

**Julington Creek Plantation CDD**

# **Registration Forms**

**Summer Camp Adventure 2008**

Please fill out information included in packet.

**Please do not mark any dates until availability is confirmed at registration.**

**Please do not fill out the amount on your check until availability is confirmed at registration. Checks will be made payable to JCPCDD.**

**All program fees are non-refundable.**

**Julington Creek Plantation CDD**  
**Camp Adventure 2008 Registration Form**

**Child Information**

Child's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Subdivision \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

**Parent Information**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Mother's Address \_\_\_\_\_  
Father's Address (if different) \_\_\_\_\_  
Mother's Home Phone \_\_\_\_\_ Father's Home Phone (if different) \_\_\_\_\_  
Mother's Day time Phone \_\_\_\_\_ Father's Day time Phone \_\_\_\_\_  
Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

**Person Permitted to Remove Child :**

Mother Y N and/or Father Y N  
Additional (see attached form) Y N

**Legal Custody:**

Mother Only  Father Only  Both Parents   
Legal Guardian

**Emergency Information**

Persons to be contacted in case of illness, accident or emergency if parents or guardian cannot be reached, and authorized to remove child from facility.  
**Identification will be required.**

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_  
Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Name \_\_\_\_\_ Relation to Child \_\_\_\_\_  
Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_ Preferred Hospital \_\_\_\_\_  
Medication Taken \_\_\_\_\_  
Known allergies \_\_\_\_\_  
Other important medical information \_\_\_\_\_  
Please list any physical limitations \_\_\_\_\_

**No Refunds**

I hereby agree to inform the JCPCDD Camp Adventure Administrator of any changes in my child's scheduled attendance in writing. I understand that the weekly deposit is non-refundable. Notification of change or cancellation is required in writing 72 hrs. in advance of child's attendance. If a cancellation of an entire session is made in writing 72 hrs. before the session begins, a refund may be given.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



**Julington Creek Plantation CDD**  
**Camp Adventure 2008 Parent Pickup Authorization Form**

**Child's Name:**

\_\_\_\_\_

Please list all possible persons permitted to check your child out from Camp Adventure. Any additions to this list must be made in person by the parent/guardian who completed the registration form. You will need to present a driver's license to make changes.

1. \_\_\_\_\_ (Name) \_\_\_\_\_ (Daytime Phone Number)

2. \_\_\_\_\_ (Name) \_\_\_\_\_ (Daytime Phone Number)

3. \_\_\_\_\_ (Name) \_\_\_\_\_ (Daytime Phone Number)

4. \_\_\_\_\_ (Name) \_\_\_\_\_ (Daytime Phone Number)

5. \_\_\_\_\_ (Name) \_\_\_\_\_ (Daytime Phone Number)

**\*\*Remember we will be checking ID at the time of checkout.  
Please inform all authorized persons of this policy.  
Thank you.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Julington Creek Plantation CDD**  
**Camp Adventure 2008 Authorization for Medication**

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

Medicine: \_\_\_\_\_

Time to be given: \_\_\_\_\_

Amount to be given: \_\_\_\_\_

Special instructions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Known allergies: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Sign below, if form is not applicable to  
your child:**

\_\_\_\_\_  
(Parent or Guardian Signature)

**Julington Creek Plantation CDD**  
**Camp Adventure 2008 Behavior Policy**

For the safety and enjoyment of all the children we have the following policy in place:

- First, a verbal warning is given.
- Second, a written warning is sent home with the child.
- As a last resort, if the written warning is not heeded, the child will be suspended from Camp Adventure.

If your child should create a disturbance and become unmanageable, we will be required to have a parent or guardian pick up your child. Future attendance at Camp Adventure will be reviewed on a case-by-case basis by staff. There will be NO refunds if your child is released from any program.

The following is a section of the Camp Adventure waiver that you signed.

**While the Julington Creek CDD will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the JCPCDD will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy JCPCDD programs. Any of the above reasons will be grounds for dismissal from JCPCDD Programs. We strongly recommend that you discuss with the JCPCDD staff any special conditions of circumstances involving your child. We request that you do this PRIOR to registration so that we can advise you as to whether we can make reasonable accommodations for your child.**

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Child's Name

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Parent's Signature

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Date