



Sports of All Sorts Registration Form

Office use onlyStart Date _____ Signed Contract _____
Reg. Fee Paid _____ Health Appraisal _____

Elementary School Your Child Attends _____

Grade Just Completed _____

All information must be filled out in order for your child to be enrolled.

Child's Full Name _____ Age _____ Sex _____ Race _____

Address _____ Home Phone # _____
Street City State Zip

Birthdate _____ Siblings in Sports of All Sorts Camp (full names) _____

Mother/Guardian Name _____ Home Phone # _____

Address _____ Employer/School Phone # _____
Street City State Zip**Mother's Cell Phone #** _____ **Mother's Email** _____Mother's Employer/School _____ Employer's/School Address _____
Street City State Zip

Father/Guardian Name _____ Home Phone # _____

Address _____ Employer Phone # _____
Street City State Zip**Father's Cell Phone #** _____ **Father's Email** _____Father's Employer _____ Employer's Address _____
Street City State Zip**Person Responsible for Payment (if different from above, list name, address & phone):** _____**In Case of Emergency (parents not available) Contact (must have at least 2 contacts):**

1. Name _____ Phone# _____ Address _____

2. Name _____ Phone # _____ Address _____

Persons to whom Summer Day Camp personnel may release my child other than parents:

1. Name _____ Phone # _____ Address _____

2. Name _____ Phone # _____ Address _____

If child lives in a one-parent home, does information need to be sent to an absentee parent? Yes No

1. Name _____ Phone # _____ Address _____

Child's Physician or source of medical care:

1. Name _____ Phone # _____ Address _____

List any allergies or special conditions your child may have: _____

Please list any medications your child is taking, dosage and time: _____

List Child's Health Insurance Coverage _____ Policy # _____

For children not already enrolled in the Before and After School Age Care Program, a non-refundable registration fee of \$25 is required for registration in Lancaster Rec Camp programs. Make checks payable to "Lancaster Recreation Commission" (LRC), and mail this complete form and payment to 525 Fairview Avenue, Lancaster, PA 17603.***Please read and sign the other side.***

Contract for Child Care Services at Lancaster Rec's Sports of All Sorts Summer Camp

1. I agree to pay in advance for each week my child(ren) is/are registered. I understand that payment is due the Thursday before the week service is needed. Any fee paid after Friday at 6:00 p.m. is subject to a \$5.00 late fee.
2. I understand the basic weekly fees are \$130.00/week, \$35/day (15% siblings discount). Fees include field trips and camp t-shirt. There is no return of fee if child is ill or fails to attend.
3. I agree to pay overtime fees of \$1.00/minute whenever my child(ren) is/are cared for before or after Summer Camp hours regardless of the reason for my being early or late. I also understand that I may be asked to remove my child(ren) from the program if overtime is habitual.
4. I understand that an unpaid balance may result in denial of services. I understand that there is a \$20.00 charge for all returned checks and that checks are to be made payable to Lancaster Rec. I understand that it is my responsibility to keep statements, receipts, or canceled checks for income tax purposes. The Lancaster Recreation Commission's federal ID number is 23-1352353.
5. I understand that my child(ren) may not be left on Summer Camp grounds without supervision. I agree to walk my child(ren) into the Summer Camp Program each morning and to be sure a Summer Camp staff member is present before releasing my child(ren). I understand that staff are not prepared to accept my child(ren) until 6:30 a.m. I will sign my child(ren) in each morning and/or out each evening. Transportation home from the program will be provided by a parent or other designated person.
6. I understand that all forms required must be completed and on file before my child(ren) may attend. These include the registration form, the schedule card, emergency card, this contract for services, and a health appraisal from must be on file, in addition, a NEW health appraisal is required for all preschool, Kindergarten and Sixth grade students.
7. I understand that staff must release children to all parents unless a court order is provided to the Summer Camp. I agree to give to the Lancaster Rec a list of all persons authorized to pick up my child(ren). I understand that I need to give my written permission allowing staff to release my child to any individual other than the parent/guardian or those persons listed on this registration form.
8. I agree to follow all parking procedures mandated by the program when I drop off and/or pick up my child(ren). I understand that failure to do so may affect my child(ren)'s enrollment in the program.
9. I give permission for my child(ren) to view PG movies.
10. I give permission for my child(ren) to take part in Lancaster Rec swimming activities.
11. I understand that no medication is administered unless I fill out the medication log completely. Written instructions from a physician are required for medication administered for ten or more days, or on an as-needed basis. Only Site Supervisors are allowed to administer prescribed medications. All medication must be in the original prescription bottle. I have filled out an emergency card stating my instructions in case of an emergency.
12. I understand that Summer Camp children go on walking and mid-bus excursions. Information on weekly field trips will be furnished. I agree that my child(ren) may participate in these trips.
 - I agree to support and reinforce Camp rules and procedures that concern the health and safety of the children.
 - I give permission for the Camp staff to administer basic first aid. I give my consent for Camp to obtain Emergency Medical Care for my child. I understand that my child(ren) may not attend Camp with any illness that threatens the health of other children, and the Health Department regulations governing periods of infection are enforced. I will be asked to pick up my child from the program if he/she has a contagious illness.
 - I understand that Camp is a licensed child care program and that staff are mandated reporters who are required to report any evidence of suspected abuse to the County Children and Youth Agency.
13. In accordance with applicable Federal and State civil rights laws and regulatory requirements, you and your children, as clients of the Lancaster Rec, have the right:
 - To be provided services by the Lancaster Rec and to be referred for services at other facilities without regard to your race, color, religious creed, disability, ancestry, national origin, age or sex.
 - Program services shall be made accessible to persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to equipment redesign, the provisions of aids, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.
 - If you feel you have been discriminated against on the basis of your race, color, religious creed, disability, ancestry, national origin, age or sex, complaints of discrimination may be filed with any of the following:

Department of Public Welfare Bureau of Equal Opportunity Room 521, Health & Welfare Bldg. P.O. Box 2675 Harrisburg, PA 17105	U.S. Dept. of Health & Human Serv. Office of Civil Rights Suite 372, Public Ledger Bldg. 150 S. Independence Mall West Philadelphia, PA 19106-9111	PA Human Relations Comm. Harrisburg Regional Office Riverfront Office Center 1101 S. Front St., 5th Floor Harrisburg, PA 17104 P.O. Box 61260	Bureau of Equal Opportunity Central Regional Office Cameron & Maclay Street Bldg. 56, Patton House Harrisburg, PA 17106-1260
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14. The Lancaster Rec may use any photographs or video tapes of me or my child(ren) for promotional purposes.
15. I will notify the Children's Services Department office at the Lancaster Rec of any change on the Registration Form.
16. I understand that I may be asked to withdraw my child(ren) if his/her behavior patterns threaten his/her own health and safety or that of other children. The established discipline procedure will be followed, but severe infractions of the rules may result in immediate dismissal from the program.
17. I waive any claim against the School District of Lancaster, the City of Lancaster, Lancaster Township, and the Lancaster Rec for bodily injury or property damage suffered by my child(ren) while he/she is a participant in the Lancaster Rec Program at any location.
18. In order to provide clients equal access to programs and services the Lancaster Recreation Commission will provide any person or persons Limited English Proficiency (LEP) competent, free language assistance services. These services include, but are not limited to, interpreter services, sign language and any other means necessary to provide fair and equal access to services.
19. I have read and understand the Lancaster Rec Summer Day Camp Brochure and agree to abide by all rules and regulations of the program.
20. I have received, read, understand & will follow the policies in the Children Services Family Handbook and I have been given the opportunity to ask questions about the handbook.
21. I understand that if my Child Care Information Services funding is discontinued I am responsible to pay the entire fee.
22. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write, USDA, Director, Office of Civil rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD).
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24. Parent Signature _____ Lancaster Rec _____ Date _____