



# 2019-2020 Camp Fire Georgia Afterschool Enrollment Form

## PARTICIPANT INFORMATION

**Please Print**

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

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

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade 2019-2020 School Year \_\_\_\_\_ 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: \_\_\_\_\_

2<sup>nd</sup> 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)



**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
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Doctor Information**

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

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 afterschool 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: \_\_\_\_\_





## 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 After-school accepts payment in the form of credit/debit card and will be automatically withdrawn from my account. Cash or check payments are not accepted.

\_\_\_\_\_ All participants must pay a \$10 yearly membership to be enrolled in the program.

\_\_\_\_\_ 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, registration for early release days will be

\_\_\_\_\_ 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

**A \$10 annual membership fee is due at the time of registration and will ensure your child's spot for the 2019-2020. PLEASE NOTE SPACES ARE LIMITED!**

**This paperwork & the online registration must be completed before the child can attend.**

\_\_\_\_\_ 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**

**PLEASE DO NOT RETURN FORMS TO THE SCHOOLS!**



92 Camp Toccoa Drive Toccoa, GA 30577  
Office (706) 886-2457 Fax (706) 886-5123

The following pages are informational, provided by the Bright from the Start, and does not affect enrollment in the Camp Fire afterschool program.

# WIC

## A Special Food and Nutrition Education Program For Women, Infants and Children

### WHO IS ELIGIBLE?

- A pregnant woman
- A breastfeeding woman
- A woman who has recently been pregnant
- An infant or a child less than 5 years old

### SERVICES PROVIDED:

- Nutritious foods
- Nutrition counseling
- Breast feeding support
- Health care referral

### TO BE ELIGIBLE, YOU MUST ALSO:

- Have a low or moderate income
- AND
- Have a special need that can be helped by WIC foods and nutrition counseling

### APPROVED WIC FOODS:

- Milk, cheese, eggs, cereals, peanut butter, fruit or vegetable juices, dry beans or peas, iron fortified formula

**YOU DO NOT HAVE TO BE ON PUBLIC ASSISTANCE TO APPLY.**

**CALL YOUR LOCAL HEALTH DEPARTMENT FOR MORE INFORMATION.**

# Building for the Future

## Meals

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to enrolled participants receiving care.

Providers receive monetary reimbursement for serving nutritious meals that meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the five groups)
Milk Fruit or Vegetable Grains	Milk Meat or meat alternate Grains Fruit Vegetable	Milk Meat or meat alternate Grains Fruit Vegetable

## Participating Facilities

Many different homes and centers operate the CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- ☐ **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and for-profit centers.
- ☐ **Adult Care Centers:** Licensed or approved public or private non-profit and some for-profit centers.
- ☐ **Family Day Care Homes:** Licensed or approved private child care homes.
- ☐ **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- ☐ **Emergency/Homeless Shelters:** Shelters that provide residential and food services to homeless children. Shelters are the only residential programs that may participate.

## Eligibility

State agencies reimburse facilities that offer non-residential day care to the following:

- ☐ children age 12 and under;
- ☐ migrant children age 15 and younger;
- ☐ youths through age 18 in afterschool care programs in needy areas;
- ☐ chronically impaired disabled adults 18 years of age or older; or
- ☐ persons 60 years of age or older in a group setting outside their home.

## Contact Information

This center participates on the CACFP under the sponsoring organization listed below. The CACFP is administered in every state and in Georgia by the agency listed below. Contact one of the following for questions about the CACFP.

Sponsoring Organization/Center  
Name, Address and Contact #

**Camp Fire Georgia**  
**92 Camp Toccoa Dr**  
**Toccoa, GA**  
**30577**  
**706. 886. 2457**

Bright from the Start: Department of Early Care and Learning  
Nutrition Services (Suite 754)  
2 Martin Luther King, Jr. Dr., SE Atlanta, GA 30334  
404-656-5987  
www.dec.state.ga.us

This institution is an equal opportunity provider.





# Georgia WIC Program

Georgia WIC  
 Georgia Department of Public Health  
 2 Peachtree Street, NW  
 10<sup>th</sup> Floor  
 Atlanta, GA 30303  
 Telephone: 1-800-228-9173  
 Website: <http://dph.georgia.gov/WIC>

## INCOME ELIGIBILITY GUIDELINES (Effective from July 1, 2018 to June 30, 2019)

Household size	Reduced Meal Income Limits				
	Annually	Monthly	Twice A Month	Every Two Weeks	Weekly
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
For each additional family member add	+ 7,992	+ 666	+ 333	+ 308	+ 154

