



# Day Camp/Teen Center

(One form per child)

Childs Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group #: \_\_\_\_\_

Any physical problems or allergies: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_ do hereby release discharge and forever hold harmless, the City of Beaumont its members or agents, owners and managers of action, cause of action, suits, proceedings, damages, claims and demands whatsoever in law or equity from act negligently. Intentionally or criminally committed, which I have or may have, or which my heirs' executors and administrators can, shall or may have for any reason, matter, or cause whatsoever from this day forward. I have received the policies and procedures of the City of Beaumont Community Services Department. I have read this agreement and application for entry and know and understand its contents and agree to its terms.

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

\_\_\_\_\_  
Date

**SCHOOL YEAR 2018/2019**

**START DATE: \_\_\_\_\_ STAFF: \_\_\_\_\_**

**POLICY:**

- Parents are to sign in and out children between the hours of 12pm and 6pm
- Parents must have children out of the building no later than 6:00pm.  
Parent/guardian will receive 3 warnings when they are late. After the 3<sup>rd</sup> warning, parent/guardian will need to make an appointment with the Director of Community Services to clear up the issue
- Children must follow all rules for the safety of others and themselves
- Leaders will implement time out or a phone call to parent/guardian if needed

**CODE OF CONDUCT:**

- Behave in a manner your parents and community would be proud of
  - Do not be disrespectful towards leaders or adults
  - Keep your hands to yourself. I.e.: NO hitting, biting, wrestling, shoving, threats or fighting
  - No foul or abusive language will be tolerated
  
- Do the right thing
  - NO tobacco, alcoholic beverages, and illegal drugs are permitted
  - Treat everyone with respect
  - No playing in the restrooms
  - Please leave the facility and grounds as clean as it was when you arrived
  - Report damage or breakage immediately to your leader or other Day Camp staff member

Should Community Services staff consider your conduct unacceptable at any time; your parents/guardians will be contacted to pick you up from the center.

\_\_\_\_\_  
Child Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Signature

Day Camp/Teen Center fees will be \$15.00 per week/per child and must be paid by the end of the week for your child to attend the following week. If you fall behind two or more weeks on payment, your child may not attend until fees are current. Fees are as follows: \$15 per week regardless of child attending one day or all five days a week.

I agree and will pay above fees for each child attending the Beaumont City Day Camp/Teen Center.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Signature

Childs Name: \_\_\_\_\_



# Day Camp/Teen Center

(One form per child)

Staff Int.	Date	Warning #	Explanation of incident <b>Verbal Warnings</b>
		1	
		2	
		3	
			Explanation of incident <b>Letter Sent Home</b>
		1	
		2	
		3	

#3 Letter: Need to set meeting with Director of Community Services and Officer - Please call us at 951-769-8524.

Date of meeting: \_\_\_\_\_ Time of meeting: \_\_\_\_\_

Results of meeting: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Child Signature

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Community Services Director or Designee

\_\_\_\_\_  
 Date