

Shadow Hills Summer Camp
June 5th - July 28th 2023 | 1st-8th Grade
Registration Card



Registration Date: _____

CHILD INFORMATION:

Child's Last Name _____ First Name _____
Child's Birthdate _____ Gender Male Female Grade Entering 2023 _____
Child's Address _____
T-shirt size: ___YS ___YM ___YL
 ___AS ___AM ___AL

PARENT INFORMATION

Mother/Legal Guardian Last Name _____ First Name _____
Email _____ Cell Phone _____
Employer _____ Occupation _____
Work Phone _____

Father/Legal Guardian Last Name _____ First Name _____
Email _____ Cell Phone _____
Employer _____ Occupation _____
Work Phone _____

AUTHORIZED PICK-UPS/EMERGENCY CONTACTS: Authorized pick-up other than parent(s) who may be called in an emergency and/or pick-up your child:

Name _____ Relationship to Child _____
Email _____ Phone _____

Name _____ Relationship to Child _____
Email _____ Phone _____

MEDICAL INFORMATION:

Child's Pediatrician/ Practice Name _____
Doctor's Phone _____ Fax Number _____
Preferred Hospital (in case of emergency) _____

List names and dates of any contagious diseases or **medical diagnoses** child has had, any health problems such as **allergies** (including seasonal) or **special accommodations** that may affect your child's care: _____

List any medications taken on a regular basis _____

List any dietary restrictions _____

List any special needs or concerns _____

Is your child in any kind of therapy? (speech, occupational, etc.) Please explain:

Shadow Hills Summer Camp
June 5th - July 28th 2023 | 1st-8th Grade
Registration Card



Please read carefully and initial each applicable permission/consent listed below

Transportation

_____ I hereby give permission to Shadow Hills to transport my child in the event of an emergency evacuation of the facility or in case of medical emergency. I authorize Shadow Hills to transport my child to and from field trips via church vans.

Photography Release

_____ I hereby give my consent for my child to appear in photographs, video tapes, sound recordings, television films, the school social media page(s), and/or other matters related to the advertising publicity and fundraising purposes of Shadow Hills. I waive all claims for any compensation for such use.

Brightwheel Application

_____ I understand I will need to use the Brightwheel app/account for billing purposes and my primary communication with my child's teachers. I agree to have pictures/video taken of my child and shared/tagged with me through the Brightwheel app.

_____ I do not want my child's picture shared/tagged to **any other child** in the summer camp program.

_____ I agree to NOT share any picture or video of another child on social media or the internet. Violation of this policy is a serious offense and may be cause for termination of enrollment.

_____ I agree to use the messaging system responsibly, using appropriate language and messaging during operating hours only.

Illness Policy

_____ I will not bring my child to camp unless they are well. I will also come immediately if the camp calls saying my child has become ill during the day. I will not return with my child until they are symptom free - WITHOUT MEDICATION - for at least 24 hours from the time of pick-up..

Christian Environment

Here at Shadow Hills we like to have a positive learning environment. We know good citizenship is important to promote a positive environment for all. A good citizen will...

1. Respect themselves as well as others.
2. Show self-control and take responsibility for their actions.
3. Listen and follow the camp rules and directions.
4. Be courteous to teachers and all staff
5. Respect equipment properly and ask for help whenever needed.

_____ I have spoken to my child about being a good citizen and understand my child is expected to follow the rules. I also understand my child will be taught in a Christian environment. I understand they will be taught Biblical songs, stories, Bible verses and will have regular prayer time throughout the day.

I have read and understand all of the above policies and agree to abide by them.

Child's Full Name _____ Date _____

Parent/Guardian Name (Print) _____ Parent/Guardian Signature _____