



# Knowledge-First Empowerment Center



*Providing Academic Services-Enhancing Educational Values*

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2651 Cartwright Rd., Suite C – Missouri City Texas 77459  
(281) 499-8315

[www.knowledge-first.org](http://www.knowledge-first.org)

## Summer Camp Registration

### Participant Information

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SEX: MALE FEMALE / BIRTHDATE: MONTH: \_\_\_\_\_ DATE: \_\_\_\_\_ YEAR: \_\_\_\_\_ AGE: \_\_\_\_\_

KNOWN ALLERGIES AND MEDICATIONS: \_\_\_\_\_

SPECIAL NEEDS THAT STAFF SHOULD BE AWARE OF \_\_\_\_\_

### Parent/Guardian Information

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

PHONE HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ MOBILE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

PHONE HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ MOBILE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Same as above ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**Emergency Contacts**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

PHONE HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ MOBILE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

PHONE HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ MOBILE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ MEDICAL PLAN \_\_\_\_\_

PHONE \_\_\_\_\_

If listed contacts and physician cannot be reached, what action should be taken: \_\_\_CALL EMERGENCY

HOSPITAL \_\_\_OTHER

EXPLAIN OTHER: \_\_\_\_\_

**Sign Out Authorization**

List additional persons authorized to sign the child out of the program. (In addition to parents / guardians / emergency contacts)

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

PHONE \_\_\_\_\_

## **Consent for Medical Treatment**

As the parent or authorized representative, I hereby give consent to the Knowledge-First Empowerment Center to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), osteopath (D.O.), or dentist (D.D.S.) for (please print child's name)

\_\_\_\_\_. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of the child named above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Policies and Information – Please Review and Sign**

Knowledge-First Empowerment Center's Summer Day Camp program is a valuable summer experience available to students in 1st – 12th grade (as of September 2009). The camp begins June 7st and runs weekdays, from 7:00am to 6:00pm, through August 20th. This program meets at the Knowledge-First Empowerment Center, located at 2651 Cartwright Rd., Suite-C. Please call us at 281-499-8315 if you have any questions regarding the Summer Day Camp program.

## **Program Description**

Participants will take part in traditional and non-traditional sports, fun games, arts & crafts, special guest speakers, field trips, creative projects, music and more. We also provide academic activities that will introduce and prepare the students for their next grade level. Trained staff will supervise participants while emphasizing the importance of teamwork, good sportsmanship, and cooperation through games, sports, and group activities.

## **Camp Staff**

The Summer Day Camp staff is comprised of educational and recreation professionals as well as university students with experience in recreation and youth leadership. The Summer Day Camp staff is dedicated to providing a fun and safe environment for each participant. The staff is responsible, qualified, and trained to work with children of all ages.

## **Lunch and Snack**

Breakfast, Lunch and snacks will be provided Monday through Friday. Please indicate any food allergies your child may have on his or her registration form.

## **Illness**

Should your child become ill at camp you will be notified and must arrange for your child to be picked up as soon as possible. These arrangements should be made prior to the first day of camp should a sudden illness occur. If camp staff are unable to reach the parent/guardian, the next person on the emergency card will be contacted to pick up your child. Please do not bring your child to camp if he or she has an apparent illness such as fever, rash, or a sore throat. If your child has been exposed to any “contagious childhood disease” such as lice, measles, chicken pox, etc., please notify us immediately. Your help is greatly appreciated. We wish to provide a healthy atmosphere for our participants and staff.

## **Clothing and Valuables**

For safety reasons, please make sure that students **do not** wear open-toed shoes to camp. They may wear sandals at the pool if desired, but students will not be able to participate in sporting activities without the proper footwear. Considering the emphasis on play and outside activities throughout the day, comfortable play clothes are encouraged. **It is important that all students bring their own sun block.** Please encourage students to take care of their belongings. To avoid ownership problems, please label sweaters, bathing suits, towels, and anything that is brought from home. Knowledge-First Empowerment Center **is not responsible for lost or stolen items.**

## **Promptness**

Parents will not be early or late when dropping off and picking up their students from camp. Camp hours are from 7:30am to 6:00pm. Special arrangements or accommodations for pick up or drop off may be made on an individual basis. Parents are responsible for getting their children to and from Knowledge-First Empowerment Center’s day camp program. **Parents must sign their children IN and OUT of the program on a daily basis unless** the waiver Self Sign In and Out waiver is completed.

## **Payments**

Fees for the Summer Day Camp must be paid according to the payment schedule selected by the parents. Policy states that the payments must be made ON or BEFORE the date due. Your child may not participate until fees have been paid. A late fee of \$5.00 per day will be charged for delinquent payments. Invoices will not be sent out. It is the responsibility of the parent to record the proper payment dates. Recreation leaders

will NOT accept payments; it must be walked in or mailed in to the Office. Registration is on a first come, first serve basis.

### **Photo Release**

I, (please print your name) \_\_\_\_\_, give the Knowledge-First Empowerment Center, the absolute right and permission to use my child's (please print child's name) \_\_\_\_\_ photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media, or other form of promotion. I release Knowledge-First, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

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

[ ] I do not authorize the use of my child's photograph.

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

### **Refunds**

Refunds will not be given after the first day of camp. Refunds will not be given for absences or vacations during the run dates of camp.

I have read and understand the Summer Camp Policies and Information.

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

### **Agreement, Waiver, and Release**

I have carefully read description of class(es) / program(s) for which I am/we are registering and in consideration for being permitted by the Knowledge-First Empowerment Center to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the Knowledge-First Empowerment Center (its officers, officials, employees, and volunteers) from any and all liability arising out of, or connected in any way, with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to

hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity.

### **Parental Consent**

*(Must be completed and signed by parent/guardian if participant is under 18 years of age)*

I hereby consent that \_\_\_\_\_ participate in the Knowledge-First activities, and I hereby execute the above agreement, waiver, and release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold harmless the persons and entities mentioned above, free and harmless from any loss, liability, damage, cost, or expense, which may occur as a result of death or injury, or property damage, that said minor may sustain, while participating in said activity. I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE KNOWLEDGE-FIRST EMPOWERMENT CENTER AND I SIGN IT OF MY FREE WILL.

SIGNATURE OF PARENT/GUARDIAN

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Behavior Standards and Expectations**

It is our goal to make this summer an exciting and worthwhile experience for your child. This requires participants to follow basic rules such as respect for staff and other participants, teamwork, maintaining a positive attitude, and common courtesy. Disrespectful behavior, inappropriate language, and inappropriate physical contact directed towards staff members, participants, or the general public will not be tolerated, and will be disciplined according to the policies of the Knowledge-First Empowerment Center. Behavior that does not follow the guidelines and rules set forth by the Knowledge-First Empowerment Center may result in the following:

- Verbal warning to child, followed by a written warning if behavior continues. A phone call notifying parent/guardian of child's behavior will be made in the case of a written warning.
- Two written warnings will result in a one day suspension from the program.
- Incidents such as violent acts, profanity, and disrespectful speech or behavior will result in an immediate suspension for the remainder of the program day and the following program day. This requires the participant be picked up immediately from the program. Failure to pick up child at the request of staff may result in expulsion from the program.

- A second suspension from the program will result in suspension for no less than five program days and up to expulsion from the program, depending on severity of incident.
- Refunds will not be given for time missed due to behavior related absence. Please discuss these expectations with your child. We appreciate your role in making this summer a positive experience for your child. I have read and understand the Behavior Standards and Expectation of the Knowledge-First Empowerment Center and I agree to the terms and guidelines above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Participant Self Sign In/Out Authorization**

I authorized my child to sign themselves into the program when they arrive: YES NO

I authorized my child to sign themselves out of the program at the end of the day: YES NO

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Registration Information**

\_\_\_\_\_ Full Summer Program / 11 weeks June 7, 2010 – August 20, 2010 / \$1,000.00 (if paid by June 25<sup>th</sup>)

\_\_\_\_\_ Weekly \$105 Week(s) of \_\_\_\_\_

**Program Days & Weeks**

MON TUE WED THU FRI

JUNE 7– JULY 2-----1<sup>ST</sup> SESSION

JULY 6– JULY 30-----2<sup>ND</sup> SESSION

AUGUST 2– AUGUST 20-----3<sup>RD</sup> SESSION

**Payment Information**

Mastercard

Visa

Personal Check

Cash

Card Number: \_\_\_\_\_ Card Exp. Date: \_\_\_\_\_

Card I.D. # \_\_\_\_\_ The 3 or 4 digit security code may be found on the back of the card.

Amount to be Charged \$ \_\_\_\_\_ Current Date: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

My signature below authorizes agreement to charge my credit card to provide services.

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

Check Amount & # \_\_\_\_\_ / \_\_\_\_\_ Cash Amount: \_\_\_\_\_

For Office Use Only:

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_