



2018-2019 Camp Fire Georgia Afterschool Enrollment Form

For Office Use Only

School: \_\_\_\_\_
Membership Fee: \_\_\_\_\_
Registration Date: \_\_\_\_\_

PARTICIPANT INFORMATION

Please Print

Participant Name: \_\_\_\_\_
Last First Middle

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

Birth Date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Grade in Fall \_\_\_ Sex: Male Female

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Home Address: \_\_\_\_\_
(If different from above) Street Address City State Zip

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_
(If different from above) Street Address City State Zip

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

If neither parent/guardian is available in emergency, notify: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

2nd Emergency Contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

The child may be released to the following person(s).
Please include yourself and all other parents, guardians, babysitters, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that it is my responsibility to notify Camp Fire Georgia immediately in the event that any of the above information changes. \_\_\_\_\_ (Initial)



**Doctor Information**

Name of child's primary doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**ALLERGIES** (lists all known allergies, attach additional sheet if needed)

**\*IF YOUR CHILD HAS A FOOD ALLERGY A DOCTORS NOTE MUST BE INCLUDED WITH THE REGISTRATION!\***

Allergies	Type of reaction	Estimated Date of last reaction
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware: \_\_\_\_\_

\_\_\_\_\_

Use this space to provide any additional information about the medication(s) prescribed for long-terms continuous use and pre-existing illness, allergies, or health concerns. \_\_\_\_\_

\_\_\_\_\_

**I understand that Camp Fire Georgia can terminate my child's enrollment in Camp Fire Primetime for any reason including but not limited to incidents of harassment, fighting, bullying, nonpayment, etc. \_\_\_\_\_ (Initial)**

I understand and certify that my child's participation in Camp Fire Programs and its activities is completely voluntary and I have familiarized myself with the programs and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent in Camp Fire Georgia events and program, and I acknowledge that although Camp Fire Georgia has taken safety measures to minimize the risk of injury to camp participants, Camp Fire Georgia cannot insure nor guarantee that participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I may not be notified if my child receives minor treatment or medicines. I further recognize and have instructed my child in the importance of knowing and abiding by the school and Camp Fire Georgia's rules, regulations and procedures for the safety of participants. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Fire Georgia to hospitalize, secure proper treatment for and to order injection and/or surgery for my child as named on this form. If my child is photographed in Camp Fire Georgia programs, I authorize Camp Fire Georgia to use the picture for publicity purposes. I have read and understood the above policy and agree to the terms outlined above as well as in the Camp Fire Georgia Program Handbook. Camp Fire Georgia is exempt from state licensing and carries liability insurance.

Parent Name (Print): \_\_\_\_\_

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

**\*Prior to the start of the school year, you will receive more information regarding the Afterschool program\***





## Camp Fire Georgia Afterschool Payment Understanding and Agreement

Parent/Guardian is to initial next to each showing you understand and agree to the following:

- \_\_\_\_\_ Camp Fire Primetime accepts payment in the form of credit/debit card.
- \_\_\_\_\_ All participants must pay a \$10 yearly membership to be enrolled in the program.
- \_\_\_\_\_ If not paid by noon on Friday a \$5.00 late charge will automatically be assessed. If tuition AND late fees are not paid by Monday of the current week, your child may not return until the balance is paid in full.
- \_\_\_\_\_ One week's written notice is required for withdrawal. If a child is withdrawn without notice, one week's tuition will be charged in lieu of notice.
- \_\_\_\_\_ Late Pick-up Policy: Camp Fire closes at 6:00pm/ A \$1.00 per minute late fee will be charged for late pick ups.
- \_\_\_\_\_ A \$5 fee will be charged for students attending Camp Fire Primetime on early release days. Camp Fire Primetime programing will be available from the time of release until 6:00 pm.
- \_\_\_\_\_ A photo id is required each day, all school year, in order for your child to be picked up at the end of each day.
- \_\_\_\_\_ The afterschool parent handbook is available at [www.campfirega.org](http://www.campfirega.org), I have read, reviewed and agree to the conditions and policies in the parent handbook.
- \_\_\_\_\_ I understand that any information regarding after-school will be communicated in the following 3 ways: Via the email used to register in configio, The RemindApp, and A note send home.

**A \$10 annual membership fee is due at the time of registration and will ensure your child's spot for the 2018-2019. PLEASE NOTE SPACES ARE LIMITED!**

\_\_\_\_\_ I will pay the \$10 membership fee online at [www.campfirega.org](http://www.campfirega.org). I understand a spot will not be held for the child until the membership fee is paid.

**Registration forms and payment can be returned to the address/email below:**

**Camp Fire Georgia/Camp Fire Afterschool**

**92 Camp Toccoa Drive**

**Toccoa, GA 30577**

**[info@camptoccoa.org](mailto:info@camptoccoa.org) / 706-886-2457**



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