

MUSIC MANIA: CONLEY SUMMER CAMP

2025 REGISTRATION FORM

CHILD'S NAME: _____

BIRTH DATE: ____ / ____ / ____ CHILD'S AGE: _____

24-25 ENTERING GRADE: _____ SHIRT SIZE: _____

PARENT/ GAURDIAN NAME: _____

ADDRESS: _____ ZIP CODE: _____

EMPLOYER: _____ E-MAIL ADDRESS: _____

WORK PHONE: (____) ____ - ____ CELL PHONE: (____) ____ - ____

PARENT/ GAURDIAN NAME: _____

ADDRESS: _____ ZIP CODE: _____

EMPLOYER: _____ E-MAIL ADDRESS: _____

WORK PHONE: (____) ____ - ____ CELL PHONE: (____) ____ - ____

Is either parent working as an LCS employee over the 2025 summer? ☐ Yes ☐ No

Any custody issues we should be aware of? ☐ Yes ☐ No

If yes, please explain: _____

The following individuals are allowed to pick up this child and may be contacted in case of an emergency:

<u>EMERGENCY CONTACTS</u>	<u>DAY PHONE</u>	<u>RELATION TO CHILD</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any medications, allergies or needs/ limitations requiring special attention:

My child is eligible & meets the entry level criteria as outlined in the Policy Statement: ☐ Yes ☐ No

My child can safely play in an open area like the playground, cafeteria, public park, etc. ☐ Yes ☐ No

My child is capable of managing self care needs such as bathroom use, feeding, ect. ☐ Yes ☐ No

My child can safely function with a minimum staff/student ratio of 1:15: ☐ Yes ☐ No

I have read and fully understand the policies outlined in the Policy Statement . I understand the policies and procedures in place are to ensure my childs safety within the program. I confirm all of the above information is true.. I am aware that if my child fails to meet criteria, it may result in removal from the program, in which no refund will be granted.

PARENT SIGNATURE: _____ DATE: ____ / ____ / ____

2025 PERMISSION FORM

CHILD'S NAME:: _____

PHOTO RELEASE

I understand that Conley Summer Camp often uses photos of children for program use. We intend to make a private FaceBook group for parents of our EDEP program to join. We will post these photos within the group for parents to see the fulfilled activities we will experience!

Can your child be in photographs or videos taken during camp for program use only?

☐Yes ☐No

Can pictures of your child be posted to our FaceBook group?

☐Yes ☐No

TRANSPORTATION

For field trips provided during summer camp hours, students will be transported by bus. These busses are provided by Leon County Schools, School District Services, or Astro Travel.

Can your child be transported on a LCS, SDS, or Astro bus for camp field trips?

☐Yes ☐No

MOVIES/ INTERNET

We will be watching some movies here on campus and in theater. We will provide information weekly of any movies we intend to watch.

Can your child watch a G or PG rated family movie during Summer Camp?

☐Yes ☐No

Can your child use the internet during Summer Camp?

☐Yes ☐No

SWIMMING

Some Tuesdays we will be swimming at Jack McCleans Aquatics Center.

My child has permission to swim with Conley Summer Camp

☐Yes ☐No

Please indicate your childs level of swimming ability (non- swimmers cannot get in water):

☐Non-swimmer ☐Some swimming skills ☐Good swimmer

I have read and fully understand the statements on this page. I acknowledge and allow the listed permission, as answered above, for my child.

PARENT SIGNATURE: _____ DATE: ____/____/____