



Kaleidoscope
where kids discover how amazing they are

2022

Summer Camp Enrollment Form

Student Name _____

D.O.B. _____

Half Day Option

__ Day 1 June 28th	__ Day 2 June 29th	__ Day 3 June 30th	__ Day 4 July 5th	__ Day 5 July 6th	__ Day 6 July 7th
__ Day 7 July 12th	__ Day 8 July 13th	__ Day 9 July 14th	__ Day 10 July 19th	__ Day 11 July 20th	__ Day 12 July 21st
__ Day 13 July 26th	__ Day 14 July 27th	__ Day 15 July 28th	__ Day 16 Aug 2nd	__ Day 17 Aug 3rd	__ Day 18 Aug 4th

Full Day Option

__ Day 1 June 28th	__ Day 2 June 29th	__ Day 3 June 30th	__ Day 4 July 5th	__ Day 5 July 6th	__ Day 6 July 7th
__ Day 7 July 12th	__ Day 8 July 13th	__ Day 9 July 14th	__ Day 10 July 19th	__ Day 11 July 20th	__ Day 12 July 21st
__ Day 13 July 26th	__ Day 14 July 27th	__ Day 15 July 28th	__ Day 16 Aug 2nd	__ Day 17 Aug 3rd	__ Day 18 Aug 4th

2022 Kaleidoscope Summer Camp

Required Forms

Please provide the camp with any information that will help give your child a positive camp experience.

- Enrollment Form - Every Camper must have this form signed by a parent or guardian.
- Health History - Every Camper **MUST** have this form completed each year.
- Emergency Info & Pick up Form - Every Camper **MUST** have this form completed each year.
- Immunization Records - Every camper must have this form or equivalent signed by a physician.
- A current physical form dated within the last 12 months.

Payment Options

Full payment is due upon enrollment.

Payment plans are available upon request. Please contact our front desk to set up payment options.

Payment plans are available for 2 and 3 payment options. First installment is due upon enrollment. Remaining balance is due on the first of each month. Balance **MUST** be paid no later than 7 days prior to your campers start date. If payment lapses, your child may not be able to participate.

Cancellations, Refunds, and Withdrawals

A written withdrawal must be received one week prior to the start of ImaGYMnation Camp, June 20, 2022. Tuition, less 25% of total paid will be refunded if notice is received by June 20, 2022. Refunds after the start of camp are made **ONLY** if the child has a serious prolonged illness or injury requiring doctors care or a note from the physician stating that he/she is unable to participate in camp activities. Please be advised that refunds take 2-3 weeks.

Parent Agreement

I have read and understand the payment and refund policies for Kaleidoscope ImaGYMnation Summer Camp Program. I give my child permission to participate in camp activities. I approve photos to be taken of my child for the use in Kaleidoscope marketing materials. I am aware that incomplete or unsigned registration forms will be returned to me for completion. I hereby give permission to the medical personnel selected by the camp director to act in the best interest of my child in the event of an emergency. Every effort will be made to contact the parent, guardian, and emergency contacts.

I **DO NOT** wish photos to be taken of my child

Signature of

Parent or Guardian (Required) _____ Date _____



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2022 HEALTH HISTORY FORM

Forms must be completed annually and received prior to the start of camp in order for children to participate in camp activities.

Complete & return forms along with current 2022 physical form prior to your child's first day of camp.

LAST NAME _____ First NAME _____

MALE _____ FEMALE _____ DATE OF BIRTH _____ AGE AT CAMP _____

Parent or Guardian _____ Home Phone _____ Cell Phone _____

Emergency Contact other than parent _____ Home Phone _____ Cell Phone _____

OPERATIONS OR SERIOUS INJURIES INCLUDE DATES _____

CHRONIC OR RECURRING ILLNESS OR MEDICAL CONDITION _____

DIETARY RESTRICTIONS _____

ACTIVITY RESTRICTIONS _____

HEALTH INSURANCE COMPANY _____ POLICY NUMBER _____

ALLERGIES _____ PLEASE BE SPECIFIC AS TO SEVERITY OF ALLERGY

FAMILY PHYSICIAN _____ OFFICE Phone _____

CURRENT MEDICATIONS _____

REASON FOR MEDICATION _____

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER NEEDING TO TAKE MEDICATION AT CAMP

To be completed by Parent or Guardian

NAME OF LICENSED PRESCRIBER _____

NAME OF MEDICATION _____ DOSAGE _____ TIME | FREQUENCY _____

ROUTE OF ADMINISTRATION _____ DATE ORDERED _____

DURATION OF ORDER _____ QUANTITY GIVEN TO KODG _____ MEDICATION EXPIRATION DATE _____

SPECIAL STORAGE REQUIREMENTS _____ SPECIFIC INSTRUCTIONS _____

SPECIFIC PRECAUTIONS _____ POSSIBLE SIDE EFFECTS ADVERSE REACTIONS _____

LOCATION WHERE MEDICATION ADMINISTRATION WILL OCCUR _____ OTHER MEDICATIONS _____

I HEREBY AUTHORIZE KODG CAMP DESIGNATED INDIVIDUAL TO ADMINISTER TO MY CHILD THE MEDICATIONS LISTED ABOVE IN ACCORDANCE WITH 105 CMR 430.160

CHILD'S NAME

SIGNATURE OF PARENT/GUARDIAN

SPECIAL CONDITIONS

Please list any conditions or physical limitations that the camp staff supervising your child should be made aware of in order for your child to have a positive camp experience.

Example: Fear of water, lightning, etc.

This health history is correct as far as I know and the person herein described has permission to engage in all prescribed camp activities, except as noted.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to act in the best interest of my child in the case of an emergency. Every effort will be made to contact a responsible adult.

Signature of parent or guardian

Date

Relationship to child

THIS FORM MUST BE SIGNED BY A PARENT/GUARDIAN FOR ANY CAMP OR STAFF MEMBER UNDER 18



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**Emergency Info
 & Pick up Form**

STUDENT INFORMATION:

NAME: _____ D.O.B. _____

Do we have a Health Form on file from attending KODG camp within the past year? Y N

Any allergies, physical limitations, or concerns we should be aware of during their time at KODG: _____

Do they require an Epi-pen or medication during camp? Y N

(separate med. forms required – see office)

FAMILY INFORMATION: Home Phone # () _____

Email _____

Parent # 1 Name _____ Contact # () _____

Parent # 2 Name _____ Contact # () _____

Home Address City Zip _____

Emergency contact: _____ Contact # () _____

(We will always try to reach a parent first)

AUTHORIZED PICK-UPS – please list any adults that might possible pick up your child

1 contact _____ # () _____

2 contact _____ # () _____

3 contact _____ # () _____

PARENT AUTHORIZATION I _____, Parent/Guardian of _____, hereby give permission to said son/daughter to participate in the activities of the summer program at Kaleidoscope of Dance and Gymnastics, Inc. I understand that gymnastics and dance is a sport that involves height and rotation of the body, therefore, there are inherent risks involved. I hereby testify to my son/daughter’s sound health of mind and body and I authorize Kaleidoscope of Dance and Gymnastics Inc. to seek medical treatment at the nearest facility in case of emergency. I intend this statement to take effect as a sealed instrument.

Signature of Parent/Guardian _____ Date _____

Our camp is in compliance with the regulations of the Massachusetts Department of Public Health and is licensed by the local Board of Health.