

# SUMMER CAMP REGISTRATION FORM

Family Name (Last) \_\_\_\_\_ # of Children to Enroll \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Resident  NR

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Email \_\_\_\_\_

| Participant Names | DOB | Shirt Size<br>(YXS-<br>AXL) |
|-------------------|-----|-----------------------------|
|                   |     |                             |
|                   |     |                             |
|                   |     |                             |
|                   |     |                             |

| PAYMENT INFORMATION           |                                |                                 |
|-------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Check | <input type="checkbox"/> Credit |
| Card # _____                  |                                |                                 |
| Exp. Date: _____              |                                | CVV _____                       |
| Check # _____                 | Amount Paid _____              |                                 |

| Camp Week                | Location & Theme  | Before/After Care   | Field Trip  | Total \$ |
|--------------------------|---|---|---|----------|
| Week #1<br>June 10-14    | <input type="checkbox"/> DeBroux Games Galore<br><input type="checkbox"/> Josten                  | <input type="checkbox"/> Before Care<br><input type="checkbox"/> After Care | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | \$       |
| Week #2<br>June 17-21    | <input type="checkbox"/> DeBroux Super Heroes & Villains<br><input type="checkbox"/> Josten       | <input type="checkbox"/> Before Care<br><input type="checkbox"/> After Care | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | \$       |
| Week #3<br>June 24-28    | <input type="checkbox"/> DeBroux Around the World<br><input type="checkbox"/> Josten              | <input type="checkbox"/> Before Care<br><input type="checkbox"/> After Care | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | \$       |
| Week #4<br>July 8-12     | <input type="checkbox"/> DeBroux All Ball<br><input type="checkbox"/> Josten                      | <input type="checkbox"/> Before Care<br><input type="checkbox"/> After Care | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | \$       |
| Week #5<br>July 15-19    | <input type="checkbox"/> DeBroux Going Green/Nature<br><input type="checkbox"/> Josten            | <input type="checkbox"/> Before Care<br><input type="checkbox"/> After Care | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | \$       |
| Week #6<br>July 22-26    | <input type="checkbox"/> DeBroux Messy Week<br><input type="checkbox"/> Josten                    | <input type="checkbox"/> Before Care<br><input type="checkbox"/> After Care | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | \$       |
| Week #7<br>July 29-Aug 2 | <input type="checkbox"/> DeBroux Splish- Splash<br><input type="checkbox"/> Josten                | <input type="checkbox"/> Before Care<br><input type="checkbox"/> After Care | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | \$       |
| Week #8<br>Aug 05-09     | <input type="checkbox"/> DeBroux Camp Olympics<br><input type="checkbox"/> Josten                 | <input type="checkbox"/> Before Care<br><input type="checkbox"/> After Care | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | \$       |
| Week #9<br>Aug 12-16     | <input type="checkbox"/> DeBroux Design & Construct (S.T.E.M.)<br><input type="checkbox"/> Josten | <input type="checkbox"/> Before Care<br><input type="checkbox"/> After Care | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | \$       |
| Week #10<br>Aug 19-23    | <input type="checkbox"/> DeBroux DeBroux's Got Talent!  | <input type="checkbox"/> Before Care<br><input type="checkbox"/> After Care | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | \$       |
| <b>Total:</b>            |   |   |   |          |

Liability Waiver: I understand participation in parks and recreation programs involves elements of risk or danger for all participants and may cause serious injury, death or property loss. I agree to assume these risks for my family and release the Village of Bellevue, its employees, volunteers agents and other participants from any liability for injuries and damages sustained while participating in these programs.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Child Information Form

|   |       |                    |                      |  |            |     |
|---|-------|--------------------|----------------------|--|------------|-----|
| Child's Last Name   |       | Child's First Name |                      | MI   | Sex        | DOB |
| Living Arrangement:<br>lives with both parents, lives with mother, lives with father, lives with Guardian |       |                    |                      | T-Shirt Size:                                    | Home Phone |     |
| Address   |       |                    |                      | Cell Phone Number and Carrier (For Text Alerts): |            |     |
| City  | State | Zip                | Family Email Address |  |            |     |

## Parent/Guardian Information

Please indicate the order in which to make contact in case of emergency, illness or other unforeseen circumstance by circling 1,2,3 or 4 for the name as well as phone numbers to be called. When choosing the order, please keep in mind each person's accessibility, as well as that calls will occur between 3:30 pm and 6:00 pm.

|      |                  |                  |                     |                  |
|------|------------------|------------------|---------------------|------------------|
| Name | Home Phone 1 2 3 | Cell Phone 1 2 3 | Place of Employment | Work Phone 1 2 3 |
| Name | Home Phone 1 2 3 | Cell Phone 1 2 3 | Place of Employment | Work Phone 1 2 3 |

## Emergency Contacts

Please list emergency contacts in the order in which they should be contacted in case of an emergency. Also indicate in which order to use the phone numbers listed for each emergency contact by circling 1,2, or 3.

|                   |                  |                  |                  |                       |
|-------------------|------------------|------------------|------------------|-----------------------|
| Name:<br>Address: | Home Phone 1 2 3 | Cell Phone 1 2 3 | Work Phone 1 2 3 | Relationship to Child |
| Name:<br>Address: | Home Phone 1 2 3 | Cell Phone 1 2 3 | Work Phone 1 2 3 | Relationship to Child |

## Authorized Pick-Ups

The people listed below will be the ONLY people allowed to pick-up the child noted above. Please include parent names on this list. Photograph Identification is required upon pick-up.

| Name | Address | Relationship to Child | Phone |
|------|---------|-----------------------|-------|
| 1.   |         |                       |       |
| 2.   |         |                       |       |

## Health Information

|                          |                       |   |
|--------------------------|-----------------------|---|
| Child's Physician        | Medical Facility Name | Medical Facility Phone Number                                   |
| Medical Facility Address |                       | Hospital Preference:<br>Aurora, Bellin, St. Mary's, St. Vincent |

## Sunscreen & Insect Repellent Authorization (Insect repellent & sunscreen must be brought from home.)

I authorize staff to apply sunscreen to my child  Yes  No Brand Name: \_\_\_\_\_ SPF Strength: \_\_\_\_\_

I authorize staff to apply repellent to my child  Yes  No Brand Name: \_\_\_\_\_ Ingredient Strength: \_\_\_\_\_

## Medical Device Consent

- Any and all medical treatments, devices, or medications must be provided by parent/guardian.
- If such devices, medication, or treatments are present at camp, staff must be notified via medication authorization form.

I give consent for my child to use any of the following checked items when necessary:

Inhaler  EpiPen  Other: \_\_\_\_\_

## Health History

Does your child have a history of:  ADD/ADHD/Behavioral Disorders  Autism Spectrum Disorder  Asthma  
 Cognitive Disability  Cerebral Palsy/Motor Disorder  Diabetes  Learning Disability  
 Gastrointestinal or Feeding Concerns  Heart Problems  Epilepsy/Seizures  
 Physical Handicap  Sensitivity to Sun  Food/Milk Allergies  Non-Food Allergies  
 Other(describe) \_\_\_\_\_

## Health History (Continued)

|    |   |
|----|---|
| 1. | Please describe any health concerns checked above:                          |
| 2. | Triggers that may cause problems (specify):                                 |
| 3. | Signs or symptoms to watch for (specify):                                   |
| 4. | Action steps for camp staff to take (specify):                              |
| 5. | When to call parents regarding symptoms or failure to respond to treatment: |
| 6. | When to consider emergency care:  |
| 7. | Any additional information that may be helpful to staff:                    |

- Please contact Recreation Supervisor if your child has any special medical needs or conditions that camp should be aware of.

## Immunization History

The following are the minimum required immunizations. Children entering kindergarten must have received one dose of DTP/DtaP/DT after the 4<sup>th</sup> birthday to be compliant. Measels, mumps, and rubella vaccines must have been received on or after the 1<sup>st</sup> birthday.

List the month, day, and year your child received each of the following immunizations (or attach a separate sheet with immunization records). DO NOT USE AN 'X' OR CHECKMARK to indicate it has been completed. Contact your doctor or public health agency to obtain dates if necessary.

| TYPE OF VACCINE   | FIRST DOSE<br>mm/dd/yy | SECOND DOSE<br>mm/dd/yy | THIRD DOSE<br>mm/dd/yy | FOURTH DOSE<br>mm/dd/yy | FIFTH DOSE<br>mm/dd/yy |
|---|------------------------|-------------------------|------------------------|-------------------------|------------------------|
| DTP/DtaP/Td Diphtheria<br>Tetanus-Pertussis<br>(Whooping Cough) |                        |                         |                        |                         |                        |
| Polio   |                        |                         |                        |                         |                        |
| Haemophilus influenza (HIB)                                     |                        |                         |                        |                         |                        |
| Hepatitis B   |                        |                         |                        |                         |                        |
| Measels, Mumps, Rubella<br>(MMR)                                |                        |                         |                        |                         |                        |
| Varicella (Chicken Pox)   |                        |                         |                        |                         |                        |

### REQUIREMENTS:

|                        |                           |
|------------------------|---------------------------|
| 2 yrs. – Kindergarten: | At Kindergarten entrance: |
| -4 DTP/DtaP/DT         | - 4 DTP/DtaP/DT           |
| -3 Polio               | - 4 polio                 |
| -MMR                   | - 2 MMR                   |
| - 3 Hep B              | - 3 Hep B                 |
| - 3 HIB                | - 1 Varicella             |
| - 1 Varicella          |                           |

- This Child is not immunized for religious reasons.
- This child is not immunized for personal conviction reasons.

## Parental Consent:

- By signing below you are authorizing that all information provided on this form is accurate to the best of your knowledge.
- You have read through and agree to all camp policies and procedures outlined in the Bellevue Summer Day Camp handbook.
- You give consent for emergency care or medical treatment to be provided to your child.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Bellevue Summer Camp Field Trip Permission Slip

**Instructions:** Complete the form and submit along with registration packet.

I give my child permission, \_\_\_\_\_  
(Child's Name)

To attend the field trip(s) marked below:  
 (Please check all field trips your child will attend)

|  |  |   |
|--|--|---|
| 6/12 - Wednesday<br>Badger Sports Park<br>Cost: \$15<br>(Includes: Transportation & attractions)<br><input style="float: right;" type="checkbox"/>           | 6/19 – Wednesday<br>Tundra Lodge<br>Cost: \$15<br>(Includes: Transportation & admission)<br><input style="float: right;" type="checkbox"/>       | 6/26 – Wednesday<br>Manitowoc Maritime Museum<br>Cost: \$15<br>(Includes: Transportation and admission)<br><input style="float: right;" type="checkbox"/>       |
| 7/10 – Wednesday<br>Timber Rattler Baseball Game<br>Cost: \$15<br>(Includes: Transportation and admission)<br><input style="float: right;" type="checkbox"/> | 7/17 - Wednesday<br>Ashwaubemay Lake<br>Cost: \$15<br>(Includes: Transportation and admission)<br><input style="float: right;" type="checkbox"/> | 7/24 – Wednesday<br>De Pere Movie Theatre<br>Cost: \$15<br>(Includes: Transportation, movie, popcorn & drink)<br><input style="float: right;" type="checkbox"/> |
| 7/31 – Wednesday<br>Manitowoc Aquatic Center<br>Cost: \$15<br>(Includes: Transportation and Admission)<br><input style="float: right;" type="checkbox"/>     | 8/06- Tuesday<br>VFW Park- De Pere<br>Cost: \$15<br>(Includes: Transportation & activities)<br><input style="float: right;" type="checkbox"/>    | 8/08 Thursday<br>Green Isle Park<br>Cost: \$15<br>(Includes Transportation & activities)<br><input style="float: right;" type="checkbox"/>                      |
| 8/14 – Wednesday<br>Bay Beach<br>Cost: \$15<br>(Includes Transportation and \$5 in tickets)<br><input style="float: right;" type="checkbox"/>                |  | 8/21- Wednesday<br>X-treme Air<br>Cost: \$15<br>(Includes Transportation & attractions)<br><input style="float: right;" type="checkbox"/>                       |

I understand that all return times are approximate. The Village of Bellevue Summer Camp staff will remind you of the field trip specifics on Monday, the week of the trip.

I authorize the Village of Bellevue Summer Camp to take my child on all above marked field trip(s) on the date(s) indicated.

|                                      |             |
|--------------------------------------|-------------|
| <b>SIGNATURE-</b> Parent or Guardian | Date Signed |
|--------------------------------------|-------------|

# Bellevue Summer Camp

## Field Trip Policies & Procedures

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- Only one permission slip per child is needed for the summer.
- **Field trips are subject to change or cancellation due to weather or other factors.**
- On field trip days, camp sites will be open only to those camp participants who have registered for the field trip.
- Each participant is **REQUIRED** to wear their camp T-shirt on the field trip.
- All participants' health forms, emergency contact information, & needed medication will be transported on all field trips by the Camp Coordinator.
- Staff will be available by cell phones during all field trip activities.
- A portable first aid kit will be transported on all field trips.
- Please pack a **DISPOSABLE LUNCH** on all field trips (unless noted).
- Campers **ARE NOT** permitted to bring extra money with them on all field trips (unless noted).
- **BE PROMPT!** Please have your child arrive no later than 9:00 am.
- **Field trips are subject to change based on a variety of factors. Although every effort will be made to keep this schedule, we will communicate any changes to field trips as soon as possible.**
- **If offsite field trips are not possible they will be replaced with outreach programming.**



# Alternate Arrival/Release Agreement

**Instructions:** Complete this form for placement in child's file when child will arrive at the camp site from school, home or other activities, or depart from the camp site to go to school, home or other activities, and the child will not be accompanied by a parent or other previously authorized person. This form should be updated as information changes. Periodic review with the parent/guardian is recommended to ensure safety.

## ARRIVAL INSTRUCTIONS

My child \_\_\_\_\_  
(Child's Name)  
 will arrive at \_\_\_\_\_  
(Name of Camp Site)  
 from \_\_\_\_\_  
(School, home or other activity)  
 by way of \_\_\_\_\_  
(Walking, bicycle, bus, car pool, etc. Be as specific as possible)  
 at \_\_\_\_\_  AM OR  PM **(Child must sign in to camp no later than 9:30 am)**  
(Time of Arrival)  
 on  Monday  Tuesday  Wednesday  Thursday  Friday  
 My child will arrive from this destination  with OR  without camp supervision.

## RELEASE INSTRUCTIONS

My child \_\_\_\_\_  
(Child's Name)  
 will leave \_\_\_\_\_  
(Name of Camp Site)  
 by way of \_\_\_\_\_  
(Walking, bicycle, bus, car pool, etc. Be as specific as possible)  
 to go to \_\_\_\_\_  
(School, home or other activity)  
 at \_\_\_\_\_  AM OR  PM **(Child may no sign out until 3:30 pm)**  
(Time of Arrival)  
 on  Monday  Tuesday  Wednesday  Thursday  Friday  
 My child will arrive from this destination  with OR  without camp supervision.

## ADDITIONAL INSTRUCTIONS

I understand that I am responsible for notifying the camp of any changes in this schedule such as vacation, etc.

**SIGNATURE**-Parent

Date Signed (mm/dd/yyyy)



## SUMMER DAY CAMP

# MEDICATION AUTHORIZATION FORM

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### MEDICATION REQUIREMENTS

Prescription medications must be in the original container with the pharmacist's label marked with the prescription number, date, child's name, and physician's name.

All non-prescription medications (OTC's) must be labeled with child's name.

Please give all medications to camp staff upon arrival at your camp.

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Child's name \_\_\_\_\_

Authorization is effective from \_\_\_\_\_ until \_\_\_\_\_ .  
(Start Date) (End Date)

I authorize the administration of \_\_\_\_\_ by day  
camp staff.  
(Name of Medication)

Instructions for administration of medication (dosage instructions):

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\*All remaining medication will be returned to parent/guardian at the end of each week. If medication is not picked-up the Village of Bellevue will dispose of medication in an environmentally safe manner.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECORD OF ADMINISTRATION (TO BE FILLED OUT BY CAMP STAFF)**

|           | Staff Name | Date | Name of Medication | Dosage | Time |
|-----------|------------|------|--------------------|--------|------|
| <b>1</b>  |            |      |                    |        |      |
| <b>2</b>  |            |      |                    |        |      |
| <b>3</b>  |            |      |                    |        |      |
| <b>4</b>  |            |      |                    |        |      |
| <b>5</b>  |            |      |                    |        |      |
| <b>6</b>  |            |      |                    |        |      |
| <b>7</b>  |            |      |                    |        |      |
| <b>8</b>  |            |      |                    |        |      |
| <b>9</b>  |            |      |                    |        |      |
| <b>10</b> |            |      |                    |        |      |
| <b>11</b> |            |      |                    |        |      |
| <b>12</b> |            |      |                    |        |      |
| <b>13</b> |            |      |                    |        |      |
| <b>14</b> |            |      |                    |        |      |
| <b>15</b> |            |      |                    |        |      |
| <b>16</b> |            |      |                    |        |      |
| <b>17</b> |            |      |                    |        |      |
| <b>18</b> |            |      |                    |        |      |
| <b>19</b> |            |      |                    |        |      |
| <b>20</b> |            |      |                    |        |      |
| <b>21</b> |            |      |                    |        |      |
| <b>22</b> |            |      |                    |        |      |
| <b>23</b> |            |      |                    |        |      |
| <b>24</b> |            |      |                    |        |      |





VILLAGE OF BELLEVUE  
BANK CARD OR CREDIT CARD DRAFT AGREEMENT

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## Summer Camp Program

Child(ren)'s Name: \_\_\_\_\_

**Draft Account Information:**

\_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_ American Express

Name as it appears on the card: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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**Authorization:**

I hereby authorize my financial institution to withdraw the remaining amount owed for my child's camp registration from the account listed above.

1. Payment will be made on June 1.
2. It is my responsibility to notify the Village of Bellevue Leisure Services Department immediately of any account change or closing and to provide the Village of Bellevue Leisure Services Department with current account information.
3. The Village of Bellevue reserves the right to refuse registration into programs or entrance into facilities if payments are delinquent. Full payment of delinquent payments will be required for reinstatement into programs.

Parent/Payee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS DRAFT AGREEMENT ALONG WITH YOUR  
COMPLETED CHILD INFORMATION FORM(S)**

# Parent & Camper Behavior Contract

The goal of the Summer Camp program is to provide a safe, educational and fun atmosphere for all campers. Please take time to read through and discuss our policies on proper character conduct as a family, then take time to sign the contract as this will serve as a guide to disciplinary actions for the summer. Please do not hesitate to talk to the camp staff or Recreation Supervisor if you have questions or concerns. The Village of Bellevue reserves the right to start at the 2nd, 3rd, 4th or 5th violation depending on the severity of the incident. Each case is different and all supervisory staff are approved to make appropriate judgment calls.

## TERMINATION PROCEDURE:

If an incident occurs where a camper conducts himself/herself in a manner that jeopardizes their safety or the safety of others, the following steps will be taken:

- **First Violation:** A staff member will discuss the incident with the child. The child may be removed from part or a whole activity. The parent or guardian will be notified of the incident at the end of the camp day.
- **Second Violation:** A staff member will document the incident via an incident report and discuss the incident with the child. The child may be removed from part or a whole activity. The parent or guardian will be notified of the incident at the end of the camp day and asked to sign the documented incident report.
- **Third Violation:** A staff member will discuss and document the incident directly with the child. The parent or guardian will receive a phone call and be asked to pick up their child within the hour.
- **Fourth Violation:** A staff member will discuss and document the issue directly with the child. The parent or guardian will be contacted immediately to pick up their child within the hour from camp. A conference will be scheduled with the Department Director, Camp Director/Recreation Supervisor, Camp Coordinator, and the parent(s) or guardian to discuss a plan of action regarding the poor behavior. The child will be suspended from camp for up to a week.
- **Fifth Violation:** Child will be dismissed and no longer allowed to participate in camp for the remainder of summer.

## REASONS FOR IMMEDIATE TERMINATION

- **Physical Violence:** A parent or emergency contact will be called to pick up the child immediately. A meeting may be necessary and will be determined on a case-by-case basis.
- **Intentional Leave:** If a camper leaves the program area or building intentionally without permission, a suspension or termination may occur, based on the situation.
- **Sexual or Other Harassment:** Inappropriate behavior of a child or parent that endangers the participant, other children or camp staff. Parent/guardian will be contacted immediately. Camper will be prohibited from future camp activities.
- **Late Child Pick-Up:** More than 3 occurrences.

*I have read and understand the Bellevue Summer Camp policies, procedures, rules and consequences. I understand that by signing this contract I am obligated to follow the policies and procedures outlined in the Summer Camp Handbook.*

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(Child's Signature & Date)

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(Parent/Guardian Signature & Date)