



BIG CITY DAY CAMP ENROLLMENT FORMS

Return with your confirmation letter.

- ~ **These forms complete your registration and must be returned by May 1, 2017**
- ~ **Type in requested data and return by clicking SUBMIT button.**
- ~ **If you have missed filling in any required fields (red box), the forms will not allow you to submit until you fill in that field.**
- ~ **A copy will automatically be saved to the “sent” folder of the email address from which you are submitting the forms.**
- ~ **Please fill forms out fully and return by May 1st (or within one week of receiving confirmation letter). We will need separate forms for each child you’ve enrolled. We do not transfer forms annually.**
- ~ **Please review the optional forms as well. If submitting they must be printed and have actual signatures.**
- ~ **Immunization forms can be from prior school year and can be sent electronically from your pediatrician.**

**JCYS Big City Day Camp
Communications Form**

Child's Name: _____

Big City Day Camp will communicate important immediate information (i.e. weather-related or field trip changes) through a text to your phone and the phone of another person that you designate. People included here should be parents and/or anyone responsible for the regular pickup and drop-off of your child.

Text Alert (limit 2):

Name _____ **Cell #** _____ **Cell Carrier** _____

Name _____ **Cell #** _____ **Cell Carrier** _____

Secure Website Page (swim reports, photos, weekly newsletters, camp calendar)

Lengthier communications will be visible in our Parents Corner on the jcys.org/bigcitydaycamp website. That information will be visible only to registered users. Upon return of these forms, you become a registered user and will be sent a password. You will be able to share that password with whomever you deem appropriate. Please list two email addresses you would like to be submitted for this use.

Name _____ **Email** _____

Name _____ **Email** _____

JCYS Big City Day Camp Parent Guardian Consent Form

Child's Name: _____

1. I request that my child be admitted to the JCYS Big City Day Camp.
2. I understand that the deposit must accompany the registration form and that it is non-refundable and non-transferable unless the child is not accepted into the program or is unable to attend due to illness as verified in writing by a physician. I further understand that the balance of the fee is due as outlined in the parent contract.
3. I understand that the enrollment forms must be filled out, signed and returned with the confirmation letter to complete the enrollment process.
4. I understand that program participants may be asked to have a personal interview with the camp director.
5. I give permission for my child to go on field trips outside of center grounds. I understand that parents will be notified in advance of these trips.
6. I understand that JCYS Michael R. Lutz Family Center or Big City Day Camp is not responsible for loss of personal property or personal injury sustained by the participant and I hereby agree to indemnify and hold harmless JCYS Michael R. Lutz Family Center or Big City Day Camp from such losses or injuries.
7. I give permission for the above named participant to go on out-of-facility field trips and to be included in photos and videos for publicity purposes in a variety of media, including but not limited to, brochures, advertisements, social media and the JCYS web-site.
8. I understand that in the event of a minor accident involving my child I will be notified to pick him/her up as soon as possible so that s/he may receive the necessary medical attention. In the event that I am unavailable, the emergency contact(s) listed on my child's registration form will be called.
9. In the event of emergency, if the center cannot reach me, or emergency contacts named, I authorize the camp director to act for me according to his/her best judgment. I hereby give permission to the appropriate medical personnel selected by the camp director, to provide medical treatment deemed necessary by such medical personnel, including x-rays, tests, injections, hospitalization, anesthesia and surgery.
10. I have read and understand the policy and procedure guidelines for the care of children involved in a serious medical emergency and I agree to abide by them. I understand that should my child become ill or feverish I will be notified to pick him/her up as soon as possible. I also understand that if I am not available the emergency contact(s) listed on my child's registration form will be called.
11. I understand that it is my responsibility to keep all of the parent/guardian phone numbers and the names and phone numbers of emergency contact(s) up to date and accurate and I will inform the center should there be any changes.
12. I understand that Big City Day Camp celebrates Shabbat each Friday.
13. I have read the Parent Handbook and agree to the policies within it, especially the late pickup policy, discipline policy, illness policy, and lunch and supply policies.

By selecting the "I Agree" button, you are confirming that you are the Parent/Legal Guardian of the above named child and that you are signing this document electronically, therefore you consent to be legally bound to the intent of this document.

JCYS Big City Day Camp Camper Intake Form

Camper's Name _____

DOB _____

1. Physical Development:

Is your child a finicky eater? Yes ___ No ___ Describe _____

Allergies? Yes ___ No ___ Describe _____

Food restrictions? Yes ___ No ___ Describe _____

Vision or hearing difficulties? Yes ___ No ___ Describe _____

Special medications? Yes ___ No ___ Describe _____

2. Has your child ever experienced any of the following: serious illness, accidents, hospitalization, seizures?

Yes ___ No ___ Describe _____

Detail how anything listed above may affect your child during camp activities:

Is there anything else about your child's physical development which we should know? Yes ___ No ___

Describe _____

3. Social and Emotional Development:

Please describe any recent family changes and any pertinent effect on your child's mental well-being (new job, new home, new sibling, family death, serious illness, etc.)

Do you expect your child to have separation difficulty upon entering this program? Yes ___ No ___ If yes, what are some suggestions for our staff? _____

Does your child have any fears or phobias? Yes ___ No ___ Suggestions to help your child be more comfortable? _____

Is there anything else about your child's social and emotional development which we should know?

Yes ___ No ___ Please describe _____

By selecting the "I Agree" button, you are confirming that you are the Parent/Legal Guardian of the above named child and that you are signing this document electronically, therefore you consent to be legally bound to the intent of this document.

JCYS Big City Day Camp Parental Best Practices Agreement

CAMPER'S NAME _____

Big City Day Camp is committed to providing the best camp experience for you and your child. Thank you for creating a strong partnership with us in the best interest of your child.

Parental Responsibilities:

- 1) I agree to return all camp enrollment forms, tuition and any additional paperwork that is distributed during the camp session by stated deadlines.
- 2) I acknowledge that I have read the Parent Handbook which outlines procedures for illness, the probation period, and pickup and drop-off times and procedures which is available for my viewing at www.jcys.org.
- 3) I agree to provide best practices in writing for any of my child's medical or behavioral needs that the staff can employ to create a successful situation for my child. If in the event, during the course of the camp session, the director feels that a meeting is necessary, I agree to set a time to meet within a day of any incident that may have occurred.
- 4) I agree to provide my child with all necessary supplies on a daily basis, including appropriate closed-toe shoes, sunscreen, a lunch, a water bottle, a bathing suit and towel, and a change of clothes. If lunch is forgotten, I agree to bring it to my child at whatever location the camp may be, or if I am unable to, I will give verbal permission to the camp director or unit head to purchase lunch. In the event of staff purchasing lunch, I will reimburse the staff at pick-up that day.
- 5) I agree not to solicit or hire any camp staff while my child/children are enrolled in JCYS programs.
- 6) I agree to discuss any concerns regarding staff, another camper or parent in a private, respectful manner by bringing the situation to the attention of the director away from the area of the campers and at an appropriate, agreed upon, time. I also agree to work toward a reasonable and timely solution with all parties.
- 7) I agree to label my child's supplies, and make my child aware of the supplies in their possession. Big City Day Camp will remind campers to pick up their items, but is not responsible for picking up after campers. A lost and found box is available to parents every week. JCYS is not responsible for lost or stolen items.
- 8) I am aware that communications from BCDC are primarily through its email or through its website, jcys.org/bigcitydaycamp. I agree to selectively share the password for the Parents Corner pages with appropriate parties as needed. I will keep JCYS apprised of any change in email my address. In the event that email communication is not convenient or available to me, I will notify the director at the beginning of summer so that other arrangements can be made to get communications to me.

I have read, understand and will abide by the Parental Best Practices as outlined above. I will also provide this information to all parties responsible for my child during the camp season.

By selecting the "I Agree" button, you are confirming that you are the Parent/Legal Guardian of the above named child and that you are signing this document electronically, therefore you consent to be legally bound to the intent of this document.

JCYS Big City Day Camp Authorization For Pick-Up Form

Child's Name _____

The following people listed below have my authorization to pick up my child. (Please include yourself; child's other parent, relatives, friends, baby-sitters, or anyone else who might pick up your child. For each name listed include a phone number and relationship to child.) PLEASE LIST CONTACT INFORMATION IN THE ORDER WE ARE MOST LIKELY TO REACH YOU (i.e. Cell, work, home)

Parent/Legal Guardian: Name: _____
Phone: _____
Phone: _____
Relationship: _____

Parent/Legal Guardian: Name: _____
Phone: _____
Phone: _____
Relationship: _____

Name: _____
Phone: _____
Relationship: _____

Name: _____
Phone: _____
Relationship: _____

Name: _____
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Relationship: _____

Name: _____
Phone: _____
Relationship: _____

Name: _____
Phone: _____
Relationship: _____

Children will not be released to anyone not on this list. I understand that it is my responsibility to update this form whenever necessary.

By selecting the "I Agree" button, you are confirming that you are the Parent/Legal Guardian of the above named child and that you are signing this document electronically, therefore you consent to be legally bound to the intent of this document.

JCYS Early Childhood Assumption of Risk & Waiver Agreement

I/We, _____, as parent(s) or legal guardian(s) of the below named minor, hereby give my/our permission for this child or legal ward to participate in a program at Jewish Council for Youth Services (JCYS).

I/We accept that there are inherent risks involved in attending a JCYS program, which risks we expressly assume. If applicable I/We have advised JCYS, and our health care provider has confirmed, that my child suffers from various allergies and/or other conditions as reported in the attached Medical Treatment Forms.

I/We acknowledge that while JCYS will endeavor to follow any directions given to it by the health care provider and contained on the Medical Treatment Form, I/we are aware that JCYS does not employ a nurse or other health care professional at its camps, and is not required to do so. I/We understand that all reasonable precautions are taken to ensure that all JCYS programs are conducted in a safe and responsible manner. I/We further specifically authorize JCYS and its employees, staff and agents, on my/our behalf and in my/our stead, to administer or attempt to administer to my child (or to allow my child to self-administer) lawfully prescribed medication and health services set forth in the Medical Treatment Forms.

I/We understand that JCYS shall not be responsible for loss of personal property, personal injury or loss of life by my/our above-mentioned child and hereby agree to assume all risks, current and future, known and unknown, in connection with and arising from my/our above-mentioned child's participation in any JCYS program. I/We hereby forever release and waive any and all claims, causes of action and rights I/we may have as a result of any personal injury, loss of personal property or loss of life I/we may have against, on our own behalf or on behalf of our child or legal ward, JCYS, its directors, officers, agents, servants and employees, and further agree to indemnify, defend and hold harmless JCYS, against any and all such claims that may be brought against it, or its directors, officers, agents, servants and employees as a result of or arising from such losses or injuries, arising out of or resulting from our child or legal ward's participation in any JCYS program.

CHILD'S NAME: _____

By selecting the "I Agree" button, you are confirming that you are the Parent/Legal Guardian of the above named child and that you are signing this document electronically, therefore you consent to be legally bound to the intent of this document.

**JCYS Big City Day Camp
Emergency Action Consent Form
** (Must be filled out for every child) ****

Policy and Procedures for the Care of Children Involved in a Serious Emergency

When a child is injured or becomes ill while at the JCYS Big City Day Camp, our first consideration is to ensure the health and safety of the child. The following is an explanation of the procedures we generally adhere to in the event of a medical emergency. However, depending on the specific situation, staff may depart from these procedures if it is determined by staff to be in the best interest of the child.

1. When a child becomes seriously ill or injured, the paramedics will be called immediately so that medical attention and/or assessment can be obtained.
2. The parents will also be contacted immediately. If neither parent is available, the emergency contacts listed on the child's registration will be contacted, including the physician named on the registration form.
3. If the parent or emergency contact is reached, they will be apprised of the situation, including the paramedic's recommendation for treatment.

If the situation is not considered to be life endangering by the paramedics, the parent or emergency contact will be given the following choices:

1. The child will be moved to the nearest approved hospital by the paramedics (accompanied by lead staff or director of the camp). The nearest hospitals to the center are Illinois Masonic, Louis Weiss and Thorek Hospital. The parent or emergency contact will meet the ambulance at the hospital emergency room; or
2. A private ambulance will be called, at the parent's expense, and the child will be taken to the hospital of the parent's choice (accompanied by lead staff or the camp director). The parent or emergency contact will meet the ambulance at the emergency room; or
3. If the parent or emergency contact can reach the Center within approximately 10 minutes and the paramedics agree to stay on the premises until the parent or emergency contact arrives the child will be released to the parent or emergency contact and the child's care will then be the responsibility of that person; or
4. If the parent or emergency contact cannot or does not arrive within 10 minutes or the time allotted by the paramedics, the paramedics will take the child to the nearest approved hospital (accompanied by lead staff or the camp director). When the parent or emergency contact arrives at the camp, they will be informed as to where the child has been taken.

If, in the sole opinion of the paramedics, the situation is considered to be life endangering, the paramedics will secure treatment for the child as they deem necessary. (In a severe emergency, paramedics are usually instructed by their supervisor to take a child to Ann & Robert H. Lurie Children's Hospital of Chicago, but the decision is not usually left to the parent.) The parent or emergency contact will be informed as to where the child will go and meet the ambulance at the hospital emergency room.

If a parent or emergency contact cannot be reached, the paramedics will secure treatment for the child at the nearest hospital. Efforts to reach a parent or emergency contact will continue until contact is made.

I agree to the following emergency protocol for (Child's Name) _____ :
Call 911 (unless contraindicated by physician in treatment plan) and state allergen/emergent condition and steps taken.

1) Call Emergency contacts:

Name	Relationship	Phone Number #1	Alternate phone number

2) Call Child's Doctor if applicable(Name) _____ Phone Number _____

By selecting the "I Agree" button, you are confirming that you are the Parent/Legal Guardian of the above named child and that you are signing this document electronically, therefore you consent to be legally bound to the intent of this document.