



French & Music Summer Camp

Wow & Flutterville Global Playgarden: 8722 SE 17th Ave, Portland 97202

August 28-31st

Registration Form

Today's Date:	Week of Care: August 28-31st	
Day(s) of Week Care Needed: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday		
Half Day or Full Day: (circle one) Half Day 9-12pm or Full Day 9-3pm		
Child's Full Name:	Nickname:	
Address:		
Date of Birth:	Phone:	
Mother/Father/Guardian's Name and Address:	Cell Phone: Work Phone: E-mail:	
Mother/Father/Guardian's Name and Address:	Cell Phone: Work Phone: E-mail:	
Child's Physician:	Phone:	
Physician's Address :		
Hospital Preference:	Phone:	
Insurer Name:	Policy #:	
Emergency Contacts/Authorized Pick Ups : PLEASE PROVIDE 2 EMERGENCY CONTACTS (not parents & must be in Portland)		
Name :	Relation to Child:	Phone:
Address:		
Name:	Relation to Child:	Phone:
Address:		

Please provide one out-of-state Emergency Contact:

Name & Phone:

Relation to Child:

List any special health conditions or concerns or any unusual fears your child has that you feel we should be aware of:

Any special eating habits/allergies?

Tuition/Rates:

Tuition must be paid with your child's registration to reserve your space. Cancellation/refund allowed up to 30 days before camp with written notice minus a \$50 processing fee. Each child must have a separate enrollment form.

- Drop in day rate: Half Day \$70/ Full Day \$80
- Rate for full week: Half Days \$280/ Full Days \$320
- Closed Fri

What To Bring:

- Unopened Sunscreen
- Sunhat
- Packed lunch
- Water bottle
- 2x Extra change of clothing
- Diapers/wipes & diaper cream if your child requires
- Rest blanket if your child takes quiet time or naps
- Swimsuit or SPF shirt and towel
- Sealable waterproof dirty bag for wet/ soiled clothes
- Closed toed shoes
- No media related clothing (disney or batman etc) or home toys please

Emergency Transportation:

I give permission to **Wow & Flutterville** to use whatever emergency measures are judged necessary for the care and protection of my child while under their supervision. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource deems it necessary. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

Parent's Signature _____

Date _____

General Field Trip Permission:

As part of our educational program, we will take the children in our care on a variety of field trips away from the center. The typical destinations of these field trips may include, but are not limited to: *(insert the typical destinations of your field trips)*

- walks through the neighborhood
- walks/drives to the local park, public swimming pool, zoo, etc.
- walks/drives to the local grocery store, playground, park, local stores, etc.

Clients give their consent to these field trips by signing below.

Parent's Signature _____

Date _____

Privacy Permission Agreement:

Our first priority is to protect your child's health and safety. To ensure that we are operating with your full understanding and agreement about your family's privacy, we ask that you grant permission to conduct the following activities:

- Placing photos of your child around the school.
- Giving copies of photos of your children to other families in our care.
- Placing photos of your child in photo albums for viewing by prospective clients and other families in our care.
- Using photos of your children in our marketing flyers.
- Using photos of your children on our Website & closed Facebook group. (Staff & client families only)
- Posting artwork and other crafts that include your child's name around our center.
- Using an electronic monitor to listen to your child from another room.
- Listing the name of your child or other members of your family (first name only) in our client newsletter and posting this information on our bulletin board.

Parent's Signature _____

Date _____

Illness Policy:

If your child has a fever(100 F or higher)/vomiting/diarrhea/severe cough or a visible undiagnosed rash while under care at Wow and Flutterville, you will be called immediately to come pick your child up from care. If you are not available for pickup within 30 mins we will go through the alternates on your emergency call list. Your child will be separated from other children and kept as comfortable as possible until you arrive.

Children must be free of symptoms for 24 hours without medication. Wow & Flutterville also reserves the right to send children home if they are observed to be uncomfortable in care due to illness. We wish to respect the happiness and health of our children, friends in pain should be kept home to rest/recover.

Parent's Signature _____

Date _____

Policy of Nonviolence:

As such, please refrain from dressing your child in clothing with images of a violent nature or weapons or that degrades people or animals. Our policy of nonviolence also applies to language and actions.

Parent's Signature _____

Date _____

I understand that Wow & Flutterville reserves the right to refuse admittance of my child if these above policies/philosophies are not met.

I have read and agree to the above policies/philosophies by Wow & Flutterville.

Parent's Signature _____

Date _____



Wow & Flutterville Children's Emergency Consent Form

If your child needs emergency care and you are not available to give formal consent, care could be delayed. To prevent delayed care, leave a completed copy of this form with your baby sitter, day care center or temporary guardian. In case of a medical emergency, the form should accompany your child to the hospital.

I/we hereby authorize Wow & Flutterville Inc. to give consent for all medical and/or surgical treatment that may be required for our child/children during our absence from (date) Aug 28th 2017 until (date) Aug 31st 2017.

Child's Full Name	Date of Birth	Chronic Illnesses	Allergies	Current Medications	Date of Last Tetanus
1.					
2.					
3.					

Physician: _____ Telephone: _____

Home address of parent/guardian: _____

Telephone number of parent/guardian: _____ Cell: _____

Employer: _____ Telephone: _____

Health insurance co.: _____ Member No.: _____ Group No.: _____

Policy holder name: _____ Policy holder date of birth: _____

If possible, please attach a copy of your child's insurance card and the policy holder's license or ID to this form.

Emergency contact (other than parent/guardian): _____

Telephone: _____ Cell: _____

Signed (parent/guardian): _____ Date: _____

In an emergency, call 911 • Oregon Poison Center 1-800-222-1222