



CAMP PROGRAM - DUE BEFORE 1ST DAY OF CAMP

PLEASE CONSIDER MAKING A COPY OF THIS PACKET FOR YOUR RECORDS

NAME OF CHILD: _____ BIRTH DATE: _____
(LAST) (FIRST) (MI) (NICKNAME)

ADDRESS: _____ ZIP CODE: _____

INFORMATION ABOUT THE FAMILY:

FATHER/GUARDIAN'S NAME: _____ HOME PHONE: _____

ADDRESS: _____ ZIP CODE: _____

PLACE OF EMPLOYMENT: _____ BUSINESS PHONE: _____

E-MAIL ADDRESS: _____ CELL PHONE: _____

MOTHER/GUARDIAN'S NAME: _____ HOME PHONE: _____

ADDRESS: _____ ZIP CODE: _____

PLACE OF EMPLOYMENT: _____ BUSINESS PHONE: _____

E-MAIL ADDRESS: _____ CELL PHONE: _____

INFORMATION ABOUT YOUR CHILD:

DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES: NO _____ YES _____

IF YES, PLEASE EXPLAIN:

PLEASE GIVE ANY INFORMATION CONCERNING YOUR CHILD, WHICH WILL BE HELPFUL IN HIS/HER EXPERIENCE IN A GROUP SETTING (SUCH AS EATING HABITS, SPECIAL FEARS, SPECIAL LIKES OR DISLIKES):

AUTHORIZATION FOR STUDENT PICK UP

The names of any other individuals who may normally pick up your child must be on file in the office. If anyone else will be picking up your child, it is imperative that you notify the facility office in writing, on or before the day in question. This facility will not release a child to anyone who is not authorized to do so. When picking up your child, please be prepared to show your parent pass, or your drivers license, this is for the safety of your child.

Authorized for Pick Up (Please Print) Mother? Y ___ N ___ Father? Y ___ N ___

Name and Address	Relationship and Phone Number
1. _____ _____	w _____ h _____
2. _____ _____	w _____ h _____
3. _____ _____	w _____ h _____
4. _____ _____	w _____ h _____

Special Instruction:

AFTER HOURS: If a child has not been picked up by closing time, it is the responsibility of the program Director or Administrator to attempt to contact the parents and every authorized pick up person listed on this form. If no contact can be made to arrange for pick up, legal authorities must be notified. If these authorities are also unable to make a contact, the child must be cared for as directed by these authorities. The staff is not permitted to remove the child from the facility and continue to provide care in their home or at any other location.

There will be a charge of \$5.00 for every 5 min. that your child remains at JellyBeans past 6:00 PM. Initial _____

Signature (Parent/Guardian): _____ Date: _____

JELLYCAMPS PROGRAM: CHILD'S MEDICAL REPORT

Name of Child: _____ Birth date: _____

EMERGENCY CARE INFORMATION

NAME OF CHILD'S DOCTOR: _____ **OFFICE PHONE:** _____

ADDRESS: _____

NAME OF CHILD'S DENTIST: _____ **OFFICE PHONE:** _____

ADDRESS: _____

INSURANCE CARRIER _____ **ID#** _____ **GROUP #** _____ **PHONE#** _____

HOSPITAL PREFERENCE: _____

IF NEITHER PARENT NOR GUARDIAN CAN BE CONTACTED, CALL (PLEASE LIST RELATIONSHIP):

NAME: _____ **HOME #:** _____ **OFFICE/CELL #:** _____

Relationship: _____

Medical History (To be completed by parent)

1. Is child allergic to anything? No ___ Yes ___ If yes, what? _____

2. Is child currently under a doctor's care? No ___ Yes ___ If yes, for what reason? _____

3. Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what?

4. Any history of significant previous diseases or recurrent illness? No ___ Yes ___ Diabetes? No ___ Yes ___
Convulsions? No ___ Yes ___ Heart Trouble? No ___ Yes ___ other, what/when? _____

5. Does the child have any physical disabilities? No ___ Yes ___ If yes, please describe:

7. Does the child have any mental disabilities? No ___ Yes ___ If yes, please describe:

8. Is your child taking any medication? (i.e. Penicillin, Ritalin, Inhalers, etc.) No ___ Yes ___
If yes, please list medications: _____

What condition is the medication treating? _____

I HEREBY ASSUME ALL THE RISKS AND HAZARDS ASSOCIATED WITH MY CHILD'S PARTICIPATION IN JELLYCAMPS PROGRAM. I RELEASE, ABSOLVE, AND INDEMNIFY JELLYCAMPS OWNERS, MANAGEMENT, STAFF AND INSTRUCTORS FROM ALL RISKS ASSOCIATED WITH ACTIVITIES AND IN THE EVENT OF INJURY, DO EXPRESSLY WAIVE ALL CLAIMS AGAINST THEM. I AGREE THAT THE ADMINISTRATOR MAY AUTHORIZE THE PHYSICIAN OF HIS/HER CHOICE TO PROVIDE EMERGENCY CARE IN THE EVENT THAT NEITHER I, NOR THE FAMILY PHYSICIAN CAN BE CONTACTED IMMEDIATELY. I AGREE THAT THE ADMINISTRATION MAY AUTHORIZE THE MEDICAL FACILITY TO PROVIDE EMERGENCY CARE, AND IN ADDITION I GIVE APPROVAL FOR THE ADMINISTRATION TO ARRANGE TRANSPORTATION TO THAT FACILITY IN THE EVENT OF ANY EMERGENCY.

(PARENT SIGNATURE)

(DATE)

(PARENT SIGNATURE)

(DATE)

JELLYCAMPS POLICY AGREEMENT

ALL FEES ARE NON-REFUNDABLE

Initial _____

Camp Tuition is due on the first day of camp each week. A late fee of \$15 will apply if payment is not received by Tuesday morning. JellyCamps accepts cash and credit card only.

JELLYCAMPS will provide quality care to all families without discrimination. In this section we attempt to define JellyCamps policies as well as your responsibilities. We feel open communications between staff, parents, and children are critical to providing quality care. These policies exist for the safety and well being of children and parents. Please feel free to discuss any concerns or questions with us.

Your child has the opportunity to enjoy our Jellybeans facility while enrolled in our camp program. Please help your child understand that they will from time to time have use of the skating facility. Children must adhere to the rules of the facility as well as JELLYCAMPS rules. During public sessions JELLYCAMPS has designated areas where our trained staff will be to assist your children while at Jellybeans. Children WILL NOT have full access to all areas of this facility.

BASIC FACILITY RULES:

Initial _____

- 1) NO BARE FEET
- 2) NO VULGAR OR OBUSIVE LANGUAGE
- 3) NO OBSCENE CLOTHING
- 4) NO GUM OR CANDY
- 5) NO TOY WEAPONS OR ANY ITEM OF VIOLENT NATURE PERMITTED
- 6) CHILDREN MUST REMAIN IN DESIGNATED CAMP AREAS ONLY

ELIGIBILITY

Initial _____

- 1) At the start of camp children must be in elementary school and be 5 to 11 years old to be a part of the JELLYCAMPS program. (K thru 5th Grade ONLY)
- 2) Children must be up to date on immunizations before their first day of camp.
- 3) JELLYCAMPS staff must be made aware of any medical conditions that may warrant special care or attention.
- 4) All registration materials in this packet must be completed prior to beginning camp participation. Children will not be permitted to attend Camp with an incomplete Registration Packet.

SICK DAYS

Initial _____

Please call JELLYCAMPS to inform the administration if your child will not be attending camp on a specific day due to illness. Credit is NOT given for sick days.

SIGN IN/OUT

Initial _____

ALL CHILDREN IN THE JELLYCAMPS PROGRAM MUST BE SIGNED IN AND OUT EACH DAY. THIS IS FOR THE SAFETY AND WELL BEING OF ALL CAMP PARTICIPANTS AND WILL BE STRICTLY ADHERED TO. All children must be picked up from the facility by a parent or parent designee. Only persons listed on the pickup list will be allowed to remove a child from this facility. If there is a day when other arrangements must be made, it is the responsibility of the parent to make the camp director aware of the change. **YOUR CHILD WILL NOT BE RELEASED UNDER ANY OTHER CIRCUMSTANCE.**

THINGS FROM HOME

Initial _____

Items such as toys, electronic games or devices, candy, gum, balloons, and play guns are prohibited and should be left at home. Parents are asked to help their children understand that it is not wise to bring an object from home, which they may not wish to share with the group or which could get lost. If objects are brought in, the facility will not be responsible for breakage or replacement. **NO ITEMS OF A VIOLENT NATURE WILL BE ALLOWED IN THIS FACILITY. (IE; GUNS, KNIVES, OR ANY SIMILAR ITEMS).**

ACCIDENTS AND INJURIES

Initial _____

We do try to keep a safe and injury free environment, but as we all know, things do happen beyond our control. Jellybeans and/or JELLYCAMPS and their staff are not responsible for accidents and injuries that occur while your child is at camp. A skinned knee or slight cut is not an emergency and will be handled using first aid by a qualified staff member. In the event of an emergency or accident requiring more than basic first aid attention, we will contact you, per the instructions provided on the enrollment form that you have filled out. If we cannot get in contact with you in a timely manner, part of this agreement is your authorization for the administration of the program to take whatever measures are deemed necessary for the medical care and protection of your child.

PHOTOGRAPHY WAIVER

Initial _____

Pictures may be taken of my child while participating in JellyCamp activities and these photos may be used for program publicity. No names of children will be used.

INCLEMENT WEATHER POLICY FOR CLOSINGS & DELAYS

Initial _____

JellyCamps follows Wake County Public Schools for closings and delays. If Wake County cancels or delays school, we will do the same. Call 919-234-1069 or log on to www.skatejellybeans.com for any additional information regarding inclement weather.

TERMINATION OF ENROLLMENT

Initial _____

In certain circumstances, it may become necessary for the JELLYCAMPS administration to decide to discontinue a child's participation in the program. The decision to terminate enrollment in the JELLYCAMPS program would be based on whether it is in the best interest of that child, the other children in the program, and the overall operation of the facility. Every effort will be made to correct a problem situation before a final decision is made. Please give advance notice if you plan to withdraw your child from our program.

TERMINATION COULD RESULT FROM THE FOLLOWING:

- 1) CONTINUED VIOLATION OF JELLYCAMPS POLICIES AND RULES.
- 2) ABUSE OF OTHER CHILDREN, STAFF, OR PROPERTY.
- 3) DISRUPTIVE OR DANGEROUS BEHAVIOR
- 4) NON-PAYMENT OF WEEKLY FEES

DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

Initial _____

The staff models positive behavior and uses positive methods of discipline that encourage self-control, self-direction, self-esteem and cooperation among children. By setting reasonable limits, we help a child understand what is expected of him or her. Under no circumstances is physical punishment, physical restraint, deprivation or ridicule used as a form of discipline.

Our goal is to give children the security of knowing we care enough to prevent them from hurting themselves or others, and provide each child with a happy experience by encouraging success and minimizing failure.

This facility has carefully developed the conditions to insure the comfort and protection of your child. Your child will be supervised while at Jellybeans, and other scheduled JellyCamp field trips, however accidents can occur, so we ask you as parents to remind your children of the basic safety guidelines, and the importance of listening to the instructions of the camp counselor.

As part of our effective techniques, if we encounter a problem or unacceptable behavior with a child, we will discuss with their parents the problems or behaviors in need of correction. Often a child may be acting out in response to difficult situations at home or a special physical or cognitive imparity. If there are particular circumstances that would affect your child's behavior (divorce, death, new sibling), please let us know. **ALL SUCH PROBLEMS WILL BE HELD IN THE STRICTEST OF CONFIDENCE BETWEEN THE FAMILY AND ADMINISTRATION.**

DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

<p>We:</p> <ol style="list-style-type: none"> 1. DO praise, reward, and encourage the children. 2. DO reason with and set limits for the children. 3. DO model appropriate behavior for the children. 4. DO modify the program environment to attempt to prevent problems before they occur. 5. DO listen to the children. 6. DO provide alternatives for inappropriate behavior to the children. 7. DO provide the children with natural and logical consequences of their behaviors. 8. DO treat the children as people and respect their needs, desires, and feelings. 9. DO ignore minor misbehaviors. 10. DO explain things to children on their levels. 11. DO use short supervised periods of "time-out". 12. DO stay consistent in our behavior management program. 	<p>We:</p> <ol style="list-style-type: none"> 1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children. 2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children. 3. DO NOT shame or punish the children when bathroom accidents occur. 4. DO NOT deny food or rest as punishment. 5. DO NOT relate discipline to eating, resting, or sleeping. 6. DO NOT leave the children alone, unattended, or without supervision. 7. DO NOT allow discipline of children by children. 8. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.
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WE EXTEND OUR THANKS FOR YOUR COOPERATION AND UNDERSTANDING WITH OUR JELLYCAMPS POLICIES.

I, as the parent or guardian, have read the agreements entitled "POLICY AGREEMENT" and "DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY" and I accept the conditions stated herein. I hereby assume all risks and hazards associated with my child participating in the JELLYCAMPS program and transportation to and from scheduled activities. I release, absolve, and indemnify JELLYCAMPS & Jellybeans Owners, management, & staff from all risks and hazards associated with the activities and in the event of an injury, do expressly waive all claims against them.

Signature of Parent: _____ Date: _____ Program Administrator: _____

JELLYCAMPS PROGRAM: TRAVEL AND ACTIVITY AUTHORIZATION

Blanket permission for all activities

I, _____ parent/guardian of _____ give permission
(Name of Parent/Guardian) (Name of child)
 for my child to participate in the activities scheduled by JELLYCAMPS and JellyBeans while my child is enrolled at JELLYCAMPS.

The JELLYCAMPS activity bus will provide transportation for field trips not within walking distance of Jellybeans.
TRIPS THAT ARE CONSIDERED TO BE WITHIN WALKING DISTANCE ARE THE ICE HOUSE AND AMF BOWLING ALLEY.

I understand that the facility will abide by all the safety rules when my child is transported in a vehicle. The facility will also notify me when my child is to participate in an activity that would involve alternate transportation. In addition, I will allow my child to play outside the building in a planned, counselor directed JELLYCAMPS activity. (This pertains to the parking lot and grounds of the JellyBeans facility only).

 Signature of Parent or Guardian Date