



Island Christian Academy Daycare  
 5373 Maxwellton Road  
 P.O. Box 1048  
 Langley, WA 98260  
 360-221-0919

**2014 SCHOOL AGE SUMMER DAY CAMP REGISTRATION FORM**

Application Date \_\_\_\_\_ Email \_\_\_\_\_  
 Child's  
 Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Nickname \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**SUMMER DAY CAMP**

Please make your reservations early as we do have a class limit for each week.

Check one	Entering Grade	Camp Program	Cost per week
<input type="checkbox"/>	K-2	Camp ICA Junior	\$135
<input type="checkbox"/>	3-6	Camp ICA Classic	\$135

<input type="checkbox"/> June 16-20	<input type="checkbox"/> June 30-July 3 (Closed July 4)	<input type="checkbox"/> August 4-8
<input type="checkbox"/> June 23-27	<input type="checkbox"/> July 7-11	<input type="checkbox"/> August 11-15
	<input type="checkbox"/> July 14-18	<input type="checkbox"/> August 18-22
	<input type="checkbox"/> July 21-25	
	<input type="checkbox"/> July 28-August 1	

**CHILD'S PARENTS**

**Mother**

Name \_\_\_\_\_ Employer \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Address where you can be reached while child is in care \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Father**

Name \_\_\_\_\_ Employer \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Address where you can be reached while child is in care \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**MARITAL STATUS**

\_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced — How long? \_\_\_\_\_

Custody/Visiting arrangements: \_\_\_\_\_

Stepfather's Name \_\_\_\_\_ Stepmother's Name \_\_\_\_\_

If child is adopted: Age at adoption? \_\_\_\_\_ Does child know he/she is adopted? \_\_\_\_\_

Remarks: \_\_\_\_\_

**CHILD'S HEALTH INFORMATION**

Date of child's last physical exam: \_\_\_\_\_

Child's health care provider \_\_\_\_\_ Telephone number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Hospital Choice \_\_\_\_\_ Date of last Dr. visit \_\_\_\_\_

Has the child had: Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Please indicate below if your child has had:

Asthma, convulsions, fainting spells, diabetes, frequent sprains or dislocations, operations, hospitalizations, heart disease, strep throat, serious injury or concussions, ear infections, urinary tract infections, anemia or any other condition that affects your child physically or emotionally:

Condition \_\_\_\_\_ Description \_\_\_\_\_ Date(s) \_\_\_\_\_

Condition \_\_\_\_\_ Description \_\_\_\_\_ Date(s) \_\_\_\_\_

Condition \_\_\_\_\_ Description \_\_\_\_\_ Date(s) \_\_\_\_\_

Does the child have a handicap such as hearing or vision or problems that would be given special consideration? \_\_\_\_\_

Any allergies, including drug reactions? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, specify below:

Food \_\_\_\_\_ Drugs \_\_\_\_\_

Comments: \_\_\_\_\_

Regular medications? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, specify \_\_\_\_\_

Other important information? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, specify \_\_\_\_\_

Child's dentists name \_\_\_\_\_ Telephone number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN**

I give permission that my child, \_\_\_\_\_, may be given first aid/emergency treatment by a qualified child care provider and/or staff at \_\_\_\_\_

\_\_\_\_\_(Name and address of hospital).

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I hereby agree to accept responsibility for any financial indebtedness incurred during the hospitalization. I agree to pay for all necessary services at the current rate and in case of collection, pay a reasonable attorney fee and collection expense.

I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FIELD TRIP PERMISSION**

I, hereby, give permission for my child \_\_\_\_\_ to participate in any and all field trips (including transportation to and from field trips) taken by Island Christian Academy Daycare. Transportation provided by private vehicle, Island transit, or a church van.

I understand that the children will be accompanied by adults and staff who will exercise every precaution to avoid an accident. All students will wear a seat belt and use a car seat/booster seat when age appropriate; with the exception of trips made on Island transit.

I also understand that the advance notice of all field trips will be posted, giving me the time to make other arrangements, would I choose not to allow my child to participate.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact Information**

Name	Phone	Relationship
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**WAIVER OF LIABILITY**

I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Island Christian Academy Daycare, from liability from any and all claims regarding my participation in a summer camp program.

**INDEMNIFICATION AND HOLD HARMLESS**

I also agree to indemnify and hold Island Christian Academy Daycare harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement at Island Christian Academy Daycare and to reimburse them for any such expenses incurred.

**SEVERABILITY**

The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Washington and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**CONDUCT**

I understand that my child will be held accountable for his/her conduct and that tuition is non-refundable even if my child is expelled from this summer camp program.

**ACKNOWLEDGMENT OF UNDERSTANDING**

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_