

# CAMP LELA

## Pickup Agreement

You the parent and any additional parties you indicated on the authorization for student pickup form shall abide by the following:

1. Each child must be picked up by no later than 6:00pm
2. You, the parent or additional parties indicated on the authorization for student pickup form shall pay \$2 (two dollars) per minute that you or said parties arrive for pickup after 6pm. Payment shall be due upon pickup. **NO EXCEPTIONS.**
3. If the child is picked up late on 3 (three) consecutive or non-consecutive occasions, your new mandatory pickup time for your child shall be no later than 5:45pm. The late fee will begin to accumulate from this assigned time. **NO EXCEPTIONS.**
4. If the child is continuously picked up late after the assigned mandatory pickup time is enforced, your child may be dropped from enrollment permanently without the opportunity for re-enrollment.

Please give us an opportunity to serve your child in the manner that is deserved. Late pickup's are an inconvenience to our staff and places them in a compromising position and we want to avoid that at all costs.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

# CAMP LELA

## Consent and Release

For film, photos, internet, as well as any other form of electronic or digital communication.

On various occasions, your child may be photographed while at Camp LELA. These photographs may be used by Camp LELA and/or its affiliated schools, in program planning and/or public relations. They also may be used in various types of advertising, or by public television, newspapers, magazines, electronic or digital communication. For this reason, we request that each parent sign the following release:

No, I do not grant full permission

Yes, I do grant full permission

Yes, I grant permission for internal use only

### **For television, digital video display (DVD), Video Cassette viewing and computer usage.**

\*\*Occasionally our campers will enjoy an afternoon movie in which they will watch a rated G movie or an educational program. It is not a common practice or is it part of our quality curriculum to engage in TV. It is simply a treat to our children.

No, I do not grant permission

Yes, I do grant permission

Child's name \_\_\_\_\_

Age \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Camp Director's Signature \_\_\_\_\_

Date \_\_\_\_\_



# CAMP LELA

## Parent Permission for Summer Camp Field Trip Emergency Evacuation

Our campers will participate in such field trips away from campus. These trips are carefully arranged and are supervised by an adequate number of adult counselors. You will always receive advanced notice of field trips that are not pre-planned and listed on the camp calendar. We have your permission to take your child, \_\_\_\_\_ on these field trips.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

For emergency purposes, we have permission to evacuate the premises. Our emergency evacuation site is at the Bear Post Office, located across the street from the back entrance of Lil' Einsteins on Rickey Blvd.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### Emergency Contacts in Order of Preference: (\*please list additional contacts on back)

1. \_\_\_\_\_  
Name Relationship Daytime Phone Cell Phone
2. \_\_\_\_\_  
Name Relationship Daytime Phone Cell Phone
3. \_\_\_\_\_  
Name Relationship Daytime Phone Cell Phone

### Authorization for Medical Treatment of a Minor

In the event of an emergency requiring a physician's care, do you wish us to call your family physician?

Y N If yes, please provide the following:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

### Medical Insurance Information

Carrier: \_\_\_\_\_

Employee Insured \_\_\_\_\_

Policy # \_\_\_\_\_

Group or Identification # \_\_\_\_\_

Phone \_\_\_\_\_

I (we), authorize for emergency purposes only, and designated employee of the center to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision and the advice of any physician or surgeon licensed to practice medicine in the State of \_\_\_\_\_.

Date of Last Tetanus/Diphtheria Booster \_\_\_\_\_

Allergies to drugs or foods \_\_\_\_\_

Reaction to such allergies: \_\_\_\_\_

Current Medications: \*Please list name of medication, dosage prescribed

_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date