

**Summer Application**

P.O. Box 22834

Knoxville, TN 37933-0834

Alex Huth Director: (865) 640-3108

Located at Farragut Primary

**Please complete all information in full. Incomplete applications will not be accepted. You may NOT write “Same as Above”**

|  |  |  |
| --- | --- | --- |
| **Child’s Information** |  |  |
| First Name | Middle Name | Last Name |
| Nickname | Home Phone Number | Birth Day |
| Home Address | City | State |
| Zip | School Grade for the  2015/16 school year |  |

Why

|  |  |  |  |
| --- | --- | --- | --- |
| **Mother’s Information** | |  |  |
| First Name | Middle Name | | Last Name |
| Home Phone Number | Cell Phone Number | |  |
| Home Address |  | |  |
| City | State | | Zip |
| Employer | Work Phone #1 | | Work Phone #2 |
| e-mail | Position | | Usual Work Hours |

|  |  |  |
| --- | --- | --- |
| **Father’s Information** |  |  |
| First Name | Middle Name | Last Name |
| Home Phone Number | Cell Phone Number |  |
| Home Address |  |  |
| City | State | Zip |
| Employer | Work Phone #1 | Work Phone |
| e-mail | Position | Usual Work Hours |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Doctor’s Information** | |  |  |  |
| Child’s Physician | Address | | Phone Number | Preferred Hospital |

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical Information** | |  |  |
| Are all of your child’s Immunizations up-to–date? Y / N | Does your child have any food allergies? Y / N  If yes, please, list. | | Does your child have any other allergies? Y / N  If yes, please, list. |
| Did you complete a sunscreen form? Bring sunscreen, if yes. Y / N  If no, KidTime **CANNOT** put any on your child without this form.  If no, please initial. \_\_\_\_\_\_\_\_ | Is your child currently under a doctor’s care? Y / N  If Yes, please explain. | | Is your child currently on any medication? Y / N  If yes, will KidTime be administering meds to your child? Y / N  If yes, please, list. (Please, see director for form) |
| Is your child allergic to any animals or insects? Y / N  If yes, please explain. | Any other medical information KidTime should be aware of? Y / N  If yes, please explain. | | Are there any activities that your child should be restricted from for any reason? |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Contact Other than Parents** | |  |  |
| Name | Address | | Relationship |
| Home Number | Work Number | | Cell Number |

* **If** parents are divorced, what are the custody arrangements? Legal papers must be given to KidTime, if a parent is not allowed to pick up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **If** custody restrictions are involved, please include a copy of a court order.
  + Any Custody Restrictions? Yes \_\_ No \_\_
* **I** give KidTime Inc., and its staff permission to photograph my child and to use such photographs for the purposes of the daycare. \_\_\_\_\_\_\_\_ Initials
* **In** the event that I cannot be reached in an emergency, I hereby give my permission to the program director or designee to gain emergency medical services including transportation and physician.

\_\_\_\_\_\_\_\_\_ Initials

I certify that the above information is correct.

**Parent Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Summer Camp Requirements

1. Camp hours are 7am-6pm. Scheduled activities usually start at 9am.
2. KIDTIME WILL BE CLOSED MEMORIAL DAY and JULY 4TH for federal holidays, AND the last two weeks of summer vacation for school maintenance before school starts*.*
3. Each camp week balance is due **BEFORE THE FIELD TRIP**, including all field trip fees.
4. **Enrollment/ Registration Fees are $40 per child, and are NON-REFUNDABLE.**
5. Weekly Prices INCLUDE field trip fees, Daily Prices DO NOT.
6. Tennis shoes & field trip shirts MUST be worn on ALL field trips, unless posted otherwise.
7. If your field trip shirt is forgotten and KidTime supplies you with another one, you will be charged for an extra shirt. **($10 each)**
8. Children are not allowed to bring items such as cameras or money on field trips, unless posted otherwise. If they are allowed, KidTime is not responsible for lost, stolen, or broken items.
9. Please, supply a water bottle for your child to take to the playground.
10. Lunch is required everyday (including drink). On most field trips, lunch will be provided, please, check parent board at welcome table for more information.
11. Parents must fill out a sunscreen form and PROVIDE the sunscreen, before KidTime can put any on your child. (Sunscreen is applied daily)
12. In order to change your summer schedule, you must give a one-week written notice. Please, keep in mind that all field trips are planned and paid for in advance. If you sign up for one of these days, we need ample notice or you will be charged.
13. Children are allowed to bring things from home, but please, make sure it will fit in your child’s basket. KidTime is NOT responsible for lost, stolen, or broken items.
14. Parents are welcomed and encouraged to attend any and all field trips. A fee will apply. Parents will be charged $25 normally, but for Splash Country parents will be charged the price of admission and lunch.
15. A permission slip for each field trip must be signed each week before your child can attend the trip.
16. The time we will be leaving for each field trip will be posted on each permission slip and our announcement board. You must be present by the time posted to make sure your child is not left behind.
17. If you would like to sign up for daily attendance, please, check only the days your child will attend. You will be charged for all days signed up for; **even if your child is absent**.
18. **Daily rates: $45 per day and $25 per field trip-If you attend on a field trip day it will be $70 for the entire day. Field trips may be at a higher price.** Weekly rates are provided on the sign up sheet.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have fully read and understand all the summer requirements listed above. **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\* **Child’s T-shirt Size**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sizes are available in youth S-XL and Adult S-XXL)

**Signature of staff accepting paperwork**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions asked by parent?** Y/N

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KidTime**

**Administration of Sunscreen**

\****MUST BE COMPLETED YEARLY***\*

The following is to be completed by a parent or legal guardian. No sunscreen of any kind will be given to your child until this information is completed and returned to the KidTime (KT) staff. If any changes occur, a new form must be completed and returned to KT. Only one form per sunscreen is used. A responsible adult must bring each child’s sunscreen to school. Please do not send sunscreen by children. A parent signature is required before a student will be given sunscreen.

***NOTE: Sunscreen must be brought to school in an unopened original container.***

**TO BE COMPLETED BY PARENT:**

**Name of Student** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I give permission for my child to be assisted in taking the sunscreen described below at KidTime by authorized persons.***

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

**Home Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact (Name and Phone)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Sunscreen** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Unless told otherwise, sunscreen will be applied BEFORE we go outside. Would you like for us to apply it more often than this? Yes / No When?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Possible side effects and procedure to follow** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician/ Nurse Practitioners Name (Print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address/ Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(KidTime Staff Only)***

***Completed form received on*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***by*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Date*** ***Signature***