



SUMMER CAMP APPLICATION 2018 CHILD INFORMATION

Name:		
Date of birth:	Age:	Phone:
Current address:		
City:	State:	ZIP Code:
Gender:	Shirt Size:	

PARENT INFORMATION

Mothers Name:		
address:		
City	State	Zip:
Home phone:	Cell Phone:	Work Phone
Place of Work:		

PARENT INFORMATION

Fathers Name:		
Address:		Phone:
City:	State:	ZIP Code:
Place of employment:		

EMERGENCY CONTACT INFORMATION

Name:		
Address	Cell phone:	Work Phone:

MEDICAL INFORMATION

Childs Doctor:		
Doctors address:		How long?
City	State	Zip Code
Phone:		
Policy Number:		

PEOPLE AUTHORIZED TO PICK UP CHILD

Name	Address	Phone

OTHER CHILDREN IN HOUSEHOLD

Name	Name
Name	Name

SIGNATURES

I authorize the verification of the information provided on this form as to my knowledge is correct

Signature of parent:	Date:
Signature of spouse (if applicable)	Date:



The Salvation Army Summer Camp 2018

NAME OF CHILD _____ BIRTHDATE _____

ADDRESS _____

_____ AGE _____ GRADE _____

PARENT'S NAME(S) _____

HOME PHONE () _____ WORK () _____

CELL () _____

BEHAVIOR CONTRACT

(WHILE AT THE SALVATION ARMY OR WALKING TO/FROM OR ON THE VAN)

I understand that The Salvation Army is a Christian organization and that the children who attend are expected to abide by this contract. These are high standards for children, but we do not want to train your children to be anything less than what God would have them to be.

I will respect God and others by

Not speaking in a harmful way to others, this includes, name-calling, cussing, and suggestive talk, arguing with other children, or adults, and raising my voice.

Keeping my hands and feet to myself, No hitting, pushing or in anyway harming another person. If I have a problem, I will find a leader immediately.

Obedying all leaders. If I am asked to sit in a certain place, take part in an activity, participate in all of the programs activities, I will do so with a GOOD ATTITUDE.

I understand that if I am not a GOOD CITIZEN in obeying this contract, my parents will be called and I will be suspended. If I am continually not a GOOD CITIZEN, I will not be allowed to come at all. GOOD ATTITUDES AND GODLY ACTIONS will be rewarded by participation in special events, such as outings, field trips, sleep over, dinners and movies. I understand that I (We) will not hold The Salvation Army responsible or liable for any personal belongings in or around the premises. All personal property will be my responsibility or that of my child/children.

CHILD'S SIGNATURE

PARENT'S SIGNATURE

DATE

“TRAIN UP A CHILD IN THE WAY THAT HE SHOULD GO, AND WHEN HE IS OLD, HE WILL NOT DEPART FROM IT.” PROVERBS 22:6



EMERGENCY MEDICAL RELEASE
Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s) Legal Guardian(s): _____

Address: _____

Home Telephone (_____) _____ Cell telephone(_____) _____

Work Phone(_____) _____

Family Physicians Name/Health care resource: _____

Address: _____

Telephone (_____) _____

Hospital Preference: _____

Medical Insurance Company: _____

Policy # _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____

Home Telephone: _____ Work Phone: _____

Sign in the presence of the Notary

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it _____
(Signature of parent/guardian)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on: _____ (Month) _____ (Day) _____ (Year)

By _____, who is personally known to me or who has produced _____
(name of affiant)

_____ as identification
(Type of identification)

SEAL OF NOTARY

Signed: _____ (signature of notary)



PARENTAL CONSENT FORMS

Automobile Consent

I _____ give permission for The Salvation Army and
Parent/guardian (print name)

Staff Member's to transport my child _____
(Name of child)

To and from The Salvation Army of Sanford. I also give permission for my child to attend field trips which have been organized for the program.

Parent/Guardian signature Date

Movie Consent

I _____ give permission to The Salvation Army to
Parent/Guardian (print name)

Show my Child _____ PG rated movies which have been
Child's name (print name)

Viewed suitable by the Salvation Army staff members.

Parent/guardian Signature Date

Photo Consent

I _____ give permission for The Salvation Army to
Parent/guardian name (please print)

Take Photograph's of my child _____
Name of Child (please print)
for program purposes only

Signature of parent/guardian Date