



# Kids Creative Summer Camp 2010 Application

July 6-August 13, 2010

### Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Grade Fall '10: \_\_\_\_\_

Past Kids Creative/Create-A-Play Programs Enrolled In: \_\_\_\_\_

T-shirt size: (Check one) Youth Sizes:  XS  S  M  L OR Adult Sizes:  S  M  L  XL

### Parent/Guardian Information:

Parent/Guardian #1: \_\_\_\_\_ Parent/Guardian #2: \_\_\_\_\_

Best Phone #: \_\_\_\_\_ Best Phone #: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Emergency Contact:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### The following adults are authorized to pick up my child (if different than above):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*You have the responsibility to inform us if someone is not legally permitted to pick up your child or if someone other than those listed above is picking up your child.*

**My child is authorized to go home alone:** Yes/No Parent Signature \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Applying for (Check one):  6-Weeks (July 6-August 13) OR

2-Weeks:  Session 1, July 6-16;  Session 2, July 19-30;  Session 3, August 2-15

Cost: \$2,500 for 6 weeks; \$1,000 for each 2-Week CAP Express Session

\$50/week extra for Early Drop off (8:00-8:30 AM) and Late Pick Up (5:30-6:00 PM)

Siblings receive a \$200 discount; Refer a friend who registers--\$100 discount!

(Sorry, no double discounts)

**NOTE: To apply for a scholarship, you must fill out the full application with all attachments.**

The registration fee includes a \$300 deposit. No refunds after April 1st. Full balance due May 15<sup>th</sup>.

Please return this form with tuition by cash or check made payable to:

**Kids Creative, 32 Broadway, Suite 1801, New York, NY 10004**

**OR Fax the forms to (347) 487-3914**

Pay by credit card online at [www.paypal.com](http://www.paypal.com) - Payee [info@kidscreative.org](mailto:info@kidscreative.org)

Questions? Call: 646-485-5123 or Email [summer@kidscreative.org](mailto:summer@kidscreative.org)

## Kids Creative Summer Camp 2010 Medical Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If not available in an emergency, notify

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

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Health History (check all that apply, giving approximate dates of immunization where indicated. You must also submit a recent physical and immunization records):

### Allergies

### Immunization Date:

Ear infections <input type="checkbox"/>	Asthma <input type="checkbox"/>	Mononucleosis <input type="checkbox"/> _____
Heart defect/disease <input type="checkbox"/>	Hay fever <input type="checkbox"/>	Chicken pox <input type="checkbox"/> _____
Convulsions <input type="checkbox"/>	Insect sting <input type="checkbox"/>	Measles <input type="checkbox"/> _____
Diabetes <input type="checkbox"/>	Penicillin <input type="checkbox"/>	Mumps <input type="checkbox"/> _____
	Other <input type="checkbox"/> _____	Rubella <input type="checkbox"/> _____
		Diphtheria <input type="checkbox"/> _____
		Haemophilus Influenza Type B <input type="checkbox"/> _____
		Tetanus <input type="checkbox"/> _____
		Hepatitis B <input type="checkbox"/> _____
		Polio <input type="checkbox"/> _____

Operations or serious injuries (dates): \_\_\_\_\_

Dietary modifications: \_\_\_\_\_

Current medications (send with instructions): \_\_\_\_\_

Other conditions or details of above: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

Suggestions or health related information for camp personnel:

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This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# Kids Creative's Summer Camp 2010

## TERMS AND CONDITIONS

For participation in the Kids Creative Summer Camp ("Program"), I understand and agree:

- 1) That the application and other forms and any fees must be submitted prior to my child's participation in the Program;
- 2) That the Program requires my child to meet certain standards of behavior and that if my child fails to behave or demonstrates unsatisfactory conduct, the Program has the right to dismiss my child from the Program;
- 3) That if my child is not picked up by 5:30 PM or 6:00 PM if I sign up for "Late Pickup", I agree to pay lateness fees according to Program policy, and that my child, in accordance with Department of Education policy, may be taken to the local Police Precinct in the event no one is available to supervise my child after 6:00 PM;
- 4) That if my child is injured and requires medical attention and I cannot be reached for instructions, I do hereby give authority to Kids Creative to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible;
- 5) That during the Program, my child may be photographed, recorded and/or videotaped by Kids Creative personnel or its authorized agents exclusively for internal and/or promotional use;
- 6) That all characters, music, recordings and any other intellectual property created in the Program are the sole property of Kids Creative 404, Inc. I understand that Kids Creative 404, Inc. may use or reproduce any and all material created in any Kids Creative program in future Kids Creative 404, Inc. endeavors;
- 7) That the Program may involve trips outside the school building supervised by Kids Creative staff. I give my child permission to go on any such trips organized as part of the Program, including (but not limited to) neighborhood libraries, parks, museums, and other schools;
- 8) That in consideration of conducting the Kids Creative Summer Camp and by allowing my child to participate in such program, I hereby release and forever discharge Kids Creative 404, Inc., and its officers, board, volunteers, employees, contractors, affiliates, partners and agents from any liability arising out of or based upon any bodily injury or property damage which may be sustained by my child while participating in such program;

Child's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Kids Creative Expectations**

*(Parents/Guardians, please review this with your child)*

Kids Creative programs are communities in which every participant is entitled to feel safe, comfortable and secure. We are committed to ensuring that every child is able to enjoy and benefit from our programs. We ask that all campers and families be committed to helping create this community by taking safety, constructive participation and appropriate behavior seriously. This entails a willingness to abide by the guidelines established by the program.

### **For Campers:**

**As a Kids Creative camper I promise that I will:**

- Always try to do my best to contribute creatively.
- Be kind, helpful and cooperate with my classmates to create something together.
- Give each lesson my full attention and allow others do the same.
- I will listen carefully to rules and instructions and ask questions when I do not understand.
- Show respect for myself, other people and all of our ideas.
- Respect other people's feelings and right to be heard when I share my ideas and feedback
- Show respect for the camp facilities and other people's things.
- Avoid any behavior that may result in me hurting myself or someone else.
- I will **stay with my group at all times**
- If a teacher asks me to stop what I am doing, I will stop immediately. If I need to ask why, I will do so in a calm, respectful manner **after** I stop.
- Believe in myself, in my classmates and our creative power.

### **For Parents/Guardians:**

**As a Kids Creative parent or guardian I will:**

- Help my child understand and follow all behavioral guidelines.
- Read and understand the Kids Creative Procedures for Positive and Negative Consequences.
- Respond to any notification indicating that my child's behavior undermines his or her ability, or the ability of other children, to enjoy, benefit from and participate safely in the program.
- Collaborate with the Kids Creative staff to address any issue of behavior that may arise.
- Acknowledge Kids Creative's right to temporarily or permanently suspend my child from camp if they display behavior that undermines his or her ability, or the ability of other children, to enjoy, benefit from and participate safely in the program.
- Arrange for my child to be picked up by 5:30 PM every day (6:00 PM if signed up for late pickup).
- Notify the Camp staff if my child will be absent at least 24 hours in advance and, if possible, call the camp if my child has to be late or miss a day due to sickness or other unforeseen circumstances.

We agree to abide by and support the guidelines set forth.

\_\_\_\_\_  
Camper Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Name and Signature

\_\_\_\_\_  
Date

### **Teacher/Education Professional Recommendation (MANDATORY FOR NEW CAMPERS):**

Please read the above behavior expectations. Do you believe that the above named camper will be able to fulfill these requirements this summer? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Unsure

How long and in what capacity have you known this child?

\_\_\_\_\_  
School and Class

\_\_\_\_\_  
Contact info (best way to reach you in case we have questions)

\_\_\_\_\_  
Teacher Name and Signature

\_\_\_\_\_  
Date