

For office use only:

Reg fee: \$      Date:      Paid by:

# Welcome to Cove Camp!



Ketterlinus    summer    Deeded    Day    Program    Child'S    Name:

**Last**                      **First**                      **MI**

Birth Day:                      Sex:                      Nickname:                      Grade attending for this registration:

'Pgsidence:

Mothers/ Leagal Guardian Name:                      Email Address:\_\_\_\_\_

Address:                      Home\*                      Cell\*  
\_\_\_\_\_

Employer:\_\_\_\_\_ Work\*  
\_\_\_\_\_

Fathers/ Leagal Guardian Name:\_\_\_\_\_ Email Address:\_\_\_\_\_

Address:Home\*                      Cell\*  
\_\_\_\_\_

Employer:\_\_\_\_\_ WORk#\*.  
\_\_\_\_\_

CUstodial \*Rjgbs\*.      (Parent still permitted to remove Child even if marked NQ- (Court documen# rt)USt be present or on Ate)  
Mother.    YES    NO                      Father.    YES    NO

Medical CODtaCt:

Physican:                      Phone\*  
\_\_\_\_\_

Address:  
\_\_\_\_\_

## Alternative Child PICK -upl Emergency ContaCt List:

I hereby give The Cove , KES Summer Extended Day Program permission to reasease my child to one or more OF the Following persons:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ phone\* \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone\* \_\_\_\_\_

IF your Child has an allergy and/or medical condition a detailed "Medical Alert" will be added to your child's Group Leader's attendance sheet.

This is a continued effort to keep every Group Leader in every center aware OF every ChJld's medical concerns. We are aware OF the sensitlve nature OF this information; therefore one copy (the Group Leaders COPY) will have detailed informatlon about your Child's allergy and/or medical condition, white the other copy (the parent Checkout COPY) will not have any detailed Inmrmadon. While our recogniaes that t,is information js a private matter, there Js always a chance that the other StUdentS may observe the information on the attendance sheet due to the Close interaction that the studen# and group leaders have. Forthe purpose OF my Child's Safety, I am in agreement with allergy and/or Medical Alert dJsclosure\_\_\_\_\_

Parent Signature:

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

\_\_\_\_\_

PLEASE SIGN AND DATE IREVERSE SIDE

**Discipline policy:**

Parents will be notified when their child js unable to meet student behavior expectations. A pattern OF continuous bbavior issues may lead to a temporary suspension or a removal from the Summer Extended pay Program; An offense of physical nature, such as biting, punching, KjCKing, pulling hair, or spitting will Immediately lead to a temporary suspension, and any Further offenses thereafter will lead to permanent removal from the KES Summer Extended Day Program. Any student who uses physical force with a group leader will immediately and permanently be suspended from the program as well.

Refunds Due to Suspension From Program- All tuition paid prior to your student'S temporary or permanent suspension will be forfeited.

I have read and reviewed the StudentBeDaviorExpeccacionssectjon with my Chjld/children.

Parent Signature:

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

\_\_\_\_\_

**Verification of Understanding:**

I have read completely and have a Full understanding OF all rules and policies enclosed jn the Parent/Student Policy and Procedure Handb00K.

Parent Signature:

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

\_\_\_\_\_

**General Release of  
jabjlity•.**

The undersigned agrees to release and Forever djscharge KES Cove Extended Day and St. Johns COUntY School Board, their offices, servants, agents, and employees from all claims and demands, rights and causes of action of any Kind the inrdsigned now has or hereafter may have on account of or in any way arising from personal injuries and/or property damage Known or unknown to the undersigned at the present time that results from an occurrence which may happen to the below stated child/ Children during time spent in the KES Cove Extended Day, barring proven supervisory neglect.

Parent Signature:\_\_\_\_\_

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

\_\_\_\_\_

Authorization of Emergency Care:

In the event of an accident or serious illness that requires immediate medical attention, KES Extended Day Program will attempt ContaCt me. IF KES is unable to reach me, hereby authorize them to contact the physician indicated and FollOW his instructions. if physician cannot be reached, KES is authorized to maxe necessary arrangements to provide care and treatment for my child. in the event of an accident or illness that does not require immediate medical attention but does require immediate piCk-UP, KES will contact me to make transportation arangements For my child. IF KES is Unable to reach me, i authorize them to contact one OF the persons on my alternate pick-up list and request them to transport my child home.

Parent Signature: \_\_\_\_\_

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

Early Withdrawal Policy:

In the event Of early withdrawal from the KES Summer Extended Day Program, all tuitions paid prior to withdrawal will be Forfeited.

Parent Signature: \_\_\_\_\_

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