



SUMMER CAMP
2018 APPLICATION PACKAGE

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FOR OFFICE USE ONLY

Parent/Guardian Signature: _____ Date _____

Kidz Explosion Faculty Signature _____ Date _____



Welcome! We are excited to have your child join us at the 2018 Kidz Explosion Summer Camp.

Please read over all polices and fees before signing. There is a one-time non-refundable Activity fee of \$100.00 per child and a \$25 non-refundable registration fee per child, which must be paid at enrollment. The weekly fee is \$85.00 per week, per child. **All fees are due the Friday before the upcoming week.** All payments are late after Monday. Therefore a late fee will be applied on Tuesday, of \$30.00. **Initials**_____

Kidz Explosion is open Monday thru Friday 6:00am to 6:30pm.

All kids must be picked up by 6:30pm or a late fee will be occurred of \$1.00 per minute per child. **Initials**_____

Kidz Explosion schedule field trips once or twice a week, (some in house) in the event that a field trip is canceled, Kidz Explosion will reschedule the field trip ASAP. Parents **must** sign the field trip permission sheet in order for your child to participate in the field trips. **Initials**_____

I have read and understand the above information and I agree to abide by the policies and procedures.

Parent/Guardian Signature: _____ Date:_____



LIABILITY INSURANCE WAIVER

I understand that ***Kidz Explosion*** does not carry Liability Insurance coverage sufficient to protect my child in the event of an injury, etc.

Parent Signature: _____ Date: _____

Kidz Explosion		
STUDENT INFORMATION		
Child's Name:		
Date of birth:	Age:	Sex:
Address:		
City:	State:	Zip Code:
School:	Grade:	Phone:
PRIMARY CONTACT INFORMATION		
Mother's Name:		
Phone:		Email:
Cell:	Employer:	Work:
Father's Name:	Phone:	Cell:
Employer:	Work:	Email:
ADDITIONAL/EMERGENCY CONTACT		
Additional Contact:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
ALLERGIES		
Known Allergies:		
Food:	Medicine:	Other:
MEDICAL INFORMATION		
Physician Name:		
Address:		Hospital Preference?
City:	State:	Zip:
Phone:	Extension:	Fax:
Medications Taken:	Insurance:	Policy#:
ADDITIONAL AUTHORIZED PICK-UP		
Name	Address	Phone
SIBLINGS		
Name	Name	
Name	Name	
SIGNATURES		
Signature of applicant:		Date:
Signature of spouse:		Date:



Emergency Medical Treatment Consent

I hereby give *Kidz Explosion* permission to provide first aid care for my child _____ . In the event of illness or injury and I cannot be reached, I hereby authorize *Kidz Explosion* to transport my child to the emergency room. I give consent for the hospital and its medical staff to provide my child with the emergency medical treatment. I agree to accept financial responsibility for all medical expenses incurred.

Parent/ Guardian Name _____ Date _____

Parent/ Guardian Signature _____



PHOTOGRAPHY CONSENT

I give permission to *Kidz Explosion* to photograph or videotape my child in connection with their daily activities, and outings to field trips.

I understand that these photos or videotapes will be used in the center for display, social media, and advertising.

Parent Signature: _____ Date: _____

OR

I do not wish for my child to be used in photographs or videotapes for any purposes.

Parent Signature: _____ Date: _____



Kidz Explosion Transportation Agreement

This is to certify that Kidz Explosion has my permission to transport (Name of child) _____ to and/or from **ANY** Field Trips or activities pertaining to the Summer Camp. Kidz Explosion staff is authorized to receive my child.

Parent/Guardian Signature _____

Emergency number to contact Kidz Explosion 404-980-2549

Vehicle Emergency Medical Information

Child's Name: _____ Date of Birth: _____

Home Address: _____

Father's Name: _____ Home Phone Number: _____

Cell Phone Number: _____ Work Phone Number: _____

Mother's Name: _____ Home Phone Number: _____

Cell Phone Number: _____ Work Phone Number: _____

Person to notify in case of an emergency and parents cannot be reached:

Name: _____ Phone Number(s): _____

Child's Doctor: _____ Phone Number: _____

Medical Facility the Center uses: **Eastside Medical Center**

Child's Allergies: _____ Current prescribed medications: _____

Child's Special medical needs & conditions: _____

In the event of an emergency involving my child, and Kidz Explosion cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for any all medical expenses incurred during the treatment of my child.

Signature of Parent/Guardian: _____

Witness by: _____ **Date:** _____



Timeout policy

1. Verbal Warning
2. Stop & Think
3. Counseling
4. Privileges Revoked
5. Contact Parent/ Write-up

Parent/Guardian Signature _____ Date _____



Welcome Campers!

We have an outstanding Summer planned for your child(ren). Kidz Explosion tries to pack as many stimulating activities into the summer as possible. Please read through the following information. Every day of camp, your child(ren) must have the following in his/hers backpack.

1. Water bottle
2. Sunscreen
3. Hand Sanitizer
4. A set of changing clothes

Its essential that all times your child(ren) wear athletic/tennis shoes or proper play shoes. We recommend that you dress your child appropriately for weather and comfortably everyday, as we may be going on field trips or be involved in various activities. An extra change of clothes is recommended, along with sunscreen, water bottled, swimsuit and towel for wet activities.

We do not encourage our campers to bring in electronic devices, cell phones, personal toys or wear open-toe shoes or sandals. Kidz Explosion is NOT responsible for any devices, toys or personal property.

If your child has special dietary, physical, emotional or cognitive needs that we can accommodate within reasons, please do not hesitate to speak to our camp director.

Any camper attending our camp for at least 3 days will have to pay the full weekly fee of \$85. If your child attends less than 3 days, they will have to pay our drop in rate of \$40 per day.

Please contact our office immediately for all attendances cancellations.

DUE TO SCHEDULED FIELD TRIPS, YOUR CHILD IS EXPECTED TO BE ON PREMISES NO LATER THAN 9AM SHARP. NO STAFF WILL BE AVAILABLE TO RECEIVE YOUR CHILD IF THEY MISS GETTING HERE IN TIME TO GO ON FIELD TRIP. KIDZ EXPLOSION RESERVE THE RIGHT TO CHANGE OR CANCEL FIELD TRIPS TO ACCOMMODATE OUR CHILDREN.

There is no refunds for late arrivals, early pick ups or for your child being sent home due to disciplinary reasons.

Field trips are subject to change. Please arrive before the scheduled time of departure. The vans will be leaving on time, and will not return to pick up kids. Please feel free to send extra spending money for field trips. On swimming days please send a set of changing clothes and a towel. Your child **MUST** have on a swim suit or swimming trunks. No basketball shorts will be allowed. Please the information board everyday for any updates or changes. If you have any questions or concerns please see a faculty member.

Most importantly come ready for fun and excitement! We look forward to a long-lasting between your family and Kidz Explosion.