



Union Elementary School District Summer Camp

Registration Packet

Summer 2023



Union Elementary School District 2023 Summer Camp

20 Day Summer Camp Program
June 5th through June 30th
Monday through Friday
8 am-3 pm

Child's Name _____ Birthdate _____ Grade _____ Age _____

School attended: Union Elementary Hurley Ranch Elementary Dos Rios Elementary

Parents Name _____ Phone
Number _____

Emergency Contact Information

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Please circle requested size.

FREE YMCA T-Shirt Size: YOUTH S YOUTH M YOUTH L YOUTH XL ADULT S ADULT M	FOR OFFICE USE ONLY:
	ID #: _____ Date Received: ____ / ____ /2023
	Camp Lead Initials: _____



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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ABOUT ME QUESTIONNAIRE

This confidential questionnaire is to help your child care provider support the growth and development of your child while creating a safe, stable, and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care. Confidentiality is a vital component in the child care setting. Therefore, only share this questionnaire with the child care director, owner, and the child's primary teacher unless pre-approved by the parent/guardian.

Instructions: A parent/guardian must complete this questionnaire, and it must be on file at the child care facility on or before a child's first day of attendance. Additionally, this questionnaire should be updated when significant changes occur in the child's care or annually. A copy should be shared with the child's teacher to support the care of your child. If additional space is needed, attach a separate sheet of paper.

Child's Name: _____ **Date of Birth:** _____

Parent/Guardian completing this form: _____

What is your preferred method of communication? (Email/Phone/Text) _____

Provider/Center Name: _____

Has your child previously attended child care? Yes No

If yes, what type of setting(s) was your child in? (Family child care, group care, etc.) _____

What did you like most about your child's previous child care setting?

What did you like the least?

What is important to you about your child's care?

Who is important to your child?

Does your child prefer to play alone or with other children? Alone Other Children

Does your child have a favorite toy or comfort object? Yes No

If yes, what? _____

What is your child's current sleep schedule?

Does your child fall asleep easily? Yes No

What is your child's mood like upon awakening?

What does your child like?

What does your child dislike?

Special things you say or do to comfort your child are:

How do you know when your child is:

Happy: _____

Sad: _____

Mad: _____

Tired: _____

Other: _____

How does your child react when:

Something unexpected happens:

Something happens they don't like:

They are scared:

Other:

Does your child have any health issues? Yes No

If yes, please explain:

Has anything happened recently in your child's life that might affect them? Yes No

Events at home often influence a child's behavior, for example, changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide the special attention, understanding, and care your child needs.

If yes, please explain:

Is there anything else you would like to share about your child to help us create a positive environment and relationship with your child?

Is your child in Foster Care? Yes No

If yes, please list the Case Manager's Name and Contact Information:

_____ (Initial) Parent/Guardian declines to complete this Questionnaire.

Parent/Guardian Signature: _____ Date: _____

Union Elementary School District #62

Activity/Field Trip Information and Consent Form

This form must be completely filled out and signed before the student will be allowed to participate in the activity/field trip.

Name of Student: _____ Grade: _____

Location/Destination Site:

The Union Elementary School District Summer Camp will feature an on-site or off-site field trip on Friday's (the specific schedule by date and by age group will be provided prior to the first field trip)

Proposed dates: June 9, June 16, June 23, June 30

Transportation to and from Location/Destination:

Transportation will be provided by UESD transportation services. Students will ride a traditional school bus to and from the off-site field trip locations.

Students will leave from and return to the school site for all off site field trips.

Eating arrangements will be:

Breakfast provided at the school site prior to leaving, sack lunch and snack provided by the program

Special clothing required for this trip:

- YMCA Camp T-Shirt to be worn on all field trip days.
- **YMCA Day**- bathing suit, sunscreen, towel
- **On site water days**- sunscreen, towel

Additional Notes to Parents:

Each grade band will have a different field trip schedule available no later than Monday June 5, 2023.

Please review which onsite and off-site field trip your child will attend each Friday.

Activity/Field Trip Permission: I give permission for my child, _____, to attend the on and off site field trip/participate in the activity(s) schedule by the Union Elementary School Summer Camp in Partnership with the Valley of Sun YMCA on Friday June 9, June 16, June 23, and June 30.

Parent/Guardian Signature: _____ **Date:** _____

Consent for Emergency Care: Be it known that the undersigned parent or guardian of (student name):

_____, hereby gives and grants a medical doctor or hospital my consent and authorization to render such aid, treatment, etc. to my child. This may be required on an emergency basis in the event said student should be injured, or stricken ill while participating in school sponsored activities/events. I hereby understand that any expenses incurred will be paid with personal insurance and/or the parent/guardian of the student. Payment of the expenses is not a school responsibility.

Does the Student have a chronic illness or medication at school? Yes _____ No _____

If YES please specify and provide a copy of the medical plan with your enrollment packet: _____

Signature of Parent/Guardian: _____ **Date:** _____

In case of an emergency please contact those that are listed below: (please print clearly)

Name: _____ **1st Phone:** _____ **2nd Phone:** _____ **Relationship:** _____

Name: _____ **1st Phone:** _____ **2nd Phone:** _____ **Relationship:** _____

Name: _____ **1st Phone:** _____ **2nd Phone:** _____ **Relationship:** _____



SWIM AUTHORIZATION

Name of Child: _____

My child may participate in swim and pool activities? Yes No

My child's swim level is:

Cannot swim Beginner (doggie paddle) Intermediate (ex: can swim across the pool) Advanced

My child may have assistance in applying sunscreen by an adult? Yes_____ No_____

I UNDERSTAND THE FOLLOWING:

Swim will occur on scheduled days throughout the week and notification of swim days will be sent each week through the camp newsletter / email.

Children must come to camp with their: ●bathing suits ●a towel ●sun screen

All children will be swim tested to confirm their swim ability and be given a wristband to signify what areas of the pool they can use.

Non-swimmers will be issued a coast guard approved flotation device to use at the lifeguards discretion.

We recommend your child wear their swimsuit to camp, when possible. Children must bring a full set of clothes to change into after swimming. Please send clothes that children can change into independent of adult assistance and make sure all items are labeled with the child's name. All clothing should stay in the child's backpack when not being used.

Parent Signature _____ Date _____