



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)

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, 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, check or money order. Cash is not accepted.

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

_____ All tuition is due on Thursday for the upcoming week or the last Friday of the month for the upcoming month if paying via check or money order.

_____ 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 notice is required for withdrawal. If a child is withdrawn without notice, one week's tuition will be charged in lieu of notice.

_____ If your check returns for any reason, a \$25.00 returned check fee will be added. If more than two checks are returned, Camp Fire will no longer be able to accept checks as payment. It is the responsibility of the parent/guardian to ensure funds are available until payment clears.

_____ Late Pick-up Policy: Camp Fire closes at 6:00pm (Big A, Toccoa and Liberty Elementary). 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 programming will be available from the time of release until 6:00 pm.

_____ The afterschool parent handbook is available at www.campfirega.org, I have read, reviewed and agree to the conditions and policies in the parent handbook.

A \$10 annual membership fee is due at the time of registration and will ensure your child's spot for the 2016-2017 school year.

_____ \$10 check/money order enclosed

_____ I will pay the \$10 membership fee online at 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 / 706-886-24



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