

Themed Day Camp

Registration Packet for 2020

OFFICE USE ONLY
<input type="checkbox"/> Adv <input type="checkbox"/> Tutor <input type="checkbox"/> StSk
<input type="checkbox"/> SoSK
<input type="checkbox"/> SAT <input type="checkbox"/> TrCp <input type="checkbox"/> Spncp
<input type="checkbox"/> HS Evals
Intake Date: _____

Camp is just around the corner! Please take a moment to complete this packet of information to help us better interact and care for your child during camp.

Child's Name		Date of Birth: MM/DD/YYYY	
Emergency Contact: Parent/Guardian Name		Relation to Child	
Address			
City	State	Zip	
Home Phone #	Cell Phone #		
Email			
2nd Emergency Contact: Parent/Guardian Name		Relation to Child	
Address			
City	State	Zip	
Home Phone #	Cell Phone #		
Email			
How did you hear about us?			

Upon completion: Please make copies of this form for you records and return original packet via email (fickededucation@gmail.com) or mail along with check made payable to:

FICK EDUCATIONAL SERVICES, LLC
790 E. Market Street Suite 300
West Chester, PA 19382

Cost: \$300 per week camp session / \$275 each additional week or sibling attendance

Be sure to check the website for camp updates: www.Fickededucation.com



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CAMP THEMES AND DATES:

Please check the **box** of the camp(s) you wish your child to attend this summer.

Dates	Ages 4-8 9:00 am – 12:00 pm	Select
June 22-26	It's a Bug's Life	<input type="checkbox"/>
August 17-21	Under the Sea	<input type="checkbox"/>
August 24-28	Space Exploration	<input type="checkbox"/>

Dates	Ages 9-14 12:30 pm – 3:30 pm	Select
June 22-26	Video Gaming & Programming	<input type="checkbox"/>
August 17-21	Science & Experimenting	<input type="checkbox"/>
August 24-28	Scratch Coding	<input type="checkbox"/>

ADDITIONAL INFORMATION ABOUT YOUR CHILD:

What school does your child attend?
Does your child have a personal aide?
Please share any information that you believe would assist us in better knowing your child such as special interests, likes / dislikes, other behaviors, allergies, etc. Please complete the Medical Information Sheet included with this registration form.
If you have any desires or expectations for your child during camp please share and we will do our best to address them and work on those specific tasks when possible.



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MEDICAL INFORMATION:

Name of Primary Physician		Physician Main Phone #	
Does your child have allergies? YES NO If yes, please circle types below and describe the allergy.			
Food		Environmental	
Seasonal		Medicine	
Other			
Does your child require or need special attention with the items below? YES NO If yes, circle all that apply and describe needs.			
Assistive Devices	Glasses	Wheelchair	Crutches
Hearing Aid	Smart Device	Walker	Other
What medication, if any, will need to be administered during the camp day?			

Please initial statements below if they apply:

____ I will bring my child's medication in its original container with my child's name and specific handwritten instructions and I will hand-deliver those items to the camp administrators.

____ I have provided accurate and truthful information to the best of my ability including any information the staff should be made aware of on this application.

Signature of Parent or Guardian: _____ Date: _____

RELEASE OF LIABILITY

This Release is executed and delivered on this day of _____, 2020, by _____, parent or guardian of _____ on behalf of heirs, executors, administrators, successors, and assigns (collectively the “Releasor”) in consideration of being allowed to participate in any activities at Fick Educational Services, LLC. Releasor, hereby, fully releases and discharges Fick Educational Services, LLC and their successors and assigns the Releasee from any and all rights, claims, and actions which the releasor may now have or may hereafter ever have against Releasee arising out of (child’s name) _____ participation in activities at the facility. This Release is intended by Releasor to release any claim, damage, loss or injury suffered by Releasor, or which may be suffered by Releasor, and such rights which the Releasor may now have or will have in the future against the Releasee. Releasor acknowledges that Releasor has freely and voluntarily executed and delivered this Release to the Releasee and further, that Releasor has received good, valuable, and adequate consideration prior to the execution and delivery of this Release.

Signature of Parent or Guardian _____ **Date:** _____

PHOTO/VIDEO RELEASE

I give my permission for photographs and / or videos of my child to be used in any Promotional/Marketing materials for Fick Educational Services, LLC including but not limited to their Facebook page, website, etc.

Signature of Parent or Guardian: _____ **Date:** _____

ACCEPTABLE CONDUCT POLICY

Fick Educational Services, LLC considers one of its primary functions to provide an opportunity for developing independence and self-confidence through interaction with other children, adults, etc. Each participant must maintain acceptable standards of conduct at all times. Consequently, any conduct by a participant which the Executive Director, Camp Director, or Staff members consider detrimental to the child’s safety, the safety of other children, staff, or the facility itself may be deemed adequate cause for disallowing or time-out from participation in programs and activities.

Signature of Parent or Guardian: _____ **Date:** _____