**Our goal is simple….to provide a safe, fun and rewarding experience by offering a host of recreational / educational activities for children!**

**REGISTRATION**

**Camper’s Name:**

**Camp Site:**

**Name of school the Camper attended during the 2018-19 school year:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade:** \_\_\_\_\_\_\_ (rising to August 2019)

**\*\* NOTE:** *Registration is only open to Rising 1st Graders and children up to the age 12.*

**TEE-SHIRT SIZE** (please check one)

 CHILD ONLY

**Youth:**

Small \_\_\_\_ Med \_\_\_\_ Large \_\_\_

**Adult:**

Small \_\_\_ Med \_\_\_ Large \_\_\_\_

***Orders for Extra Shirts will be taken before and at the beginning of camp.***

**PRIME TIME**

**SUMMER ADVENTURE CAMP**

**WEEKLY RATES AND PAYMENT INFORMATION**

**Weekly Rate $140**

**\*\* Non-Refundable Deposit of $40 per week ATTENDING due at REGISTRATION \*\***

***Balance of $100 payable each Monday of camp (We accept Child Care Vouchers)***

**SUMMER CAMP SITES**

***30 Campers are required for a site to be open. If a site does not meet the minimum enrollment, a different site may be chosen.***

* **CLOVERLEAF ELEMENTARY**
* **NB MILLS ELEMENTARY**
* **TROUTMAN ELEMENTARY**
* **WOODLAND HEIGHTS**

**Iredell Statesville Schools**

**Join us for a fun-filled summer of adventure!**

*Why enroll your child Prime Time’s Summer Camp?*

Summer camp provides children an opportunity to learn life skills, experience nature, learn about their community, and make new friends!

Field trips introduce children to science, history, and fun outdoor activities and sports.

Give your child the summer they’ll always remember!

**Summer Camp Hours:**

Campers may arrive as early as 6:00 AM and stay until camp closes at 6:00 PM.

**Prime Time’s Summer Camp…….**

**Where memories are made and learning takes place!**

**Space is limited! Enroll Today**

**For more information call 704.832.2514 or 704.832.2528.**

**Summer Camp Dates**

*\*\*****Place a check beside the week(s) your child will attend. There is no minimum of weeks; however, weeks must be scheduled at least 2 weeks in advance.***

**\_\_\_\_ Week 1** (June 17 –21)

\_\_\_\_ **Week 2** (June 24 – 28)

 **JULY 1 – JULY 5 CLOSED for VACATION BREAK**

**\_\_\_\_ Week 3**  (July 8 – 12)

\_\_\_\_ **Week 4**  (July 15 – 19)

\_\_\_\_ **Week 5** (July 22 –26)

**FIELD TRIPS \*\* SWIMMING \*\* BOWLING \*\* OUTDOOR SPORTS \*\* PICNICS \*\* CLUBS \*\* GAMES AND MORE!!!**

**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Deposit Pd: \_\_\_\_\_\_\_\_

Weekly Amount: \_\_\_\_\_\_\_\_\_

**Page 2**

**PLEASE PRINT CLEARLY**

**CHILD’S Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(last) (first) (middle)**

**Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**Gender: M F**

**How did you hear about our summer program? (circle all applicable)**

 **WEBSITE FLYER PRIME TIME SITE SIGNS FRIEND OTHER**

**If any of the following information changes, PLEASE NOTIFY THE PRIME TIME SITE COORDNIATOR IMMEDIATELY.**

**Child’s Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, Street , Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone (H): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (H): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W)\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If parents are divorced, who has custody? \_\_\_\_\_\_\_ Mother \_\_\_\_\_\_\_ Father**

 **\_\_\_\_\_\_\_ Joint Custody \_\_\_\_\_\_ Other**

**\*\*\*\*\* If there are custody papers filed, please provide copies with your application\*\*\*\*\*\*\***

**Page 3**

**Medical / Developmental History Mark YES or NO for each question. Explain all YES answers below.**

\_\_\_\_ Has child ever been hospitalized? \_\_\_\_ Any history of convulsions?

\_\_\_\_ Does child get motion sickness? \_\_\_\_ Any developmental delays? (describe)

\_\_\_\_ Any previous diseases or illnesses? (list/describe) \_\_\_\_ Any physical disabilities? (describe)

\_\_\_\_ Any allergies? (list/describe below) \_\_\_\_ Any operations?

\_\_\_\_ Behavioral/emotional special needs? \_\_\_\_ Any history of diabetes in family?

\_\_\_\_ Any history of heart trouble in family? \_\_\_\_ Any other special needs?

\_\_\_\_ Is your child under a doctor’s care? \_\_\_\_ Does your child have special staff assistance

 during the regular school day?

**Explanations for YES answers (continue on additional sheet if necessary):**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELEASE INFORMATION *Check appropriate space and provide names if applicable.***

 \_\_\_\_ NO ONE except the parents/guardians are authorized to pick up the child from Prime Time Summer Camp.

 In addition to the parents/guardians, the following people are authorized to pick up the child from Prime Time

 Summer Camp.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY INFORMATION**

Child’s Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In the event of an emergency, the Prime Time program agrees to arrange transportation to an appropriate medical resource facility. In an emergency situation, other children in the facility will be supervised by responsible adults. We will not administer any drug or medication without specific instructions from the physician or the child’s parent or guardian.**

**I agree that Prime Time for Kids Site Coordinator may authorize the physician of his/her choice to provide emergency care if neither I nor the family physician can be contacted immediately.**

**Parent / Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Page 4**

**Miscellaneous Information:** *Please give any additional information concerning your child that would be important for staff members to be aware (eating , sleeping habits, specific likes / dislikes, fears ,etc)*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Information: REQUIRED *Please check one of the statements below.***

**\_\_\_\_ Family/Private Insurance:** I have family insurance for my child to cover medical expenses resulting from accidents

 which might occur while my child is attending Prime Time for Kids Program.

**\_\_\_\_\_ School Accident Insurance:** I have purchased school accident insurance for my child and will contact the school site

 office with the information.

\_\_\_\_\_ **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACKNOWLEDGEMENTS**

**Physical/Immunizations:** I certify that my child is enrolled in the Iredell-Statesville Schools and that a copy of a physical exam and a complete record of immunizations are on file in the school office where the child is enrolled.

**Medical Expenses:** I fully understand that the Iredell-Statesville Schools will not be responsible for medical expenses resulting from accidents, which might occur while my child is attending the Prime Time for Kids program.

**Field Trips:** I give permission for my child to be transported by a school activity bus to any activity planned by the Prime Time for Kids program. I understand that notification of field trips will be posted at the site at least one week in advance of the trip and that I should regularly check the site for this information.

**Permission for Children’s Services:** (circle one) **I GIVE / DO NOT GIVE** permission for my child to be photographed at the Prime Time site (e.g. by site staff for scrapbook or display, by journalists doing reports on child care, etc)

(circle one) **I GIVE / DO NOT GIVE** permission for my child’s picture to be displayed on the Iredell-Statesville Schools and/or Prime Time website.

**Program Policies:** I certify that I have received, read and understand the Prime Time for Kids Parent Handbook which includes the discipline behavior management policy. I certify that I will comply with all of the policies and procedures outlined in the handbook.

**Fee Payment Policies:** I certify that I have read and understand all fee payment policies as stated in the Parent Handbook. I understand that Prime Time payments are due in advance and that a late fee will be charged if my payment is not made by the payment deadline. **Failure to pay fees in a timely manner will be grounds for dismissal from the program**.

**Withdrawal Policy: I understand that if I choose to withdraw my child from the Summer Program that I will lose any deposits paid**.

**Application Forms:** I certify that all information I have provided on this application form is true and accurate. I understand that providing false, inaccurate, or incomplete information will be cause for dismissal from Prime Time for Kids.

**PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**