

**Yellowstone Adventure Camp 2016-2017
Participant Questionnaire & Emergency Contact Information**

Participant's Name: _____

Participant will be entering grade: K 1 2 3 4 5 6

Parent/Guardian Name: _____

Address: _____

Employer: _____ Occupation: _____

Work Address: _____

Email Address: _____ Do you check it daily? yes no

Cell Phone: _____ Home Phone: _____

Work Phone: _____

The best way to contact me is: email cell phone home phone work phone text

Parent/Guardian Name: _____

Address: _____

Employer: _____ Occupation: _____

Work Address: _____

Email Address: _____ Do you check it daily? yes no

Cell Phone: _____ Home Phone: _____

Work Phone: _____

The best way to contact me is: email cell phone home phone work phone text

Other than the above parent/guardian(s), only the following person(s) may remove the participant from care with previous notice. PHOTO ID WILL BE REQUIRED.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yellowstone Adventure Camp 2016-2017
Participant Questionnaire & Emergency Contact Information continued

Participant's Name: _____

Emergency Contact Information (for individual other than parents)

Name: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____

Family Physician:	Child's Dentist:
Physician's Phone:	Dentist's Phone:

Does the participant have allergies? Yes No
If yes, please explain:

Does the participant have any medical conditions we should know about? Yes No
If yes, please explain:

Does the participant have any behavioral issues we should know about? Yes No
If yes, please explain:

Please share any other information that will help us to make the experience a successful one for the participant.

**Yellowstone Adventure Camp 2016-2017
Authorization of Medical Treatment**

In the event of an emergency, please indicate your name and a phone number where you and an authorized person can be reached:

Parent/Guardian Name: _____ Phone: _____
Parent/Guardian Name: _____ Phone: _____
Address: _____
Other authorized person: _____ Phone: _____

I, _____, hereby give permission to Yellowstone Adventure Camp and Gardiner Snoopy Cooperative Preschool to obtain medical or surgical care from a health care facility, physicians or dentists for my child, whose full name is _____ and date of birth is _____, should the need arise. It is understood that a conscientious effort will be made to locate me before action will be taken. If this is not possible, treatment as deemed necessary by the physicians/dentists may be taken. I further consent to transportation of the above named child to the nearest or most appropriate medical facility.

The medical insurance company that covers the above named child is:

Company Name: _____
Company Address: _____
Name of Policy Holder: _____
Policy Number: _____

I authorize the health care facility and attending physicians to submit claims to the above named company and hereby assign benefits directly to this company. I understand that I am financially responsible to providers of service for charges not covered by any insurance payments.

Parent/Guardian Signature

Date

Witness Signature

Date

**Yellowstone Adventure Camp 2016-2017
Permission/Daily Policies Form**

Participant's name: _____ D.O.B. _____

Parent/Guardian name: _____

Field Trip Permission

I give permission for my child to leave the center for outdoor exercise, educational purposes and/or field trips, with the understanding that my child will be accompanied by camp staff and under proper staff supervision at all times.

Parent's Signature _____ Date: _____

Image Permission

Yellowstone Adventure Camp takes photos of our students during camp hours while they are working and playing. We enjoy sharing these photos with you on our private Facebook page and may occasionally use them for promotional purposes (such as a flyer for a fundraiser on Gardiner Snoopy Cooperative Preschool's website). Even though our Facebook page is private and only open to parents of current students, our state license requires that you sign a photo release granting permission for the teacher or a parent to post a picture of your child on the Facebook page. Please grant or decline permission for Gardiner Snoopy Cooperative Preschool (GSCP) to use photos of your child by checking the appropriate box(es) below.

I authorize GSCP to post my child's picture on a PRIVATE Yellowstone Adventure Camp Facebook page.

I authorize GSCP to utilize photographs and/or audio and video recordings of any member of my family for promotional materials including camp brochures, fundraiser flyers, and the GSCP webpage.

I decline the opportunity for GSCP to utilize photographs/and or audio and video recordings of my child.

Parent's Signature _____ Date: _____

Sunscreen Permission

I give permission for Yellowstone Adventure Camp to help my child apply sunscreen when necessary and will send sunscreen with my child every day.

Parent's Signature _____ Date: _____

Insect Repellant Permission

I give permission for Yellowstone Adventure Camp to help my child apply insect repellant when necessary and will send insect repellant with my child every day.

Parent's Signature _____ Date: _____

Yellowstone Adventure Camp 2016-2017

Appropriate Clothing

I understand that my child will be spending a significant amount of time outside, rain or shine. I agree to always send them with weather appropriate clothing. This includes, but is not limited to, the following: sun hat or ball cap, rain coat, sturdy shoes, sunglasses, a dry change of clothes, and other necessary items. **Please initial:** _____

Food

I understand that my child will be participating in energy-intensive activities. Thus, I agree to send my child daily with a hearty and healthy lunch and at least 2 snacks for them to enjoy throughout their daily activities. I understand that this food needs to sustain and satiate my child until pick-up time. **Please initial:** _____

Student Code of Conduct

Our goal is to provide an excellent experience for all camp participants. This includes ensuring that every child has the right to feel safe, to feel valued, to receive individualized attention, and that no child has the right to impinge on those same rights of others in the community. Students are always expected to conduct themselves in an orderly, polite, and safe manner and to adhere to the following behavior guidelines: show respect for self, others, environment, and all living things; demonstrate personal responsibility for actions, personal and community belongings, and group activities; and demonstrate self-control by using one's body and words in a kind and honest manner. **Please initial:** _____

Disciplinary Philosophy

When problems arise, we will engage in a variety of conflict resolution strategies, redirection, and, if necessary, a child will be asked to take a break from their current activity. If none of these strategies assist the child in joining appropriately in the social and academic environment that best serves the community as a whole, a parent or guardian may be contacted for consultation and assistance. If a student's behavior proves a significant danger to themselves, the group, or their teachers, a parent or guardian may be asked to come pick their child up and remove them from the program for the remainder of the day.

Please initial: _____

I have read, understand, and will follow the information in the YAC Student and Parent Handbook. **Please initial:** _____

By signing below, my child and I acknowledge that we have thoroughly read and understood all provided information. We agree to adhere to all policies and procedures.

Parent/Guardian Signature

Date