

OCS Summer Camp- Registration Form

Please fill out all areas on this form. If there is a blank that is not applicable, please write N/A in that blank. If you have any questions about completing this form, please contact Samantha Pietryak at ocsummercamp@odyssey.k12.de.us or 302-516-8000 ext.696.

Please send completed registration form and registration fee to Odyssey Charter School (ATTN: Samantha Pietryak). Registration fee is \$30- Cash or Check made payable to Odyssey Charter School with Summer Camp in the memo line!

Sign up before 5/3- Registration Fee only \$15!

Child's Information:

Child's Full Name			
Address			
City	State	Zip	Home Phone
Current Grade	Age	Date of Birth	Gender
Primary Email Address			

Dates Attending (Please check all that apply)

Sign up for 4 weeks or less of camp, each week costs: \$210/wk

Sign up for 5 or more weeks of camp, each week costs: \$185/wk

3-Day week of July 1st costs: \$125

Camp Week	Check if attending
June 24-28	
July 1-3 *3 Day Week*	
July 8-12	
July 15-19	
July 22-July 26	
July 29-August 2	
August 5- August 9	
August 12- August 16	
August 19- August 23	

Please check all that apply:

My child will need BEFORE CARE Services ONLY (\$30 per week, per child)	
My child will need AFTER CARE Services ONLY (\$40 per week, per child)	
My child will need BOTH BEFORE AND AFTER CARE Services (\$55 per week, per child)	

Parent/Guardian and Medical Information: In the event of an emergency, please number, in order of priority, which phone to contact.

Parent/Guardian 1:

Parent/Guardian Full Name				
Address				
City	State	Zip	Cell Phone	Priority
Place of Employment			Work Phone	Priority

Parent/Guardian 2:

Parent/Guardian Full Name				
Address				
City	State	Zip	Cell Phone	Priority
Place of Employment			Work Phone	Priority

Doctor Information:

Doctor's Name	Doctor's Phone Number
Medical Insurance Provider	Policy #

Emergency names, address and phone numbers of **TWO** people to be called in the event that we cannot reach either parent/guardian:

Emergency Contact 1:

Parent/Guardian Full Name				
Address				
City	State	Zip	Cell Phone	Priority
Place of Employment			Work Phone	Priority

Emergency Contact 2:

Parent/Guardian Full Name				
Address				
City	State	Zip	Cell Phone	Priority
Place of Employment			Work Phone	Priority

Additional Information:

Authorized Pick-Up List (in addition to parents and emergency contacts)

Person(s) NOT Authorized for Pick-Up List (<u>appropriate legal paperwork must be on file when the custodial parent requests not to release the child to the other parent</u>)

Please list any ALLERGIES, severity, symptoms of reactions and treatment
Emergency Action Plan (Staff CANNOT administer medications)
Please list all MEDICATIONS taken on a daily basis
Please list ASTHMA, and/or other MEDICAL CONDITIONS

**** STUDENT TRIP PERMISSION ****

I hereby give permission for my child _____ to attend the weekly field trip, under the supervision of parent and summer camp chaperones, and I also give permission for my child to be transported, to and from the field trip location, in the school designated transportation vehicles.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read this information and sign below.

*I understand that my child will not be released to any person(s) not listed on the enrollment form.

*I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.

*I understand that it is my responsibility to sign my child in in the morning and sign my child out before leaving in the afternoon.

*I understand that I am responsible for checking food labels/assuring foods provided at camp for snacks or meals are safe for my child or I will send in safe alternatives.

*I understand there is NO nurse on duty and staff cannot administer medications.

* Behavior Management/Discipline Policy: Odyssey Charter School staff will create a fun and safe environment for participants in the program. Praise and positive reinforcement are used as effective methods of behavior management. Children who do not respond to these methods or who are destructive to others or to property will be dealt with in a professional, positive, and timely manner to correct the behavior. The following procedures will be followed for behavior management. All incident reports will be discussed privately with parents/guardians and a copy of each report will be kept on file at the Odyssey Charter School.

1. In the event a child's behavior is a repeated behavior and cannot be corrected by the Odyssey Charter School Staff with a verbal warning or other form of behavior modification, a first incident report will be written to document and correct behavior. A copy of the report will be given to the parent/guardian the same day as the incident.

2. A second incident report will be written if the behavior is repeated by or new behavior problems occur with the same child. This report will follow the same process as the first, but a one or two day suspension could accompany this report, and no refund will be provided for suspended days. A copy of the report will be given to the parent/guardian the same day as the second incident.

3. A third incident report will be completed using the same process as the first two. The Odyssey Charter School staff will write this report. Staff will provide this report to the parent/guardian. Incident reports will be discussed privately with a parent/guardian by an Odyssey Charter School staff and Director. Dismissal from a program can occur at this time. NOTE: Immediate dismissal from the program can occur at any time given severe circumstances. Refunds for missed days due to a discipline dismissal will not be granted.

I have read and understand the statements above regarding the policies for the OCS Summer Camp.

Parent/Guardian Signature: _____

Date: _____

Waivers and Informed Consent:

By signing this form, I, as parent/guardian, permit Odyssey Charter School, to use pictures of my child(ren) as a program participant in promotional literature, videos, and the Odyssey Charter School website. I understand my child(ren)'s name(s) will not be published. I, as parent/guardian of _____ ("Child"), hereby assume all risks and hazards incidental to the conduct of

the activities at Odyssey Charter School and transportation to and from the activities. My Child is fit for the program(s) in which I have enrolled him/her. I HERELY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS RELEASEES FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY CHILD MAY ALLEGE AGAINST RELEASEES (including reasonable legal fees and costs) AS A DIRECT OR INDIRECT RESULT OF INJURY OR DEATH TO ME OR MY CHILD BECAUSE OF MY CHILD'S PARTITIPATION IN ANY Odyssey Charter School, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES ON MY BEHALF OR ON BEHALF OF MY CHILD REGARDING ANY CLAIM ARISING FROM OR RELATED TO MY CHILD'S PARTICIPATION IN ANY Odyssey Charter School. I ACKNOWLEDGE THAT, BY SIGNING THIS DOCUMENT, I AM RELEASING Odyssey Charter School, AND THEIR REPRESENTATIVES, AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, SPONSORS, PROMOTERS, AND AFFILIATES (COLLECTIVELY "RELEASEES") FROM LIABILITY, AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS SIGN UP AND RELEASE FORM IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES IN WHICH MY CHILD ENGAGES DURING THE SUMMER CAMP AT Odyssey Charter School, REGARDLESS OF WHETHER SUCH ACTIVITY IS A PART OF A FORMAL PROGRAM. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS AND WHAT I AM AGREEING TO BY SIGNING. I understand that no insurance coverage for participants in these activities is provided by the Odyssey Charter School. By registering for this program, I understand that no refunds or proration will be given for any other reason.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Name and Age of Participant(s) (print):
