

Jr. Camp/Quad Summer Registration, Health History & Emergency Care Plan

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Child ID

\$ 75.00 first school age child registration fee ~ \$25.00 per each additional school age child. Please fill out a separate form for each child.
\$25.00 handling fee for multiple audits.

All information on these forms is required by state of WI DCF Codes. Parents are required to inform us in writing of any changes to this information.

Date (MM-DD-YY)

CHILD INFORMATION

How did you hear about us? Friend/Relative - List name for referral credit _____
 Newspaper Ad Newspaper Article Marquee Flyer Other _____

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Name (Last, First, Middle)	Home Address (Street, City, State, Zip Code)	Gender : <input type="checkbox"/> Other <input type="checkbox"/> Male <input type="checkbox"/> Female
Nickname	Birth Date (mm/dd/yyyy)	Family Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____

PARENT / GUARDIAN INFORMATION provide all information regarding how the parent can be reached *while the child is in care.*

Name: Relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian Employer: Employer's Street Address: City/State/Zip Code: Email Address:	Telephone Number – Work Employee ID (if Q/G employee)	Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home
Name: Relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian Employer: Employer's Street Address: City/State/Zip Code: Email address:	Telephone Number – Work Employee ID (if Q/G employee)	Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home

EMERGENCY CONTACT / AUTHORIZED ESCORT INFORMATION: *EMERGENCY CONTACT* ~ Someone that can help us find the parent quickly in an emergency. *AUTHORIZED ESCORT* ~ Someone with permission to pick up your child.

Name: Relationship to child: <input type="checkbox"/> Authorized Escort <input type="checkbox"/> Emergency Contact Employer: Street Address: City/State/Zip Code:	Telephone Number – Work Employee ID (if Q/G employee)	Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home
Name: Relationship to child: <input type="checkbox"/> Authorized Escort <input type="checkbox"/> Emergency Contact Employer: Street Address: City/State/Zip Code:	Telephone Number – Work Employee ID (if Q/G employee)	Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home

DENTAL & PHYSICIAN / MEDICAL FACILITY INFORMATION

Name – Medical Facility & Primary Physician	Address - (Street/City/State/Zip)	Telephone Number
Name – Medical Facility & Primary Dentist	Address - (Street/City/State/Zip)	Telephone Number

ANTI-ITCH CREAM, SUNSCREEN / INSECT REPELLENT AUTHORIZATION ~ Jr. Camp/Quad uses Dr. Scheffields Anti-Itch Cream, NoAd, Equate, Up&Up &/or Walgreens 30+ SPF Sunscreen & Off Brand Repellant with 45% or less Deet. ***I understand Jr. Camp/Quad will use & apply this cream, sunscreen/repellant to my child unless noted below.***

Whom shall apply my child's:		
Bug Repellent:	Sun Screen:	Anti-Itch Cream:
<input type="checkbox"/> Quad Staff <input type="checkbox"/> My child <input type="checkbox"/> Staff & My Child <input type="checkbox"/> My child has a repellent allergy & will not use bug repellent <input type="checkbox"/> I will supply the following repellent for my child: <u>List Brand Name & Active Ingredient Strength:</u>	<input type="checkbox"/> Quad Staff <input type="checkbox"/> My child <input type="checkbox"/> Staff & My Child <input type="checkbox"/> My child has a sunscreen allergy & will not use sunscreen <input type="checkbox"/> I will supply the following sunscreen for my child. <u>List Brand Name & SPF Strength:</u>	<input type="checkbox"/> Quad Staff <input type="checkbox"/> My child <input type="checkbox"/> Staff & My Child <input type="checkbox"/> I will supply the following anti-itch cream for my child <u>List Brand Name:</u>

FIELD TRIP AUTHORIZATION: Yes No ~ I give permission for my child to participate and be transported for fieldtrips/activities

MEDICAL CONDITIONS - Check any special medical condition that your child may have. If available, attach any health care plan information from the child's physician, therapists, etc.

- No specific medical condition**
- Cerebral Palsy / Motor Disorder
- Asthma
- Diabetes
- Epilepsy / Seizure Disorder
- Gastrointestinal or feeding concerns including special diet and supplements
- Any disorder including Cognitive Disabilities (LD, ADD, ODD, ADHD, Autism / Autism Spectrum etc) - Please specify:

Other condition(s) requiring special care – Specify:

Allergies

- Milk Allergy/Sensitivity (please list plan for substitution/alternative):
- Food Allergies – Specify foods /beverages:

- Non-food allergies – Specify:

Medical Instructions

1. Triggers that may cause problems:

2. Signs & symptoms to watch for:

3. Steps the child care provider should follow:

4. When to call parents regarding symptoms or failure to respond to treatment:

5. When to consider that the condition requires emergency medical care or reassessment:

6. Additional information that may be helpful to the child care provider:

Please sign each statement below - failure for parents to sign may result in termination of enrollment

Deductions: (Quad employees) Tuition will be deducted by payroll in one of two ways, or through a combination of both:

- **Using Pre-Tax Dollars:** Pre-Tax Dollars will be deducted from the weekly paycheck and applied toward tuition. If you choose this method of payment you must sign up for this program in November of each year (during Open Enrollment) or if a change in family status has taken place. Forms are available in Employee Services or by contacting MyQuad (1.866.275.3737 or MyQuad@quad.com).
- **Regular Payroll deduction:** After Tax Dollars will be deducted from the weekly paycheck and applied to tuition. The dollar amount specified can be changed throughout the year. A Form may be obtained in your Child-Care Center office, Employee Services or by contacting MyQuad.

Payments: Community parents are required to have tuition payments paid prior to services.

You will be billed on a biweekly basis & payment is expected in advance. Employees may be required to pay in full and collect familial payment from responsible parties. Arrangements can be made with the camp director for check payments. I understand my bill must remain current in order for my child to continue attending camp.

Billing Signature – Parent/Guardian: _____ **Date:** _____

I give permission for my child to attend field trips, be photographed on field trips and in the classroom and I understand the photographs may be used for advertising purposes.

Fieldtrip Signature – Parent/Guardian: _____ **Date:** _____

I have received a copy of the Jr. Camp guidelines, tuition schedule & payment guidelines and agree to abide by all Quad/Care policies. I understand these guidelines & policies are also available on request, online & a copy of "Wisconsin Rules for Licensing Camps" is available to me for review.

Guidelines Signature – Parent/Guardian: _____ **Date:** _____

If there should happen to be a medical emergency concerning my child's well-being as the result of illness or an accident, I give my permission to have my child transported and treated at the nearest medical facility for emergency medical treatment. I understand that I will be financially responsible for expenses not covered by my insurance provider.

Medical Signature – Parent/Guardian: _____ **Date:** _____