

2021 Pointe of Surrender Dance Studio - Summer Day Camp Enrollment Form

**** ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED ****

Today's Date: _____

Camper's Name: _____ Name Camper is called: _____

Camper's Address: _____ Age: _____ Birth date: _____

2021 grade level: _____ School: _____ Sex: _____

T-shirt size: _____ Payment Option: All Upfront _____ Two Payments _____ Weekly: Due each Friday before the start of the next week _____

**** Please use a separate form for each camper you are enrolling ****

PARENT/GUARDIAN INFORMATION

Mother

Name: _____ Address: _____ City/Zip: _____

Phone: _____ Employer: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Father

Name: _____ Address: _____ City/Zip: _____

Phone: _____ Employer: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

EMERGENCY NUMBERS

List two local people to contact in case of emergency in the event both parents would be unavailable.

Name: _____ Street Address: _____ City/State/Zip: _____

Phone #: _____ Relationship: _____

Name: _____ Street Address: _____ City/State/Zip: _____

Phone #: _____ Relationship: _____

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PICK UP AUTHORIZATION

Please list any individuals (if any) other than parents and the above emergency contacts that are authorized to sign out the camper.

Name: _____ Address: _____ City/State/Zip: _____

Phone #: _____ Relationship: _____

Name: _____ Address: _____ City/State/Zip: _____

Phone #: _____ Relationship: _____

EMERGENCY AUTHORIZATION

Doctor Information:

Name: _____ Address: _____

City/Zip: _____ Phone: _____

Medical Insurance Information:

Carrier: _____ Insurance Number: _____

Group: _____ Ins Group Number: _____

Name On Card: _____ Plan Begin Date: _____

Dental Insurance Information:

Carrier: _____ Insurance Number: _____

Group: _____ Group Number: _____

Name On Card: _____

Name: _____ Address: _____

City/State/Zip: _____ Phone: _____

I understand that I will be notified in case of an accident or illness to my camper. I will make arrangements for medical care of my camper with the physician or hospital of my choice. In the event of an emergency in which neither parent can be reached, I hereby authorize Pointe of Surrender Dance Studio staff to contact the above named physician or facility.

_____ Parent/Guardian Signature Date

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MEDICAL INFORMATION

Please list any allergies, medical problems, or physical ailments the camper may have:

SPECIAL NEEDS

Please list any special assistance your camper may require:

* Admittance contingent upon phone interview with director to review needs and concerns with parents.

PHOTO RELEASE

I grant Pointe of Surrender Dance Studio the rights to use photographs of my camper for promotional or news purposes.

_____ Parent/Guardian Signature Date

TRIPS, EXCURSIONS AND PUBLIC PARK FACILITIES

I authorize Pointe of Surrender Dance Studio staff to take my camper on walking trips, special excursions, swimming, and to nearby public park facilities. I also authorize the camper to ride as a passenger in a vehicle owned by Pointe of Surrender staff or leased by Pointe of Surrender Dance Studio. I understand all such trips are under the supervision of Pointe of Surrender Dance Studio staff and that health and safety precautions will be taken.

_____ Parent/Guardian Signature _____ Date

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DISCIPLINE PLAN

The program's philosophy of discipline is based on respect for the camper's self-esteem, setting reasonable limits and consequences, and encouraging increased self-discipline. Only constructive methods of discipline shall be used to promote good behavior. The staff will work with the camper and cooperate with the parents to resolve any problems that may arise.

When inappropriate behavior occurs, we will:

- Redirect behavior
- Discuss the problem with the camper to determine the causes and help the camper find ways to resolve it.

At times it may be necessary to:

- Separate a camper from the group (with supervision) allowing him/her to think about the situation. A camper may rejoin the group when he/she is prepared to cooperate with others.
- Give time out from play period, free time, or group activities.

If a camper's behavior consistently disrupts the flow of the program, physically or emotionally harms others, and otherwise conflicts with the program rules and guidelines, a conference with the parents will be scheduled. In the event that the problem persists after all reasonable attempts have been made, the camper may be dismissed from the program at the discretion of Pointe of Surrender Dance Studio staff.

Acknowledgement

I have read and understand the discipline plan of Pointe of Surrender Dance Studio Summer Camp program and agree to abide by its provisions.

_____ Parent/Guardian Signature _____ Date

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