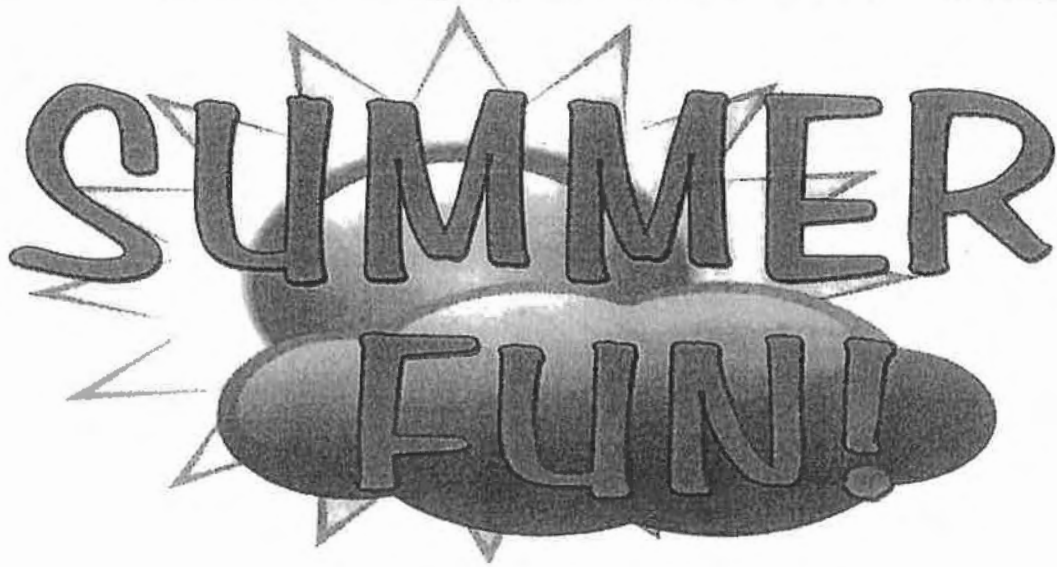


2019 Kidz Zone  
Summer Camp  
Registration Forms



All pages in this packet must be filled out, signed, registration fee paid and turned in before your child/ren can attend Kidz Zone's Summer Fun.

**Kidz Zone      2019 Registration Form**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Parent Information:**

Mother's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

If parents are divorced, who is the Custodial Parent? \_\_\_\_\_  
(If there are special circumstances involving visitation and pick up rights, you must provide the Site Director with legal documentation.)

**Emergency Information:**

In case of an emergency (after attempting the above numbers) please list the name of a person who is authorized to act for the parent.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Please list persons who may be picking up your children (other than parents). If a person comes to pick your child up and is not on this list, your child will not be permitted to leave with that person unless prior arrangements have been made.

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

## Medical Consent Form

Physician's Name: \_\_\_\_\_ Office Number: \_\_\_\_\_

Does camper have any physical limitations? Please describe:

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Does camper have any allergies? \_\_\_\_\_

Does camper have any dietary limitations? Please describe:

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Are there any other issues or circumstances that may affect camper's mood or behavior while at Kidz Zone?

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I authorize Kidz Zone to seek hospital emergency care and / or medical treatment as needed.

**Please Note: Kidz Zone WILL ONLY administer prescription medication.**

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

## Late Pick-Up Responsibility Contract

By signing this contract, I understand that it is my responsibility to have my child(ren) picked up by 6:00 pm. If late, I will be charged a \$1.00 every minute for the first five minutes and then \$5.00 for each minute after that per child. This payment cannot be attached to my childcare fees but must be paid separately in cash at time of pick-up.

Parent's Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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

## Sunscreen Permission Form

I have provided Kidz Zone staff with \_\_\_\_\_ (name of sunscreen) for my child \_\_\_\_\_. I understand that Kidz Zone will only help make sure that my camper applies sunscreen. I have provided sunscreen in its original container with a valid expiration date. My child's sunscreen is clearly labeled with his/her name and given directly to a staff member for proper storage. I also understand it is my responsibility to make sure my child has a new bottle provided when he/she runs out.

Parent's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

## Swimmers Rating by Parents

In order for our swimming trip to go as smoothly as possible, we need some information from you regarding your child's swimming capabilities. We will be watching all children very closely along with lifeguards that are on duty.

Please rate your child's swimming: 1 (swims like a rock) to 5 (swims like a fish) \_\_\_\_\_

Anything else we need to know:

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

**Childcare Program Summer Camp Swimming Waiver and Permission Form**

(Child may not swim unless form has been signed and returned by all parents and/or guardians with custodial rights.)

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Camp/School Site \_\_\_\_\_

I hereby give permission for my child, \_\_\_\_\_, to participate in swimming activities during the childcare program's Summer Camp. The term "swimming activity" shall mean swimming in the pool, wading in the pool, playing in the pool, jumping in the pool, diving in the pool, as well as, any activity occurring on the pool deck and pool's property. I am aware of the dangers and risks involved in participating in this recreational activity including but not limited to sunburn, sunstroke, and other heat or water-related injuries or recreational water illnesses caused by germs as well as environmental factors. I recognize that water safety is taken seriously by the childcare programs, and my child will be expected to follow the pool rules and childcare safety rules at all times which include no running, horseplay, or diving. I understand that my child will be supervised by the on-duty lifeguards of the public or private pool site as well as the childcare staff.

I understand that the pools are not owned by and the lifeguards and swimming pool operators/managers are not employed by the Sumner County Board of Education. Consequently, I agree to waive all causes of action, claims, damages, demands, expense, and liabilities that I and my family may have against the childcare program and Sumner County Board of Education arising out of any swimming activity. I further agree that in no event shall the School Board, its employees, the childcare program, its director, and its employees be liable for any claim, cause of action, damage, demand, expense, fine, liability, or penalty arising out of any swimming activity.

My signature acknowledges that I have been informed of the reasonably expected hazards and potential dangers associated with swimming activities, and my child and I agree to hold harmless the Sumner County Board of Education, Sumner County Schools, the school childcare program's employees, and any agents for all incidents alleging bodily injury, property damage, or loss occurring while my child is a participant in a swimming activity sponsored by the childcare program. My signature also means that my child understands that he/she must abide by all rules and safety precautions relating to swimming activities. I understand that the swimming activities may involve certain conditions, hazards, and potential dangers. Therefore, my child is participating in swimming activities with my permission and understanding of the dangers and risks and of his/her own free choice. Finally, I/we certify that we are the only parents/guardians of the child covered by this form.

Parent/Guardian Names (printed)

Parent/Guardian Signatures

Date

_____	_____	_____
_____	_____	_____
_____	_____	_____

## Policy Agreement Form

Please read each of the following statements and initial in the space provided stating that you have read and agree to the policies.

\_\_\_\_\_ I understand that the registration fee is non-refundable.

\_\_\_\_\_ I understand that payments are due on Monday and no later than 9:00 am Tuesday of the week attending. I understand I will be charged a \$10.00 late fee if not paid by Tuesday at 9:00 a.m.. My child will not be able to attend the next week of summer camp until the fee is paid in full.

\_\_\_\_\_ I have read the policies and procedures located in the Summer Camp Handbook and I understand and agree to abide by them.

\_\_\_\_\_ I have signed and understand Kidz Zone's Sunscreen Policies.

\_\_\_\_\_ I understand that my child will not be registered for summer camp until Kidz Zone has received all completed registration forms and registration fee.

\_\_\_\_\_ I have signed and understand the Kidz Zone's Late Pick-up Policy.

Child's Name:

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

\_\_\_\_\_

Parent's Signature:

\_\_\_\_\_

REGULATIONS CONCERNING THE RELEASE OF CHILD TO AN AT RISK ADULT

Please be advised that under state law we cannot withhold a child from an inebriated CUSTODIAL parent; however we are required to call authorities immediately after parent exits the building. If inebriated adult is not the custodial parent we will not release the child. The parents will be notified and alternative arrangements for pick-up will need to be made.

I have read, understand and agree to the terms of the above policy.

Parent's Signature: \_\_\_\_\_

I certify that all of the information provided on this registration is true. I agree to abide by ALL of the Kidz Zone policies and have signed the policy agreement form. I give permission to care for my child. I give permission for my child to participate in ALL Kidz Zone activities, field trips and I have read the Kidz Zone Summer Handbook.

Parent's Signature: \_\_\_\_\_

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



(Read FRONT and BACK & Sign)

**SUMNER COUNTY SCHOOLS**  
**GUIDELINES & PARENT PERMISSION FORM: OVER THE COUNTER PRODUCTS**  
**Bug Repellant, Sunscreen, Cough Drops**

**Seasonal OTC Products**

Sumner County Schools recognize changing seasons may require a temporary need for preventative or protectant products, and we want to encourage and promote healthy habits. It may be appropriate to keep these products in the clinic, with the student, in the class or with the teacher, and this will be at the discretion of the school nurse, with input from the classroom teacher.

***Bug Repellant***

Only bug repellant WIPES will be accepted at school:

- Repellant must be age appropriate according to package directions and age range of the child.
- Have a signed Non-Prescription Medication Form from the parent/guardian on file.
- Parent/guardian should instruct student how to use wipes.
- Student may use wipes prior to outdoor activity.
- Sprays pose potential dangers to students, especially those with asthma or respiratory issues, and will not be permitted for use at school.
- Wipes may be labeled and kept with the student in an agreed upon location, may be kept with the teacher in the classroom or in the clinic, at the discretion of the nurse and teacher.
- It is important to stress to the parent & student they **MUST NOT** share wipes with classmates. If students do share it may result in disciplinary action.

***Sunscreen***

Basic sunscreen:

- Sunscreen must be age appropriate according to package directions.
- Have a signed Non-Prescription Medication Form from the parent/guardian on file.
- Parent/guardian should instruct the student how to apply sunscreen.
- Sunscreen may be labeled and kept with the student in an agreed upon location, may be kept with the teacher in the classroom or in the clinic, at the discretion of the nurse and teacher.
- It is important to stress to the parent & student they **MUST NOT** share sunscreen with classmates. If students do share it may result in disciplinary action.

***Cough Drops***

Basic, OTC, non-medicated, mentholated cough drops:

- Cough drops must be age appropriate according to package directions.
- Have a signed Non-Prescription Medication Form from the parent/guardian on file.
- Student may have a few to carry for the entire day (according to package label), and the remainder can be kept in the clinic for subsequent days (this is to avoid missing instructional time traveling to/from the clinic), **OR** the properly labeled bag/appropriate number of cough drops can be left with the teacher to distribute throughout the day.
- It is important to stress to the parent & student they **MUST NOT** share cough drops with classmates. If students do share it may result in disciplinary action.

(Read FRONT and BACK & Sign)

**SUMNER COUNTY SCHOOLS**  
**PERMISSION FOR SELF-ADMINISTRATION OF NON-PRESCRIPTION PRODUCTS**  
**(Bug repellent, sunscreen, cough drops)**

Name of Student \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Teacher (Homeroom) \_\_\_\_\_

Product \_\_\_\_\_ Amount \_\_\_\_\_

Purpose \_\_\_\_\_

Time of day to be used \_\_\_\_\_

Possible side effects \_\_\_\_\_

Anticipated number of days to be given at school \_\_\_\_\_

Name of Physician \_\_\_\_\_

Physician's Telephone Number \_\_\_\_\_

**It is understood that the product/medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the request to perform this service by any person employed by the Sumner County School System, the undersigned parent or guardian hereby agrees to release the Sumner County School System and its personnel from any legal claim which they now have or may thereafter have arising out of the administration of or failure to administer the medication to the student.**

**I hereby give my permission for \_\_\_\_\_ to take/use the above products/medication. I understand that it is my responsibility to furnish this product/medication. I further understand that my signature gives Sumner County School Nurses permission to disclose and receive medical information regarding this student on a need-to-know basis.**

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

\_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

# Kidz Zone Summer Camp 2019

Check the Weeks Your Child Will Be Attending

\_\_\_\_\_ Week 1 June 3 – 7

\_\_\_\_\_ Week 2 June 10 – 14

\_\_\_\_\_ Week 3 June 17 – 21

\_\_\_\_\_ Week 4 June 24 – 28

\_\_\_\_\_ Week 5 July 1 – 5 (closed July 4)

\_\_\_\_\_ Week 6 July 8 – 12

\_\_\_\_\_ Week 7 July 15-19

Child's Name: \_\_\_\_\_

# 2019 Kidz Zone Summer Camp Permission Form

I give my permission for \_\_\_\_\_ to travel on a Sumner County school bus and/or Charter bus with Union Kidz Zone that they will be taking on the weeks I have checked below.

Check the Weeks Your Child Will Be Attending

\_\_\_\_\_ Week 1 June 3 – 7

\_\_\_\_\_ Week 2 June 10 – 14

\_\_\_\_\_ Week 3 June 17 – 21

\_\_\_\_\_ Week 4 June 24 – 28

\_\_\_\_\_ Week 5 July 1 – 5 (closed July 4)

\_\_\_\_\_ Week 6 July 8 – 12

\_\_\_\_\_ Week 7 July 15-19

Child's Name: \_\_\_\_\_

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

Parent's Signature: \_\_\_\_\_