



### Camp Fire USA Out of School Programs

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

#### Parent / Guardian Contact Information

##### Parent /Guardian 1

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

##### Parent /Guardian 2

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Please select the school your child attend and type of enrollment:

|                       |                       |                                   |                       |
|-----------------------|-----------------------|-----------------------------------|-----------------------|
| Coder Elementary      | <input type="radio"/> | Full Time (4 or more days / week) | <input type="radio"/> |
| McCall Elementary     | <input type="radio"/> | Part Time (3 days of less / week) | <input type="radio"/> |
| Stuard Elementary     | <input type="radio"/> | Drop In                           | <input type="radio"/> |
| Vandagriff Elementary | <input type="radio"/> |                                   |                       |
| Child's Current Grade | _____                 |                                   |                       |



### Emergency Contact Information

The following persons are authorized to pick up my child:

Name \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Name \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Name \_\_\_\_\_ Drivers License Number \_\_\_\_\_

It has been mandated through court order that the following person's are not allowed to pick up my child  
(Please provide on site staff with copies of court documents):

Name \_\_\_\_\_ Name \_\_\_\_\_

#### Emergency Medical Care

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Hospital \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_



In order for Camp Fire to provide the best possible experience for your child, please let us know of any special needs: (Continue on back and/or attach additional pages if needed)

Emotional \_\_\_\_\_ Physical \_\_\_\_\_

Mental \_\_\_\_\_ Behavioral \_\_\_\_\_

Please list any known allergies \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any medication your child is currently taking \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**To the parent or guardian of this participant, your signature below indicates the following:**

- My child has permission to take part in all activities, including field trips and water activities, unless noted below.
- I give my permission for my child to be photographed and/or videotaped by Camp Fire USA and other organizations or individuals approved and accompanied by Camp Fire USA for purposes of advertising, public relations and family enrichment.
- I understand that for the safety of my child and others the following are grounds for dismissal from Camp Fire USA programs without a refund: possession and/or use of alcohol, drugs, tobacco, knives, fireworks, firearms and/or unmanageable and/or abusive behavior.
- As parent/legally authorized representative of the above named child, I am by this document representing that I have the authority to consent to all medical/surgical care and treatment of my child. I hereby give my authorization and consent for staff members from Camp Fire to consent to the medical/surgical care and treatment of my child at my expense, including taking my child to an emergency room. It is my intent that this authorization shall apply to immunizations, as well as other medical/surgical treatment and that this authorization is in effect while my child is participating in the Camp Fire USA program.
- I understand that reasonable measures will be taken to safeguard the health and safety of each child and I will be notified as soon as possible in case of an emergency. However, in the event of sickness or accident I will not hold the Camp Fire USA First Texas Council or the staff of Camp Fire USA First Texas Council and will release them from liability.
- I give permission for my child to play on the school playground. I understand that school playground equipment may not meet current Texas Department of Family and Protective Services child care licensing standards.
- Staff may search youth's belongings with the youth present when the health, well being, or safety of the camper or others deems it necessary.
- A faxed copy of this consent shall be as valid as the original for the health care provider, if necessary.
- **My child may participate in all activities except:**

\_\_\_\_\_



Child's Name: \_\_\_\_\_

Please identify which school your child attends:

- Coder Elementary  
12 Vernon Rd.  
Aledo, TX 76008  
817-441-5103
  
- McCall Elementary  
400 Scenic Trail  
Willow Park, TX 76008  
817-441-4500
  
- Stuard Elementary  
200 Thunderhead Lane  
Aledo, TX 76008  
817-441-5103
  
- Vandagriff Elementary  
408 FM 1187 South  
Aledo, TX 76008  
817-441-8771

I certify that my child's immunization record is current and on file at the above identified school.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**  
**AUTORIZACION PARA ATENCION MEDICA DE EMERGENCIA**

**If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for:**

Si en caso de alguna enfermedad o accidente no me pueden localizar para arreglar atención médica de emergencia para mi niño, doy permiso para que:

|  |
|--|
| <b>Name of Day Care Facility Owner or Director</b><br>Nombre del Dueño o Director del Centro de Cuidado de Niños |
|--|

**to take my child (or children):**

a que lleve a mi niño (o mis niños):

|  |  |
|--|--|
| <b>Name of Child (1)/Nombre del Niño (1)</b> | <b>Name of Child (2)/Nombre del Niño (2)</b> |
| <b>Name of Child (3)/Nombre del Niño (3)</b> | <b>Name of Child (4)/Nombre del Niño (4)</b> |

**to:**

**a:**

|   |                               |
|---|-------------------------------|
| <b>Name of Doctor/Nombre del Doctor</b>       | <b>Telephone No./Teléfono</b> |
| <b>Address of Doctor/Dirección del Doctor</b> |                               |

**or to:**

**o a:**

|   |                               |
|---|-------------------------------|
| <b>Name of Hospital or Clinic/Nombre del Hospital o Clínica</b>       | <b>Telephone No./Teléfono</b> |
| <b>Address of Hospital or Clinic/Dirección del Hospital o Clínica</b> |                               |

**I give consent for necessary emergency treatment when my child is in the care of this physician or hospital or clinic.**

Doy mi consentimiento para el tratamiento médico necesario estando mi niño bajo la atención de este doctor u hospital o clínica.

\_\_\_\_\_  
**Signature-Parent or Legal Guardian**  
Firma-Padre o Tutor

\_\_\_\_\_  
**Date/Fecha**



## Camp Fire USA Out of School Program Fees

|  |             |
|--|-------------|
| Full Time Care                           | \$68 / week |
| Part Time Care                           | \$60 / week |
| Drop In Care                             | \$28 / day  |
| Early Release                            | \$18 / day  |
| All Day Programming<br>(school holidays) | \$28 / day  |

### Registration

A **\$50.00** registration fee per child is due upon registration for full time and drop-in care. This fee is non-refundable.

### What Camp Fire Offers

- Dedicated homework areas
- Small group hands-on activities
- Quality youth development programming
  - Personal development
- Safe environment at school site
  - Low staff to youth ratios
    - Leadership training
      - Crafts
      - Games
    - Snacks and More

For more information contact Jordan at [Jordan@CampFireFW.org](mailto:Jordan@CampFireFW.org) or 817-831-2111, ext. 157.

CampFireFW.org • 2700 Meacham Blvd., Fort Worth, Texas 76137

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