Bright Star
After School Program & Day Camp

Student Application

Child: _____
Last Name **First Name** **MI**

_____ _____ _____ ❑ M ❑ F
Date of Birth **Social Security No.** **Place of Birth** **Sex**

_____ _____
Address **Apt.#**

_____ _____ _____
City **State** **Zip Code**

Home Telephone: _____

School Information
School Name:_____
Address:_____
_____
Telephone Number: _____

Teachers Name:_____

Grade:_____ **Dismissal Time:** _____3:00pm _____3:40pm

Parent/Guardian: _____
Last Name **First Name**

_____ _____ _____
Relationship To child **Daytime Telephone** **Cell Phone or Pager**

Emergency Contact: _____
(Must be at least 18yrs old) **Name**

Contact Address: _____

_____

Telephone: _____ **Relationship To Child:** _____

(Please Complete The Reverse Side)

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Doctor's Name: _____ **Telephone:** _____

Hospital/Clinic Affiliation: _____

Medical Information (To be completed by Parent/Guardian)

_____	_____	_____	_____
Height	**Weight**	**Eye Color**	**Date of Last Physical**

Allergies (please specify)

_____ _____ _____

_____ _____ _____

List All Limitations

- _____
- _____
- _____

Use of Adaptive Devices (e.g., glasses, hearing aide, prosthesis, etc.)

Specify: _____

_____

Identifying Mark: _____

Disclaimer

Bright Star After School Program and Day Camp
Assumes no liability for injury, loss, etc.

_____ _____

Parent/Guardian's Signature **Date**

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Parental Consent for Emergency Care

*I*_____ *hereby warrant that to the best of my*
(Parent or Guardian)
*knowledge, my child*_____ *is in good health, and*
(Student's Name)
I assume all responsibility for the health of my child. In the event of an emergency I hereby give permission to the Staff members of Bright Star After School and Day Camp to transport my child to a hospital for emergency medical treatment.

Signature: _____ *Date:* _____

Phone Number: _____

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Pick-Up Authorization

Dear Parent/Guardian:

Please list all of the people who are authorized to pick-up your child. Please note, we will not release your child to anyone other than those listed on this authorization sheet. The authorized person must be at least 18 years of age. If the authorized person is under the age of 18, please sign in the appropriate space provided in section II.

I. ❑ *The following person(s) is authorized to pick-up my child*

Name	*Relationship to Child*
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Parent/Guardian Signature*_____ *Date*_____

II. ❑ *I give my child permission to be escorted home by an under age sibling/friend.*

*Name of Escort*_____ *Age*_____
*Relationship to Child*_____

*Parent/Guardian Signature*_____ *Date*_____

III. ❑ *I give my child permission to walk home unescorted.*

*Time to Dismiss Child*_____

*Parent/Guardian Signature*_____ *Date*_____

Bright Star
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Code of Conduct

All campers must conform to the following discipline protocol in order to remain a camper at the Bright Star After School and Day Camp:

1) All parents support Bright Star rules of conduct and reinforce them with their children.
2) All camp enrollees respect all adults and camp authorities

3) No Swearing or Cursing

4) No Fighting

5) No Stealing

6) Respect the property of others

7) All students must raise their hands to speak

8) No offensive gestures or statements will be tolerated from anyone.

9) Bright star reserves the right to revoke any enrollee's admission at any time for Any or all infraction(s) herein listed.
10) Students who evidence discipline problems will be subject to any one or more of a series of non-corporal, punitive initiatives:

A. **Time Out**– A child is asked to sit out of activities to reflect upon their infraction and to think about how they could have better reacted in the situation leading to the time out.

B. **Restriction**– Child must stay close to the assigned counselor and only engages in activities as the counselor permits. During this time the counselor will quiz the camper as to his behavior to see what the camper has learned from his experience.

C. **Print Shop**– A child must write a paper (3 pages) or a story (5 pages) about the problem. They must explain what the problem was, why the problem was and what can be done to insure that it does not happen again. They must then sign a behavior contract with the counselor.

11) All camp staff will respect campers and purposefully attempt to assist campers

with any concerns they bring to the staff's attention.

12) Disruptive or inappropriate behavior will be addressed immediately through the appropriate chain of command and vis-à-vis paragraph 8. Immediate consultation with parent(s) will be sought.

Discipline problems with campers will first be addressed by the camp staff member witnessing or experiencing the difficulty. The camp staff person will seek to encourage corrected behavior. Should the camper remain resistant, the staff member should identify the child's counselor and report the problem verbally, initially and follow up in writing. The written report should explain in detail what transpired and should become a part of the child's camp file. The counselor will address the child with a goal of bringing the child to the understanding of the actual and probable impact of his/her actions and showing the child the need for the rules they violated. Should the child continue to be rebellious, the child will receive counsel from a supervisory staff member. If the child refuses to correct their behavior, the parents will be called for a family counseling session with the child's counselor and Director or Assistant Director. The parent and counselors will work together to resolve the issue. However, should the problem continue without abatement and begin to negatively impact upon the balance of the group, the matter will be brought to the parents' attention who will be informed that Bright Star is considering dropping the camper from enrollment. The parent may meet with the Director to discuss the possibility of the child's continuance in the program. The final decision rests with the director as to the eventual status of the child's enrollment.

Disclaimer

I, _____, parent of _____, a participant of the Bright Star After School and Day Camp (hereinafter referred to as Bright Star), do hereby depose and state that I understand my child/children will be transported to the Bright Star After School and Day Camp facility. I assume full responsibility for any injury my child/children may sustain while being transported and /or during his/her participation in any and all Bright Star activities. I will hold Bright and its assigns and employees free from all harm and liability

I have read and do understand the above disciplinary code and procedures of the Bright Star After School and Summer Day Camp and agree to reinforce them with my child.

X_____ _____

(Parent Signature) Date

HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS

(This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM _____

_____ (CHILD'S LAST NAME) _____ (FIRST NAME) ___/___/___ (BIRTHDATE) M☐ F☐ (SEX)

Home Address: _____ Phone: _____

Parent or Guardian: _____ Phone: _____

Place of Employment: Father (Guardian) _____ Phone: _____

Mother (Guardian) _____ Phone: _____

In case of emergency, notify: _____ Phone: _____

If Parent, Guardian are not available in an emergency, notify:

1. _____ Phone: _____

or 2. _____ Phone: _____

Important: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance:
Yes ☐ No ☐ (If yes, state type of exposure: _____)

HEALTH HISTORY: (Check, giving approximate dates)

	Allergies	**Diseases**
Ear Infections _____	Hay Fever _____	Chicken Pox _____
Rheumatic Fever _____	Ivy Poisoning, etc. _____	Measles _____
Convulsion _____	Insect Stings _____	German Measles _____
Diabetes _____	Penicillin _____	Mumps _____
Behavior _____	Other Drugs _____	Other Contagious Illnesses _____
Asthma _____		

Other Past Illnesses _____

Operations or Serious Injuries (Dates) _____

Hospitalization (Dates) _____

Chronic or Recurring Illness _____

Any specific activities to be encouraged? _____

Conditions that require activity to be restricted? _____

Permission for all program activities unless otherwise noted by Dr. _____

Appliance worn (glasses, contacts, etc.) _____

Medication taken _____

Suggestion from Parent/Guardian _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship _____ Signature _____ Date _____ Tele.# _____

PHYSICAL EXAMINATION

(To be filled out by Physician - please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information which will help to serve the needs of this child in Day Camps and Afterschool and Youth Center programs.

IMMUNIZATION HISTORY - This is a record of dates of basic immunization and most recent booster doses.

DPaP, DTP or TD	Date _____	Date _____	Date _____	Date _____	Date _____
Polio	Date _____	Date _____	Date _____	Date _____	Date _____
MMR	Date _____	Date _____			
Hemophilus Influenzae type b		Date _____	Date _____	Date _____	Date _____
Hepatitis B	Date _____	Date _____	Date _____		
Varicella	Date _____	Date _____			
Other _____				Date _____	Date _____

MEDICAL EXAMINATION – To be filled out by licensed physician.

Examination is acceptable when performed no more than 12 months prior to arrival at camp.

Code: S = Satisfactory
X = Not Satisfactory (Explain)
0 = Not Examined

General Appearance _____

Height _____ Weight _____ Blood Pressure _____ Hgb. Test (Date) _____

Urinalysis (Date) _____ Posture & Spine _____ Throat - Tonsils _____

Eyes _____ Vision _____ w/Glasses _____ Extremities _____ Heart _____

Ears _____ Hearing _____ Feet _____ Lungs _____ Skin _____

Nose _____ Teeth _____ Abdomen _____ Hernia _____

Genitalia _____

Neurological Findings _____

Describe Abnormal Findings and/or Handicapping Conditions _____

Has child ever received products containing horse serum? _____

Allergy: *(Please specify)* _____

Recommendations and restrictions while in camp.

Special Diet _____

Special Medicine (name it) _____

Is parent/guardian sending special medicine? _____

Swimming _____ Diving _____

Activity Restrictions _____

General Appraisal: _____

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/Year Round Afterschool and Youth Center activities, except as noted above.

_____ M.D.
EXAMINING PHYSICIAN (SIGNATURE)

_____
PHYSICIAN'S NAME (PLEASE PRINT)

Telephone _____ Address _____

Date of Examination _____

_____
ZIP CODE