

Joseph Pfeifer Kiwanis Camp

5512 Ferndale Cutoff * Little Rock, Arkansas 72223

Phone (501) 821-3714 * Fax (501) 821-2629

Email: camp@pfeifercamp.com

ACE Registration Form

Before completing this registration form, you must read the pamphlet titled, Parent Information and Program Guidelines. By signing this form you are stating that you agree to abide by the terms and conditions found in that document.

Name: Last _____ First _____ Middle _____ Nickname _____

Address _____ Apt # _____ City _____ State _____ Zip _____

School _____ Grade _____ Age _____ Race _____ Sex _____ Religion _____

Child's Social Security Number _____ Date of Birth _____

With whom does this person live? (name) _____ Relationship to camper _____

Email: _____ Cell Phone _____ Home Phone _____ Work Phone _____

Emergency Numbers

1 st Emergency Contact _____	Home Phone _____	Work Phone _____	Cell Phone _____
2 nd Emergency Contact _____	Home Phone _____	Work Phone _____	Cell Phone _____
3 rd Emergency Contact _____	Home Phone _____	Work Phone _____	Cell Phone _____

Family History and Information

List **all** persons who live in the household? (Include yourself, friends, family, etc.)

Name _____	Age _____	Relationship to Child _____
Name _____	Age _____	Relationship to Child _____
Name _____	Age _____	Relationship to Child _____
Name _____	Age _____	Relationship to Child _____
Name _____	Age _____	Relationship to Child _____
Name _____	Age _____	Relationship to Child _____
Name _____	Age _____	Relationship to Child _____

Birth Mother's Name (if living) _____ Birth Father's Name (if living) _____

Parent/guardian current marital status (circle one): Single Married Divorced Separated Partner

Are there any custody issues we should be aware of? Yes No Please explain _____

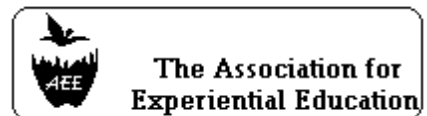
If both parents do not live with child, is child allowed to see other parent on a regular basis Yes No

Medical Information: Is child currently taking any medication? Yes No

Medication(s): _____ Dosage(s): _____

What is medication for? _____ Prescribing Physician: _____

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Child's Name _____

Background Information (Check all that apply. If none apply, this does not mean your child will not benefit from ACE):

My child:

- _____ Has received professional help in terms of therapy, counseling, or treatment
- _____ Has been previously housed in a child care service center
- _____ Has tried alcohol
- _____ Has tried tobacco
- _____ Has tried other drugs
- _____ Has been suspended from school When was the most recent time? _____
- _____ Has repeated a grade Circle the grade: K 1 2 3 4 5
- _____ Has been in foster care
- _____ Has been physically abused
- _____ Has been emotionally abused
- _____ Has been sexually abused
- _____ Has been physically aggressive toward others
- _____ Has had unusual sleeping habits (bedwetting/nightmares)
- _____ Has family member(s) with a history of psychiatric treatment, alcohol abuse or substance abuse

Informed Consent for Release of Records:

By signing this registration form, authorization is hereby granted to Joseph Pfeifer Kiwanis Camp for the release of educational, medical, social, and/or psychological information to the Little Rock and Pulaski County Special School Districts. Also, authorization is hereby granted to the above named school districts for the release of medical, educational, social, and/or psychological information to Joseph Pfeifer Kiwanis Camp until the child has completed the 12th grade even if the child named above transfers to another public or private district.

Insurance Information:

Insurance status (circle one): Private insurance Medicaid/AR Kids No insurance coverage

Insurance carrier: _____ Group or Policy #: _____

Medicaid #: _____ Effective Date: _____

I understand that by signing this registration form, I authorize Pfeifer Camp and its qualified staff to render medical treatment to the child named on this form as may, in the judgment of the camp staff, be necessary to his/her health and /or well-being.

Parent Information and Program Guidelines:

I have read the pamphlet titled **Parent Information and Program Guidelines** and agree to follow those guidelines. I understand that if my child or I fail to meet those guidelines, my child may be dismissed from ACE. Specifically, I agree to do the following:

- (1) Provide or secure transportation to and from camp each week at the times designated by the camp staff and understand that I must pay a \$1 per minute late fee for every minute I am late on Fridays.
- (2) Attend the required parent meetings.
- (3) Complete all necessary paperwork, including a physical signed by licensed medical personnel, in a timely manner.
- (4) Allow photographs, video, and/or written information/articles of my child to be used for advertising, public relations, research, or grant reporting purposes.
- (5) Campers may be involved in field trips outside the camp and will be transported by camp staff as needed.
- (6) Campers must adhere to the camp's rules and discipline model that emphasizes acceptance of responsibility.
- (7) Campers are not allowed to make or receive phone calls or have visitors while at camp.
- (8) The camp reserves the right to dismiss campers early, if necessary, due to medical or behavioral problems.

Parent/Guardian Signature _____ Date _____

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