

Office Use Only:

Application Date: _____

Date of Enrollment: _____



The Dream Center

117 Waketa Dr.
Asheboro, NC 27203

336-498-7751

pam@northridgenow.org

Child Application for Summer Day Camp

Name of Child	First	Last	Nickname	Male <input type="checkbox"/>
				Female <input type="checkbox"/>
Birth Date	Age (As of June 7, 2015)	Grade Next Year	Shirt Size	
Address	Street number and Name/Apartment Number			
	City	State	Zip Code	

INFORMATION ABOUT THE FAMILY

Child Lives with (Please check all that apply)		
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
<input type="checkbox"/> Step Mother	<input type="checkbox"/> Step Father	<input type="checkbox"/> Other
1 st Guardian's Name	Relationship to Child	Home Phone Number
Cell Phone Number	Work Phone Number	Email
2 nd Guardian's Name	Relationship to Child	Home Phone Number
Cell Phone Number	Work Phone Number	Email
<p>The Dream Center provides liability insurance. It should be noted that the insurance of the parent will be considered primary coverage. The insurance of The Dream Center will be available only as excess insurance coverage when a given family does not have coverage or when a family's coverage is insufficient. In order to better serve your child in the case of an emergency, please complete the following information.</p>		
Insurance Carrier	Policy #	
<p>I have read and understand that my insurance is considered primary coverage, and the insurance of The Dream Center is only applied as excess coverage.</p>		
<p>Parent/Guardian Signature: _____</p>		

INFORMATION ABOUT YOU CHILD

Does your child have any known allergies?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, please explain:
Does your child have any chronic illnesses/conditions?		If yes, please explain:

No Yes

NOTE: A copy of the child's immunization record is required by state law before child attends The Dream Center. Please submit a copy with your application. We will be happy to make a copy if your child's immunization card.

EMERGENCY CARE INFORMATION

Name of Child's Doctor	Office Phone
Hospital Preference (local hospital required)	Phone
<p>I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.</p>	
<p>Parent /Guardian Signature _____</p>	

EMERGENCY PICK UP and NOTIFICATION INFORMATION

If neither father nor mother (or guardian) can be contacted, call:				
Name	Relationship to the Child	House Number	Cell Number	Office Phone Number
Name	Relationship to the Child	House Number	Cell Number	Office Phone Number

If you cannot pick up your child, please give the names of the persons to whom the child can be released.

NOTE: A photo ID is required from the names listed below when picking up your child. The person picking up your child must be 18 years or older.

Name	Relationship to the Child	House Number	Cell Number
Name	Relationship to the Child	House Number	Cell Number

Volunteer Release Authorization

Volunteers are always welcome at The Dream Center. Volunteers will never be left responsible for the care of children, and will only be present to interact in positive ways. Staff will maintain their regular ratios during visits, and the visits are under supervision of The Dream Center Staff.

I understand that volunteers will be interacting with my child. I give my consent for volunteers to interact with my child in the supervised presence of The Dream Center staff members.

Parent/Guardian Signature _____

Date: _____

Photographing Permission

I also give permission to The Dream Center for my child to be photographed and/or videoed for educational and program marketing purposes. . I understand that this authorization is valid till the end of enrollment.

CHECK ONE: YES No

Parent/Guardian Signature _____

Date: _____

Activity Authorization

In addition, if the facility has planned activities outside the fenced are of the facility, I will allow my child to play outside the fenced area. I understand that this authorization is valid till the end of enrollment.

Parent/Guardian Signature _____

Date: _____

Limitations

If your child has and/or is receiving special education for the following, please check the appropriate box to facilitate adequate recreational opportunities.

- Vision Hearing Speech/Language Physical Therapy BD LD Other (Please Explain)

Swimming

Can your child swim?

CHECK ONE: YES No

Comments:

Sunscreen Permission Form

I _____ (Parent/Guardian Name) give The Dream Center of Randolph County permission to apply **Banana Boat** to my child _____ (Child's Name) each day as needed. A sufficient amount to cover the body may be applied on exposed areas in order to prevent sunburn. I understand that in order for my child to be adequately protected from the sun, it is very important that I apply sunscreen to my child each day before bringing him/her to The Dream Center.

Parent Signature: _____ Date: _____

Please let us know if your child has ANY allergies to any sunscreen below.

Transportation Home Policy

Please read the following procedure and then sign below stating that you have read this.

You child is to be picked up by 3:00 Monday – Friday from The Dream Center. The Dream Center is not responsible for bringing home your child for any reason. If you cannot pick up your child, please send one of the people listed on your application to come pick them up. You can also send in a SIGNED note that explains who will pick up your child that day. Under no circumstances can any staff member of The Dream Center bring home your child.

I understand this policy and will either pick up my child by 3:00pm each day, or send someone on their approved list on the application to pick them up on time.

Parent/Guardian Signature _____

Date: _____

Transportation to The Dream Center

I understand that I need to get my child to The Dream Center on time so they do not miss any activities or field trips daily. If there is a problem with arriving on time, please contract Pam Hyatt at 336-498-7751.

Parent/Guardian Signature _____

Date: _____

