

F.R.I.E.N.D.S.

528 Golden Grove Lane
Richmond Hill, GA 31324
Phone: 888-508-1012
Fax: 888-558-9897
Email: info@friendsofcoastalga.com
Website: www.friendsofcoastalga.com

Social Skills Summer Camp

Savannah Enrollment Application

2022

Learning Through Laughter and Friendship

SUMMER CAMP ENROLLMENT CHECKLIST

Please make sure that the items contained in this checklist have been completed to ensure proper processing.

PLEASE DO NOT SUBMIT AN APPLICATION IF ALL COMPONENTS LISTED ON THIS CHECKLIST ARE NOT ATTACHED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND MAY RESULT IN YOUR CHILD BEING PLACED ON THE WAITING LIST.

Last day to submit an enrollment application is May 1st, 2022.

First Day of Camp is Monday, June 6th 2022.

Family Support Application and/or Individualized Family Support Plan (IFSP)

Contact your selected funding source to obtain a funding application. (Funding Source contact info is listed on page 3 of the summer camp enrollment application). Must submit all requested information to your funding source before your funding application can be processed for approval.

Signed Financial Agreement Form This required form acknowledges tuition/registration fee payments from parents.

Tuition and Registration Fee Funding Confirmation

Obtain a letter or an email from your selected funding source confirming that your child's family support application has been approved and that summer camp tuition and registration fee will be paid. Letter must also state how much funding has been awarded (e.g. Tuition \$____ Registration Fee \$____)

This confirmation letter/email must be attached and submitted with the summer camp enrollment application.

COVID Guidelines and Contact Tracing

All staff and students participating in the FRIENDS Summer Camp Program will be required to wear masks at all times with the exception meal/snack time and while outdoors.

Staff will follow cleaning protocols with an emphasis on high touch surfaces throughout each camp day.

Proper hand washing by staff and students will be required to maintain a clean and safe camp environment.

Parents are required to conduct daily health screenings on their child prior to arriving at camp. **If your child has ANY of the following symptoms, they must remain at home.**

***fever**

***loss of taste or smell**

***cough**

***vomiting**

***sore throat**

***shortness of breath**

***muscle aches**

***chills**

Staff and Students who test positive for COVID will be required to quarantine at home for a minimum of **10 calendar days**. This may require an entire classroom to quarantine. If this occurs, parents and close contacts will be notified immediately by camp administration. Alternatively, if a staff member or a student remains symptom-free and gets tested for COVID on **DAY 5** of the quarantine or later and their results are **NEGATIVE**, they may return to camp on **DAY 8** of quarantine. Tuition received from the funding source or from a parent who submitted tuition payments privately, will be refunded at the end of camp for the week(s) their child was absent.

Quarantine Timeline

DAY 1: Quarantine (the day after first exposure)

DAY 5: Quarantine (if no symptoms, 1st day to take COVID test)

DAY 8: Possible return to school (no symptoms and **NEGATIVE COVID test administered on DAY 5 or later**)

DAY 11: Return to camp

Mandatory Parent Meeting

A Mandatory Parent Meeting will be offered prior to the start of camp. Parents of students who have been accepted into the program are required to attend this meeting. Date, location, and time of this meeting will be emailed to all parents.

FRIENDS Financial Agreement Form

Child's Name: _____ Parent's Name: _____

Due to a statewide reduction in family support funding, proactive measures must be taken to ensure that this summer camp program continues to operate in your area.

Please select **one** of the following financial payment options below. Failure to select an option and/or provide payment by the deadlines will result in your child being placed on the waiting list and not being allowed to attend camp until these matters have been resolved.

OPTION 1: Parent/Guardian must pay the first week of tuition and the registration fee by May 1st 2022. If the funding source has provided **full payment** by this date, parental payment is no longer required. Otherwise, parent will continue to pay tuition payments every Monday camp is in session until funding source payments are received. Once payments have been received from funding sources, parents will be refunded at the end of camp.

OPTION 2: Parent/Guardian will obtain individual sponsorships/donations from friends, family, churches, and other community organizations. Funds obtained in this manner will be set aside solely for your child and must be submitted to FRIENDS no later than May 1st, 2022. If family support funding is received in conjunction with these donations and if there is an excess of funds, the remaining funds will be reserved for your child's tuition/registration fees for the following year.

OPTION 3: Parent/Guardian will personally set aside money for their child's summer camp tuition/registration fees. All money saved by the parent will be paid to FRIENDS in one lump sum no later than May 1st, 2022. Once funding has been received from funding sources, parent will be refunded at the end of camp.

**** If FRIENDS receives your child's funding payments from Easter Seals or B&B Services before camp begins, payments from parents will not be required. However, payments from parents will be required if there is a balance owed after all funding has been depleted. Gateway recipients must pay tuition/registration fees in advance due to Gateway not providing tuition/registration payments until after service has been rendered.**

Upon request, FRIENDS staff will conduct phone conferences with each parent to discuss this matter personally and to answer any questions/concerns.

I _____ acknowledge that I have read and fully understand the terms stated in this financial
(Parent/Guardian Name)

agreement and have selected OPTION #: _____. In addition, I agree to adhere to the payment deadlines noted in this agreement and will make payment(s) on time.

Payment Method. Please select one: I will ____ mail a check/money order ____ submit payment via PayPal

Parent/Guardian Signature

Date

FRIENDS Owner/Administrator Signature

Date

Check and money order payments are to be made payable to FRIENDS and mailed to:

FRIENDS

528 Golden Grove Lane

Richmond Hill GA, 31324

****Please include your child's name on the memo line of the check/money order****

PayPal payments link: paypal.me/FRIENDSofcoastalGA. To prevent additional fees, select "send to family or friends" and **do not** select "for goods and services". Enter your **bank account** info (routing and account number) and your debit or credit card numbers. FRIENDS will not have access to any of your banking info. Please include your child's name in the PayPal note area.

F.R.I.E.N.D.S. SUMMER CAMP

ENROLLMENT APPLICATION - SAVANNAH LOCATION

☐ NEW STUDENT ☐ RETURNING STUDENT

Date of Registration: _____

Picture

CHILD INFORMATION

Child's Name	Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
Child's Home Address (include street, city, state, and zip)		Home Phone Number		
Parent/Guardian Name 1		Relationship to Child		
Home Address (Include street, city, state, and zip)		Home Phone Number		
Email Address		Cell Number	Work Number	
Employer Name		Employer Address		
Parent/Guardian Name 2		Relationship to Child		
Home Address (Include street, city, state, and zip)		Home Phone Number		
Email Address		Cell Number	Work Number	
Employer Name		Employer Address		
Child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Legal Guardian				

CAMP T-SHIRT SIZES (select **one** in either Youth or Adult Size)

YOUTH:	<input type="checkbox"/> X Small	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X Large	
ADULT:	<input type="checkbox"/> X Small	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X Large	<input type="checkbox"/> Other: _____

SCHOOL-AGE INFORMATION

Does your child attend school? ☐ Yes ☐ No Child's Age _____ Grade _____

Teachers Name: _____ Teacher's Email _____

School Name: _____ School Address _____ School Phone _____

Current Behavior Intervention Plan (BIP) from your child's school is attached (mandatory) ☐ Yes ☐ No ☐ N/A

Classroom Setting Self Contained Inclusion General Education Other _____

EMERGENCY CONTACT AND RELEASE PERSONS

Please notify F.R.I.E.N.D.S. if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide Government-issued photo identification (driver's license) at the time of pick-up. All persons below must be 18 or older, unless he/she is the parent of the child.

Name Emergency Contact 1	Name Emergency Contact 2
Relationship to Child	Relationship to Child
Home Address (include street, city, state, and zip)	Home Address (include street, city, state, and zip)
Home Phone Number	Home Phone Number
Cell Number	Cell Number
Employer	Employer
Employer Address	Employer Address
Work Number	Work Number

The persons designated in this section will be contacted and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. F.R.I.E.N.D.S. staff will release your child only to you or to those persons you have listed above. If you want a person who is not identified above to pick up your child, you must notify F.R.I.E.N.D.S. staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into F.R.I.E.N.D.S. because you are unable to submit your authorization in writing, we will use your personal information to verify your identity. For all children's safety, it is critical to sign your child in and out. **Please notify emergency contacts that they must bring government-issued identification (driver's license or photo ID) when they pick up your child.**

SUMMER CAMP LOCATION AND HOURS OF OPERATION

Summer Camp Location
Liberty City Church of Christ
1709 Staley Avenue
Savannah, GA 31405
Hours of Operation
Monday-Friday
9 AM - 3 PM

Closed in Observance of Independence Day Friday, July 1st - Monday, July 4th, 2022
Before and After Care is no longer available.

WEEKS IN ATTENDANCE (please select all weeks in which your child will attend Summer Camp)

Week 1 June 6 th - June 10 th 2022 Week 2 June 13 th - June 17 th 2022 Week 3 June 20 th - June 24 th 2022	Week 4 June 27 th - July 1 st 2022 Week 5 July 4 th - July 8 th 2022 Week 6 July 11 th - July 15 th 2022
_____ Total number of weeks in Attendance	

TUITION RATES

The modified 2022 FRIENDS Summer Camp Program is offered to all accepted students for a flat fee of **\$190.00** per child per week. Upon the return of our regularly scheduled 2023 summer camp program, the low, moderate, and high supervision tiers with various tuition rates pertaining to the level of care required per child as well as full and part-time rates will be re-instituted.

Participants must commit to attending all 6 weeks of this program. No part-time rates will be offered at this time.

FUNDING SOURCES

Please select one funding source below. **Contact your selected funding source to obtain their funding application and apply for funding as soon as possible. Parents must obtain a letter or an email from your selected funding source confirming that their child's family support application has been approved and that summer camp tuition and registration fee will be paid. Letter must also state how much funding has been awarded (e.g. Tuition \$____ Registration Fee \$____). This confirmation letter must be attached and submitted with the summer camp enrollment application. F.R.I.E.N.D.S will submit a tuition invoice to the funding source AFTER funding approval has been received. Children who do not have funding approval will be placed on the waiting list and will not be allowed to attend camp until written confirmation of approval has been provided. If you were unable to receive any funding from the sources listed below, please contact F.R.I.E.N.D.S. immediately.**

Easter Seals	B&B Services	Gateway	Private Pay (Out-of-Pocket Payments)
Other _____			

FUNDING SOURCES CONTACT INFORMATION

Easter Seals
 Various Family Support Coordinators
 1906 Palmyra Road
 Albany, GA 31701
 229-439-7061

Gateway Behavioral Health Services
 Verlana Hawkins, Family Support Coordinator
 941 E.G. Miles Parkway
 Hinesville, GA 31313
 912-503-9748
vhawkins@gatewaybhs.org

B & B Services
 Various Family Support Coord's
 P.O. Box 1040
 Springfield, GA 31329
 912-754-0817
fs@bandbcare.com

PARENT/GUARDIAN LICENSE EXEMPTION NOTIFICATION

I have been advised and understand that the F.R.I.E.N.D.S. Summer Camp Program is not licensed and is not required to be licensed by the Bright from the Start division of the Georgia Department of Early Care and Learning.

Parent/Guardian Print	Date
Parent/Guardian Signature	Date
Administrator/Designee Signature	Date

Per the Bright from the Start Georgia Department of Early Care and Learning, F.R.I.E.N.D.S. is **required** to provide and retain written notice regarding our facility not being required to be licensed by the state of Georgia.

ENROLLMENT REGISTRATION INFORMATION

*****PLEASE READ CAREFULLY! REVISIONS TO THIS APPLICATION HAVE BEEN MADE.*****

Check the box in each section listed below to confirm that you have read, understand, and agree with the terms, conditions, and guidelines of this application.

SECTION 1: REGISTRATION FEES AND TUITION

☐ **REGISTRATION FEES:** I understand that an annual, non-refundable Registration Fee of **\$85.00** for the first child and **\$65.00** for each additional child must be paid to enroll my child(ren). Funding Sources currently pay the registration fees for **approved** special needs children only. Funding sources **do not** cover registration fees for typical children (children who have no diagnosed developmental disability). Parents of typical children and parents of special needs children who **are not** approved for funding are financially responsible for the registration fee payment.

SUBMITTING APPLICATIONS: It is preferred that all applications be emailed to info@friendsofcoastalga.com or faxed to FRIENDS at 888-558-9897. Mailed applications can be sent to: **F.R.I.E.N.D.S. 528 Golden Grove Lane Richmond Hill, GA 31324**. Only students with fully completed applications will be added to our rosters. Students with incomplete applications will be added to our waiting list. To ensure all necessary components of the enrollment application have been completed, please refer to the Summer Camp Application Checklist.

RETAINER FEES: To prevent no-shows, unreported vacations, and sudden withdrawals without written two-weeks notification, all **new** students who are accepted into the program and returning students with excessive absences during the previous year, are required to pay a retainer fee equal to your child's assigned one-week's tuition rate. Retainer Fee will be returned at the end of camp **if** the child attends **all weeks** in which they are registered and if prior notification is given for absences due to illness, vacations, and withdrawals. **Retainer Fees are to be mailed and made payable to F.R.I.E.N.D.S. in the form of a check or money order by May 1st.**

☐ **PAYMENT OF TUITION:** The following funding sources generally cover the majority of the cost of summer camp tuition (Easter Seals, Gateway, B&B Services). Please ensure that you have re-applied for tuition funding each year. (Please contact your selected funding source for eligibility requirements and to obtain their funding applications). Once F.R.I.E.N.D.S. receives confirmation of tuition funding approval, a tuition invoice will be sent to the funding source to request payment. Parents will be responsible for payment of any tuition not fully funded by the selected funding source. If tuition is "Private Pay" (out-of-pocket payments), tuition payments are due each Monday your child attends camp.

☐ **LATE OR UNPAID TUITION:** If full payment is not received by the due date, I agree to pay a late payment fee of **\$30 per week** that tuition is not received. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. F.R.I.E.N.D.S. cannot guarantee a child's placement will be reserved when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

☐ **AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement (e.g. Easter Seals, Gateway, and B&B Services, etc.) in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If for any reason any funds received by Easter Seals, B&B, Gateway, or any funding source is not used, these funds will be returned to the appropriate funding agency.

☐ **RETURNED CHECKS:** I understand that a processing fee of **\$25.00** will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six month period, I will be required to pay by an alternate method (cash or money order) of payment for the next six month period.

SECTION 2: ADMISSION PROCEDURES

☐ **APPLICATIONS AND ACCEPTANCE:** All **returning students** are automatically accepted into the program once their enrollment application, BIP, and notification of funding approval from their funding sources have been received. To begin the enrollment process, **new students** are required to complete a camp application, have received notification of funding approval from their funding source, provide a current BIP, and have submitted the Teacher Observation Questionnaire. **Failure to provide any requested info will result in your child being placed on the waiting list.** New student admission is based upon information contained in their BIP, Teacher Observation Questionnaire, and availability. **Parents of returning and new students will be notified of acceptance via email.** All incomplete applications will be returned. If requested information has not been received by the **May 1st** deadline, the application will be denied. **Children with self-injurious behaviors, chronic tantrums, and/or those who have a tendency to physically harm others (biting, hitting, kicking) WILL NOT be accepted into the program. If these behaviors become evident and have a regular reoccurrence AFTER a child has been accepted into the program, this may result in an immediate expulsion and tuition fees will be refunded to the funding source.**

SECTION 3: DAILY PROCEDURE

☐ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using F.R.I.E.N.D.S. attendance procedure. I understand that my child is not permitted to sign him/herself out. I understand that if I am required to enter the school to drop-off and pick-up my child I will escort my child to and from the designated classroom and/or designated area each day.

☐ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up my child upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the camp director. I understand that my child will be re-admitted as long as he/ she has been fever, vomit, and diarrhea-free for at least 24 hours and is no longer contagious.

- ☐ **MODEL RELEASE:** The company, its agents, affiliates, and licensees, ☐ **may** ☐ **may not** use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose. F.R.I.E.N.D.S. takes photos throughout the duration of camp. These photos may be used for the End of Summer Social Slide Show.
- ☐ **PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any images of other children in the school or staff.
- ☐ **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or F.R.I.E.N.D.S.
- ☐ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. If no notification of withdrawal is given and if a Retainer Fee is paid, I understand that the Retainer Fee will not be returned to me. I understand that when my child is withdrawn, she/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable. Refunds for pre-paid tuition will be honored if the Director receives a two week advance notice IN WRITING. If tuition is paid by a funding agency and if a refund is warranted, the refund will be returned to the funding agency only.

SECTION 4: HOLIDAYS, ABSENCES, AND CLOSINGS

- ☐ **HOLIDAYS:** I understand that the school is closed on the following holidays when applicable: **Memorial Day**
I understand that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.
- ☐ **ABSENCES/VACATIONS:** I agree to inform F.R.I.E.N.D.S. immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). All new students who are accepted into the program and returning students with excessive absences during the previous year, are required to pay a Retainer Fee equal to your child's assigned one-week's tuition rate. My regularly contracted tuition rate is due for all weeks when my child attends any part of the week. No credit is given for single day absences. I also understand that if I withdraw my child once camp begins and do not provide two week written notification, my Retainer Fee will not be returned.
- ☐ **INCLEMENT WEATHER OR OTHER DISASTERS:** I understand that it is F.R.I.E.N.D.S. intention to be open and provide the summer camp program every weekday of the summer, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three business days.

SECTION 5: STATE LICENSING AND OUR POLICIES

- ☐ **ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.
- ☐ **NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this agreement are null and void.

SECTION 6A: BREAKFAST, LUNCH, AND SNACKS

☐ Summer Feeding Program(s)

Breakfast and Lunch will not be offered for summer camp 2021. Students are advised to eat breakfast before arriving at camp. Students must pack a lunch and bring a re-usable water bottle each day camp is in session. Due to Covid-19 restrictions, water fountains cannot be used. However, students will be allowed to refill their water bottles at various water re-fill stations.

SECTION 6B: TRANSPORTATION

FRIENDS does not provide transportation to and from camp. Parents must provide or arrange transportation for their child. Savannah/Chatham County students may be eligible to obtain transportation to/from camp via TeleRide by calling 912-354-6900. Transportation via Teleride must be scheduled a week in advance and by Thursday of the previous week in which transportation will be needed. TeleRide operates on "pick-up windows" therefore if your child is to leave camp by 3 PM, parents must select the 2:30 PM pick-up time to prevent late pick-ups. TeleRide transportation is not free. Please contact TeleRide to obtain their rate fees. Parents are also encouraged to contact their selected funding source to determine if transportation costs will be covered.

SECTION 7: AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIP INFORMATION— PLEASE READ CAREFULLY

☐ Field Trip Information

Approximately 2-4 field trips are planned throughout the duration of summer camp. These trips are carefully arranged and will be supervised by an adequate number of staff and/or chaperoning parents/adults. Parents/Guardians will tentatively receive 1-2 weeks advance notice of ALL planned field trips. Field Trip forms detailing what attractions F.R.I.E.N.D.S. will visit and departure/return times will be included on each permission slip. Any child who does not have signed permission from a parent/guardian to participate in field trip activities, will not be permitted to attend and the parent will be required to make alternate childcare arrangements for their child(ren) on that day. No child will be denied access to attend a field trip based upon their inability to pay. If financial hardships hinder a child from attending any field trips, please notify the camp director as soon as possible.

All scheduled staff are **required** to accompany children participating in field trips outings. **No staff will be available at our facility on field trip days for the duration of the field trip.** Parents are encouraged to accompany their child(ren) on field trips when possible.

☐ Field Trip Admission Costs and Field Trip Lunches

Field trip admission costs and restaurant lunches **are not** included in the summer camp tuition and are to be paid prior to the field trip. Parents will be notified via permission slip if lunches will be purchased at a restaurant. The cost of the restaurant lunches will be included on the field trip permission form. Permission form will also note if sack lunches are to be brought from home.

☐ Field Trip Student Conduct

Please understand that F.R.I.E.N.D.S. diligently explores which field trips will be appropriate for our students. However, some behaviors (fleeing/running, throwing items, inability to remain seated for a designated amount of time, etc.) may require that a parent/guardian accompany their child on a field trip. If this becomes a recommendation by the Camp Director, the parent will be notified in person, via phone, or in writing. In addition, if the parent and/or Director deems that a field trip is not appropriate for the child and the parent is unable to accompany the child on the field trip, the parent will be required to make alternate childcare arrangements for their child(ren) on that day.

☐ Field Trip Transportation

FRIENDS will provide field trip transportation via use of the organization's own 15 passenger van. Please notify the Camp Director if your child has a heat intolerance and/or other heat related medical issues. Some scheduled field trips and camp activities will be outside. Please be prepared to make alternate arrangements if your child will be unable to attend a field trip or participate in outdoor activities due to heat intolerance.

☐ Parent/Child Field Trip Transportation Consent

This is to verify that I understand that F.R.I.E.N.D.S. will not be held responsible in case of damage or loss of personal property, personal injury, and any and all claims that may result from any unforeseen accident or event occurring while en route to/from the event or occurring during the event in which I and/or my child will be attending.

I understand and will comply with all policies and procedures included in this Enrollment Agreement.

Parent/Guardian Print	Date
Parent/Guardian Signature	Date
Administrator/Designee Signature	Date

F.R.I.E.N.D.S.
Parental Consent for Use of Physical Restraint

F.R.I.E.N.D.S. seeks permission from parents and guardians for the use of physical restraint when, in extreme circumstances, students pose a threat of imminent serious harm to him/her self or others. **Restraints are always used as a last resort.** Efforts will always be made to de-escalate the situation prior to restraints being used. ABA approved restraint techniques will be administered by trained staff members only.

If used, parents are immediately notified and are requested to report to the site location as soon as possible. As precaution, an incident report is completed, and once parents arrive, the child is thoroughly checked for any self-inflicted injuries that may have been caused by the child during the episode or by the staff member when using the restraint technique (on very rare occasions, minimal bruising may be visible).

I give permission to F.R.I.E.N.D.S. to use physical restraint only when my child poses a threat of imminent serious harm to him/her self or others and when other non-physical interventions have failed.

I do not give permission for F.R.I.E.N.D.S. to use physical restraint on my child.

This permission shall be valid for the current academic year from _____ to _____

Student name

Parent/Guardian name

Date

Parent/Guardian signature

Date

MEDICAL INFORMATION

Child's Name		Date of Birth		Age	
Height	Weight		Hair Color		Eye Color
List Medical Conditions, Medical Diagnosis, and Activity Restrictions (e.g. no lifting, no running, if applicable)					
List all medication and dosage that will be administered regularly during camp. <u>Do not</u> list meds that are only given at home.					
List past/recent surgeries or health conditions (e.g. seizures/heart conditions) and any special care that will be required at camp.					
Special Dietary Needs and/or Dietary Restrictions					
Allergies (list all that apply)					
Medication Allergies			Reaction		
Food Allergies			Reaction		
Other Allergies (environmental- mold, grass, pet dander, etc.)			Reaction		
Are any of the allergies severe or life-threatening? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide special instructions below.					
Is your child potty trained? Yes No					

MEDICAL CARE PROVIDER/FACILITY

I hereby give consent for the facility to secure any and all necessary emergency medical care for my child. In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to transport my child by ambulance, seek medical attention, and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to my child under the general supervision of any physician or surgeon licensed to practice medicine in the State of Georgia.

Parent/Guardian Signature	Date
Primary Care Physician's Name	Practice/Clinic Name and Address
Primary Care Physician's Phone Number	Preferred Hospital for Emergency Care
Health Insurance Provider and Policy Number	Secondary Health Insurance Provider and Policy Number

REQUEST FOR ADMINISTRATION OF MEDICATION

This form is valid for no longer than 12 months. **One** form must be completed for **each** medication

Regulations permit child care providers to dispense prescription and non-prescription medications to children in care under certain conditions. F.R.I.E.N.D.S. must receive prior written permission from the child's parent; written authorization from the child's physician may also be required. If possible, arrange the time of dosage to be when the child is at home.

NON-PRESCRIPTION MEDICATION: A child may receive only one dose of a non-prescription medication each day the child is in care, with the exception of topical medications such as creams and ointments. A licensed health care practitioner must approve the medication and dosage for the child to receive more than one dose during a single day.

PRESCRIPTION MEDICATION: Prescription medications must be stored in a container that has been labeled by the pharmacy or physician and which displays the child's name and an expiration date for the medication. The child may receive medication only according to the written instructions of the health care practitioner, as indicated in writing, or the instructions on the medication label and as provided below.

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Prescription Medication | <input type="checkbox"/> Topical product or lotion |
| <input type="checkbox"/> Non-Prescription Medication | <input type="checkbox"/> Food Supplement |
| <input type="checkbox"/> Refrigeration Required | <input type="checkbox"/> Modified Diet |

Child's Name	Date of Birth	Weight
Name of Medication	Dosage	Administration Time(s) ____ AM ____ PM

Administration Duration From _____ to _____
(Date) (Date)

I/We authorized the staff at F.R.I.E.N.D.S. to administer the above named medication to my/our child.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature(s)	Date

Each administration of medication will be documented by staff on separate form. All dosages must be recorded.