



Haysville S.P.A.R.K. Summer 2017 Enrollment



June 5th-15th _____ June 19th-29th _____ July 10th-20th _____ July 24th-August 3rd _____
Full 8-week program _____

Demographics

Student's Last Name: _____ Student's First Name: _____
Birth Date: ____/____/____ Age: _____ Grade: _____ Gender: Male Female
Parent/Guardian Name: _____ Home Phone: (____) _____
Address: _____ City: _____ Zip Code: _____
Cell Phone: (____) _____ Alt. Phone: (____) _____
E-mail: _____

Emergency Contact Information

Emergency Contact Name: _____ Relationship: _____
Cell Phone: (____) _____ Alt. Phone: (____) _____
Emergency Contact Name: _____ Relationship: _____
Cell Phone: (____) _____ Alt. Phone: (____) _____

Pick Up Authorization

I authorize only these additional individuals to pick up my child:
Name: _____ Home Phone: (____) _____ Relationship: _____
Name: _____ Home Phone: (____) _____ Relationship: _____

I give permission for _____ to sign out and walk home from the S.P.A.R.K. program.

Health Information

Does your child have any condition which would prevent him/her from participation in all camp activities? (If so, please explain below) _____

Any allergies (food, drugs, bee stings, mosquitoes, etc.) _____

Serious Injuries/Illnesses? _____

Does your child take medication at present? (Circle One) Yes No

Health Care Insurance Provider: _____ Policy No.: _____

Primary Physician: _____ Contact Number: (____) _____

Please note: S.P.A.R.K Staff persons are NOT trained nor licensed to administer ANY medications during program hours. This includes, over the counter medications, inhalers, or prescribed medications. Should your child need such medications during programming, please make such arrangements prior to your child attending each day.

Parents Authorization: In case of emergency I understand every effort will be made to contact me or the person(s) listed under the Emergency Contact section. In the event I or my contact(s) cannot be reached, I give permission to the S.P.A.R.K Program to secure proper medical treatment, including hospitalization and any required surgery, for my child. I understand that I am responsible for payment of any medical bills created by injury to the program activities. I understand that the program does not provide accident insurance for program participants and does not accept financial responsibility for expenses related to accidents and injuries sustained by program participants.

Parent/Guardian Signature: _____ Date: _____

Does the S.P.A.R.K Program have permission to use photos of your child in educational and promotional materials?
(There is no cost for this) Yes: _____ No: _____