment to a representative of Cumberland County College. My child's medical insurance carrier is _____.

I authorize CCC to share pertinent health information with staff as needed to safeguard my child's health. My hospital of choice is _____. All information on this form is complete, true and accurate to the best of my knowledge.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

****NOTE**

1. If there is a religious exemption to immunization of a child, a written statement must be submitted and signed stating that the child is in good health, that you (the parent) will assume full responsibility for his/her health while in camp, and that immunization interferes with the free exercise of the campers' religious rights.
2. If immunization is contraindicated for medical reasons, the parent or guardian shall submit to the camp a written statement signed by a licensed physician, indicating both the reason and length of the medical contraindication.

A COMPLETED COPY OF THIS FORM MUST BE SUBMITTED WITH REGISTRATION

KIDS ACADEMY SUMMER 2019 STUDENT CODE OF CONDUCT AGREEMENT

Student Name

PLEASE CAREFULLY READ THIS FORM! BY SIGNING THIS CODE OF CONDUCT, THE STUDENT AND PARENT/GUARDIAN AGREE TO ADHERE TO ALL GUIDELINES SET FORTH IN THE DOCUMENT.

I will always have the opportunity to meet with the Kids Academy Lead Teacher and/or Director to give details of any incident that is being reported to the office.

1. I will remain with my with my group at all times and will not leave without permission.
2. I will only bring in items needed and Cumberland County College will not be responsible for lost or stolen items.
3. I will respect College property, off-site facilities, and obey and follow transportation and rules. If I willfully destroy property or equipment, monetary reimbursement will be required.
4. I will obey fire drill safety and never pull or play with a fire alarm or security system.
5. I will respect personal property of other students and staff and not take anything that doesn't belong to me.
6. I will be a good camp friend and not fight or instigate a fight. I will not hurt anyone with unkind words or actions. Any object that may hurt or place another person in fear of his/her safety may be considered a weapon and is cause for serious disciplinary action that could include immediate expulsion from camp. The staff will investigate and resolve any safety issue immediately.
7. I will show respect for everyone and only use appropriate language and gestures.
8. I will obey Internet safety rules as instructed by my teacher. Failure to obey Internet safety may include immediate expulsion from Kids Academy Program.
9. I understand that CCC has a zero tolerance for bullying and harrassment of any kind.
10. If I am dismissed from class for misconduct, I will not be given a refund.

**If parents or guardians need to pick up a child prior to dismissal, a written note must be submitted to the Lead Teacher.

**** NOTE TO PARENT: I WILL NOT DROP MY CHILD OFF UNATTENDED AT ANY TIME DURING MY CHILD'S ATTENDANCE CUMBERLAND COUNTY COLLEGE.**

Parent/Guardian Signature (for parent)

Date

A completed Student Code of Conduct Agreement, Health History and Medical Authorization must be submitted each year with every application.

Cumberland County College

Kids Academy Medication Form

Medication Policies:

Only medications that are prescribed by a physician and/or necessary to treat a disability are allowed at Kids Academy. A parent/guardian must submit a completed Medication Form at least 5 business days prior to the first day of attendance. Each medication requires a separate form. Prescription medications must come in the original container labeled with the prescription.

SELF-MEDICATION PERMISSION

*****PLEASE ATTACH A RECENT PHOTO OF YOUR CHILD*****

Complete this section only if self-medication is required

Student's Name: _____

Date of Birth _____

Age Group: _____

PARENT/GUARDIAN AUTHORIZATION

My child has a physical condition which requires him/her to receive medication as quickly as possible in order to avoid a medical crisis. In the interest of his/her personal well-being, I hereby grant my child the authority to carry his/her medication and to self-administer it as directed by the prescribing physician when needed.

Name of Medication _____

Dose/Amount _____

Condition requiring self-medication:

In granting this permission for my child to self-medicate, I hereby absolve Cumberland County College and all its employees from any liability or legal responsibility for any condition that may arise from the administration or lack of administration of such medication.

Parent/Guardian Signature _____

Date: _____

PHYSICIAN'S AUTHORIZATION

The above-named patient must use _____ by self-administration.
He/she has been instructed in its proper use.

Physician's Signature: _____

Date: _____

Note: A completed and signed copy of this form must be given to the director or lead teacher.

Waiver and Release:

I understand that I am required to cooperate with Cumberland County College with regard to the administration of my child’s medication. I understand that some medications cannot be administered by the staff, and if my child requires such a medication, it is my responsibility to make arrangements for my child’s medication.

I hereby acknowledge that Cumberland County personnel are not trained medical professionals and cannot guarantee nor be responsible for a satisfactory outcome of the administering of medication. In consideration of permitting my child to participate in programs sponsored by Cumberland County College. I hereby for myself, my child, and our executors, administrators and assignees, assume all risks and hold Cumberland County College, its agents, members of the board of trustees, employees, representatives, all sponsors, affiliates, parties permitting use of property for the programs, coordinating groups, volunteers, and any individuals associated with the programs **harmless** from any and all liability, causes of action, debts, claims, damages, or demands of any nature whatsoever which may arise in connection with my participation in activities related to the Programs.

This waiver and release expressly includes any claims arising from or relating to the administration of medication by Cumberland County College personnel. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date: _____

Name of Child:

KIDS ACADEMY SUMMER 2019

STUDENT PICK UP AUTHORIZATION & EMERGENCY CONTACT

For your child's safety, a valid picture ID authorizes your child's release to the bearer of the card. **Name listed below must be identical to drivers license or other picture ID. Students will not be released without personal identification.** If you need emergency student pick up, you **must** send a note or call the main office at 856-776-2372. **ID's must be in English (include the person's full name, relationship, and phone number, no nicknames please).**

Student Name: _____.

Listed below are individuals authorized to pick-up my child from **Kids Academy Summer Program**.

Parent/Guardian #1 (First & Last Name)	Relationship	Telephone
Parent/Guardian #2 (First & Last Name)	Relationship	Telephone
Name (First & Last Name)	Relationship	Telephone
Name (First & Last Name)	Relationship	Telephone

THIS PAGE MUST BE INCLUDED WITH EACH REGISTRATION.

Emergency Information Procedures & Release

Student Name _____
Last First Middle

DOB _____ Sex: M F

Home Address _____ Home Phone _____

LOCATIONS PARENTS/GUARDIAN CAN BE REACHED IF NOT AT HOME

Parent 1 Name _____
(First & Last Name) Cell Office Phone

Parent 2 Name _____
(First & Last Name) Cell Office Phone

NAME OF LOCAL PERSON OR RELATIVE TO CONTACT IF PARENT(S) CANNOT BE REACHED:

Name _____

Address _____ Phone _____

Release

In case of emergency, accident or serious illness to the student named above in which medical treatment is required, I (parent/guardian) request CCC to contact me. If the staff is unable to reach me, my signature below authorizes CCC to exercise their judgment in contacting the physician indicated below and to follow his/her instructions. If this physician is unavailable, CCC may make whatever arrangements are necessary or transport the camper to a hospital emergency room.

In addition, I give permission for the above registered student to be photographed/videotaped during this program by a representative of Cumberland County College. I understand that the photographs/videotapes will be used by Cumberland County College for the purpose of promoting the college's programs and services, and that no compensation will be offered to the child or family.

Parent/Guardian Signature _____ Date _____

Remarks _____

Does this student have any major or unusual health conditions? Yes No

If yes, please specify _____

Allergies _____ Other Conditions _____

Local Physician's Name _____

Office Phone _____

IMPORTANT NOTE: Please notify CCC immediately concerning changes to any information listed on this form.

Kids Academy at Cumberland County College Disciplinary Procedures

Kids Academy is committed to the idea that each participant should have an enjoyable experience while on and off campus, and the misbehavior of one participant, or a group of participants should not be allowed to impact negatively on the experience of others. Most summer programs are short in duration, so prompt action is required when problems occur. Parents and children should be aware of the disciplinary policy.

First Offense: Participants failing to adhere to summer program rules, or exhibiting behavior clearly intended to annoy or endanger others, will be privately and formally warned by a Kids Academy- Lead Teacher and informed that subsequent misbehavior will result in formal counseling by the Kids Academy-Lead Teacher.

Second Offense: Subsequent misconduct will result in counseling by the Kids Academy-Lead Teacher and a warning that further misconduct will result in removal from campus. At this point, the Lead Teacher will contact the parent or guardian to advise him/her of the situation and the possible need for picking the student up from campus if there is further misconduct.

Third Offense: Any further inappropriate behavior will result in counseling by the Director of Workforce Education of the camp and removal from camp.

[NOTE: EVERY EFFORT IS MADE BY KIDS ACADEMY TO SEE THAT EACH PARTICIPANT IS SUCCESSFUL. ANY STEPS OUTLINED ABOVE MAY BE SKIPPED OR REPEATED AT THE DISCRETION OF STAFF. PARTICIPANTS DISMISSED FOR DISCIPLINARY REASONS WILL NOT RECEIVE A REFUND OF ANY FEES PAID.]

It should be understood this procedure is intended to provide a reasonable and consistent method for dealing with the type of behavior that can be disruptive to Kids Academy Programming, but is not so egregious as to warrant immediate dismissal. It in no way precludes immediate dismissal from the program for more serious disciplinary problems or violations of campus or regulations. A serious disciplinary problem is defined as one in which the summer program staff determines that a participant is engaging in inappropriate behavior that includes, but is not limited to the following: actions which put the participant, others, or staff member's safety in jeopardy; inflicting physical or emotional harm on self or others, vandalism or destruction of University property; theft of College property or the property of another participant; consistently disrupting the program; possession of alcohol, drugs, or weapons; fighting; sexual harassment; or behavior that is serious enough to warrant a third offense.

Parent and Participant Pledge: I/we understand the disciplinary procedures described above. I/we understand failure to demonstrate proper conduct during Kids Academy may result in early dismissal from Kids Academy without any refund of fees paid to attend. We pledge to abide by all Kids Academy rules and to exercise good behavior and proper respect for others.

Parent/Guardian Signature
(please review with student before signing)

Date