

# ZFFC student registration form/Day Camps

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allergy/meds \_\_\_\_\_

## STUDENT REGISTRATION

(FILL OUT ALL SIDES)

Please fill out one registration form per student.

WHERE LEARNING MEETS FUN!



**FAMILY FOCUS CENTER**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M \_\_\_\_ F \_\_\_\_  
Last First

Primary Contact Name \_\_\_\_\_ Phone number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Elementary School \_\_\_\_\_ Grade \_\_\_\_ Your Email Address \_\_\_\_\_

Do you have any concerns about your child's health and development/disability? \_\_\_Yes \_\_\_No. If yes, answer the following:

Concerns \_\_\_\_\_ Disability \_\_\_\_\_

## FAMILY INFORMATION

If I am not able to pick up my child personally, I give my consent for my child to be released to the persons listed in Emergency Contacts and Child Release (who are at least 18 years old and can produce a valid ID)

### Emergency Phone Contacts:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

**Child Release (Persons who are authorized to pick up my child) Only those listed here who are 18 years or older with a valid state ID will be allowed to pick up your child.**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

**List person(s) who are NOT authorized to pick up my child(ren)**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

## ZIA FAMILY FOCUS CENTER REGISTRATION POLICIES:

- **ZERO TOLERANCE:** ZFFC has a zero tolerance policy with regards to bullying, teasing or physical fighting including disrespect of teachers, staff and facility. Acts of this nature are grounds for immediate suspension from the ZFFC program without a refund.
- **CODE OF CONDUCT/RIGHT OF REFUSAL OF SERVICES:** ZFFC reserves the right to refuse services to anyone at its sole and absolute discretion.
- **LATE PICK-UP:** There is a \$5 fee if child is picked up 10 minutes late/\$10 for every 5 minutes thereafter.
- **Unscheduled early dismissal from program: Notifications will be posted on the home page of the ZFFC website and/or parents will be called.**

**ZIA FAMILY FOCUS CENTER POLICY AND PROCEDURES: READ AND SIGN AT BOTTOM**

**ENROLLMENT:** To enroll your child, you must complete one registration form per student. Each day camp has a minimum number of students required to hold the camp. If the minimum is not met, ZFFC reserves the right to cancel the camp. ZFFC does not issue credit unless a camp is canceled.

**PAYMENTS:** Day Camps require pre-payment and pre-registration at least 3 days before the event. There are no refunds for Day Camps if you cancel your registration. You may be issued a credit.

**SIGN OUT:** Parents drop off and pick up children outside the courtyard doors on the south side of the ZFFC building. Staff and/or teachers will escort children out to waiting parents. Please make sure we know who is allowed to pick up your child. If picking up early, please call and notify staff so we can bring your child to you. If you will be late notify us by phone.

**PHONES/ELECTRONIC DEVICES/TOYS:** Cell phones, electronic devices, and toys are not allowed during class time at ZFFC. ZFFC is not responsible for the loss of any such items or other valuables, toys, etc..

**LUNCH/SNACKS:** Provide a water bottle for your child. You are encouraged to provide snacks for your child but **please NO NUTS or food with nut products!** Due to severe allergies, there is absolutely no food sharing. If you are attending a full day of camp bring a nut free lunch. Morning session campers will have lunch at 12:30pm.

**MEDICATION POLICY:** ZFFC staff is not authorized to, nor will they administer and/or store medications. If a medical issue arises, we will notify the primary contact, and if necessary, contact the medical practitioner/facility specified on the child's registration form. If a child becomes ill during the program, a parent will be notified. If you child has allergies please make sure you alert us on the registration form.

**EMERGENCY NOTIFICATION:** ZFFC follows APS policy and procedures in the event of a lock down, fire, shelter in place, or off-campus evacuation during program hours.

**DRESS:** Due to art and outside exploration, your child may get dirty. Plan/dress accordingly based on your child's class(es).

I agree to and understand ZFFC's policies and Procedures: Parent/Guardian signature: \_\_\_\_\_

**DAY CAMP FEES** \$60 for a full day 9-5pm, \$40 for a half day: 9-1pm or 1-5pm. Kids eat lunch at 12:30pm. There will be snack time in the morning and the afternoon. Children should bring a nut free snack and a water bottle.

Check date and your camp time	Sept. 1 Friday	Sept. 5 Tuesday	Oct. 12 Thursday	Oct. 13 Friday	Oct. 19 Thursday	Oct. 20 Friday	Nov. 6 Monday	Nov. 7 Tuesday
Full day 9-5pm								
1/2 day 9-1pm								
1/2 day 1-5pm								

**ACKNOWLEDGMENT OF RISK/MEDICAL POLICY**

In the event that emergency medical treatment is required, I hereby give my consent to Zia Family Focus Center staff to provide or acquire such emergency treatment as necessary, including transport to a medical facility. I agree to assume financial responsibility for any cost incurred. I hereby forever release, discharge and hold harmless the Zia Family Focus Center, its employees and volunteers, and any organizations associated with the Center from any and all claims, demands, lawsuits, expenses, or charges of whatever kind which may occur or result from any injuries whatsoever, from our participation or our child's participation in the Zia Family Focus Center activities.

Medical Facility \_\_\_\_\_ Phone \_\_\_\_\_ Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_ Medication Child Takes \_\_\_\_\_

I have read, understand and agree to the ZFFC risk/medical policy terms. I have read, understand and agree to the registration procedures and all other policies at the Zia Family Focus Center and I certify that the information I have provided on this form is accurate and truthful to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_