

LAZY ACRES
Learning Camp
+tutoring

Name: _____ Gender: *M / F* Grade in Fall: _____
(First) (Last) (MUST be entering 1st-8th)

Birth Date: _____ Name of School: _____

E-MAIL (for camp info): _____

How did you hear about us? Referred by: _____ Online/social network: _____

Previous Camper: _____ Other: _____

Please designate the sessions your child will attend below. (5 day only)

Weeks are not guaranteed until paid.

1 | August 10 - 14 _____ **2 | August 17 - 21** _____ **3 | August 24 - 28** _____

4 | Aug 31 - Sept 4 _____ *ALL FUTURE WEEKS TBD*

Primary Parent/Guardian: _____ relation: _____
(First) (Last)

Address: _____
(Street) (City) (State) (Zip)

Primary Phone: _____ Work Phone: _____ Ext _____

Profession: _____ TDL#: _____ (for ID only)

Second parent: _____ relation: _____
(First) (Last)

Address: (if different) _____
(Street) (City) (State) (Zip)

Primary Phone: _____ Work Phone: _____ Ext _____

Profession: _____ TDL#: _____ (for ID only)

ADDITIONAL PERSONS TO BE CONTACTED IN CASE OF AN EMERGENCY

| | |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Name: _____ Phone: _____ Relation: _____ TDL#: _____ <i>(must have for ID)</i> Authorized to pick up child: Yes No | Name: _____ Phone: _____ Relation: _____ TDL#: _____ <i>(must have for ID)</i> Authorized to pick up child: Yes No |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

STAFF USE ONLY:

Medical alert: _____

special notes: _____
 Fr So Ju Se

3 STEPS TO CAMPER REGISTRATION-

1. COMPLETE & SIGN PAGES 1-6 AND EMAIL TO HELLO@LAZYACRESEVENTS.COM.
2. EMAIL .PDF OF CURRENT SHOT RECORD TO HELLO@LAZYACRESEVENTS.COM.
3. LOG ON TO WWW.LAZYACRESEVENTS.COM/PAYNOW TO COMPLETE REGISTRATION PAYMENT (1 PER HOUSEHOLD).



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- CAMPER INFORMATION | COUNSELOR FORM -

Camper Name: _____ Grade in Fall: _____
(First) (Last)

staff use only
Fr So Ju Se

CONTACT INFORMATION

Primary Parent: _____
(First) (Last)
Best Phone number: _____

2nd Parent/Guardian's Name: _____
(First) (Last)
Best Phone number: _____

Lazy Acres believes that each child in our care is a special individual. To help us provide the best care for your child's unique needs, please provide us with as much pertinent information as possible. We strongly encourage you to discuss with your child's counselor or camp director any concerns about your child.

Special Needs or relevant medical history

Please explain if there are certain situations that may cause your child difficulty.

How can we best work with you and/or your child to help in these situations?

List all allergies:
allergen: _____ reaction: _____ mild / severe
allergen: _____ reaction: _____ mild / severe
allergen: _____ reaction: _____ mild / severe

EPI Pen: **yes** or **no** If yes, what allergy? _____

Inhaler: **yes** or **no**

Any additional information you want your child's counselor to be aware of?

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- HEALTH HISTORY AND PREFERENCES FOR MEDICAL TREATMENT -

Child's Name: _____ Child's Age _____

Date of Birth: Month _____ Day _____ Year _____ Date of Last Complete Physical Exam: _____

Child's Insurance Co. _____ Phone: _____

Policy Holder's Name: _____ DOB: _____ Relation: _____

Policy Number: _____ Group Number: _____

Child's Physician Name: _____ Office Phone: _____

Dentist/Orthodontist Name: _____ Office Phone: _____

Authorization for First Aid and Emergency Medical Attention

I hereby authorize the Director and/or Staff, representing Lazy Acres to give consent for any emergency medical attention or First Aid care for my child, _____ while my child is in the custody of Lazy Acres. I also agree to allow Lazy Acres Director and/or staff to refuse ambulance services on behalf of parent if deemed unnecessary. Parent will be contacted in the event of an emergency.

Signature of Parent or Legal Guardian

Date

Health History (check, give dates)

Allergies (check)

Diseases (check, give dates)

- Frequent ear infections
- Heart Defect/disease
- Convulsions /Seizures
- Epilepsy
- Diabetes
- Bleeding/Clotting
- Hypertension
- Mononucleosis

- Hay Fever
- Poison Ivy/Oak
- Insect Bites/Stings
- Penicillin
- Other Drugs _____
- Asthma
- Other Allergies _____

- Chicken Pox
- Measles
- German measles
- Mumps
- T B/TB Contact

Please list all food allergies: _____

Does said child need or carry an: **EPI PEN** Yes | No **INHALER** Yes | No
 Routine medications of any type taken on a regular basis? Yes | No
 Will your child need to take medication while in our care? Yes | No

If yes, please list below:

| Name of Medication | Dosage | Times a Day |
|--------------------|--------|-------------|
| | | |
| | | |

Custodial Parent/Guardian Signature

Date

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- SPECIAL NEEDS & CONSENT -

Please read each statement below, initial yes or no, then sign and date at the bottom of the page.

My signature below acknowledges my understanding that as a participant in a state licensed camp, my child's records may be reviewed and/or photocopied by representatives of State of Texas Dept. of Health. *(required)*

____ Yes

I acknowledge my agreement to follow all payment fees as well as all required policies and procedures of Lazy Acres.

____ Yes

____ No

I consent for my child to participate in all water activities such as water slides, splashing pools, water games, slip and slides, aqua glides and all other bodies of water at Lazy Acres.

____ Yes

____ No

I consent for my child to be photographed and/or video taped participating in the camp or programs at Lazy Acres.

____ Yes

____ No

I understand that state law mandates Lazy Acres to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

____ Yes

____ No

I consent to periodic emails sent to me by Lazy Acres informing me of upcoming events, payments, and tax information.

____ Yes

____ No

I acknowledge that I will be charged every day that my child does not bring a lunch(\$10.00) or water bottle (\$5.00).

____ Yes

____ No

I understand that Lazy Acres and its volunteers, staff, officers or representatives can not be held responsible in the event of an accident, injury, or accidental death. I understand that all precautions will be taken to ensure the safety and health of my child.

Custodial Parent/Guardian Signature

Date

Signature of Lazy Acres Staff

Date

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- DISCIPLINE & REWARD PLAN -

Lazy Acres is a Christian based day camp that believes in the golden rule "Do unto others as you would have them do unto you". We encourage kindness and fairness towards others. Every child is entitled to a fun and safe environment at Lazy Acres!

The following list is a list of behaviors we expect all children to follow.

- Respect for all campers and staff
- Be responsible for personal belongings
- Participation in all activities that parent/guardian deems appropriate
- Possess positive and caring attitude
- Follow proper safety procedures at all times

Reward Plan

We reward good behavior and being kind to others with Lazy Acres Bucks. Every day a camper attends they receive 10 Lazy Acres Bucks. If the camper follows all the rules and is respectful to all campers and counselors they keep their bucks. Campers may receive extra Lazy Acres bucks for being chosen as Camper of the Day, random acts of kindness, and being helpful to others. Lazy Acres Bucks may be deducted for disrespectful behavior or forgotten items (such as water, tennis shoes, swim items, etc.). Lazy Acres Bucks are spent on Fridays. Bucks can purchase candy, toys, or a variety of other age appropriate items.

Disciplinary Plan

Lazy Acres will not serve children who display continued unacceptable behavior. If a child exhibits any type of behavior which is thought to be unacceptable by a counselor and/or Director, they will be warned to correct their behavior. If behavior persists, a telephone call will be made to the parent or guardian. If camper behavior is deemed a danger to themselves or others, camper will be sent home immediately with no refund.

A child receiving two warnings in one day will be suspended from specified activities for the next day in attendance. If their behavior is exceptionally dangerous or disruptive, they may be suspended from Lazy Acres for the remainder of the session. A disciplinary notice describing your child's behavior will be sent home with your child to be signed by parent and returned to Lazy Acres.

Refunds are not given when participants are suspended for unacceptable behavior.

Unacceptable Behavior includes, but is not limited to:

Foul Language
Disrespect for another child or counselor
Fighting
Not participating in activities
Ignoring or disobeying safety rules
Public displays of affection
Defacing property/vandalism (Automatic dismissal for 2 days)
Stealing
Name calling
Hitting another camper, counselor, or staff member

Disciplinary Procedures:

1st Incident -Parent notified by phone and/or note
2nd incident -Parent notified by phone and/or note
-Child may not be allowed to participate in camp activities
3rd incident - Parent notified by phone and/or note
-Action taken is at the discretion of the director after discussing the situation with parent.
-Discipline may include child being dismissed from camp without refund.

I understand the Disciplinary and Rewards Plan described above and agree to abide by all the disciplinary guidelines set by Lazy Acres.

Custodial Parent/Guardian Signature

Child's Signature

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- FIRST AID & MEDICATION -

CAMPER NAME: _____

AGE: _____

WEIGHT: _____

Administration of First Aid and/or Medication

I hereby authorize the Director and staff representing Lazy Acres to provide first aid or the following medication, or their generic equivalent, in accordance with the recommended dosage and intervals of administration.

Initial for approval.

Children's Tylenol _____ Children's Advil _____ Anti-itch cream _____ Band-Aids _____ Neosporin _____

If I bring any over the counter medication, **I will bring it in the original package.** Lazy Acres will only administer the medication as directed on the label.

I understand all **prescription medication must be in original pharmaceutical container** with my child's name and dosage information. Lazy Acres will only administer the medication as directed on the container.

| Medication <small>(as listed on label)</small> | Dosage | Time |
|---------------------------------------------------|--------|------|
| | | |
| | | |
| | | |
| | | |
| | | |

I understand it is my responsibility to request and take home all medication.
 Please see your child's Counselor or the Director to request your child's medication.

By signing below, I consent to allowing approved Lazy Acres Staff to administer above listed medications.

Custodial Parent/Guardian Signature

Date

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NEXT:


IMMUNIZATION RECORD

All shot records are required by the state of Texas before your child may be admitted to Lazy Acres Day Camp.

Please email in .pdf format to
hello@lazyacresevents.com

THANK YOU!
-Lazy Acres Staff

See acceptable sample shot records:



Name Jane Doe

Immunizations Report (Jane)

NOTE: School districts, day care facilities and others may require a signed immunization record. Please contact your physician's office to request a signed copy.

PCP and Center

| Primary Care Provider | Phone | Center |
|-----------------------|----------|--------|
| Dr. Pepper | 867-5309 | |

Patient Information

| Patient Name | Sex | DOB |
|--------------|--------|------------|
| Jane Doe | Female | 01/01/2011 |

Current Immunizations Reviewed on 10/2/2018

| Name | Date |
|-------------------------|--------------------------------------------|
| DTaP | 4/8/2016, 11/30/2012 |
| DTaP-IPV/Hib (Pentacel) | 9/29/2011, 8/18/2011, 5/16/2011 |
| HepA | 11/30/2012, 3/30/2012 |
| HepB | 9/29/2011, 5/16/2011, 3/14/2011 |
| Hib | 11/30/2012 |
| IPV | 4/8/2016 |
| MMR | 3/30/2012 |
| MMRV | 4/8/2016 |
| PCV13 (Prennar 13) | 3/30/2012, 9/29/2011, 8/18/2011, 5/16/2011 |
| RV5 (RotaTeq) | 9/29/2011, 8/18/2011, 5/16/2011 |
| VAR | 3/30/2012 |

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John (Johnny) Doe DOB 11/1/2009

Pediatric and Adolescent Center Tomball
455 SCHOOL ST STE 26, TOMBALL, TX-77375-4995
281-374-9700

Address 13912 Stagecoach road magnolia, TX 77024

Patient Vaccine Administration Record

No of Immunizations 28

| Vaccine | Date Given | Dose | Location | Lot No. | Manufacturer | Exp. Date | Given By |
|-----------------------------------|------------|------|----------|---------|--------------|-----------|----------|
| 1. DTaP | 01/19/2009 | ml | | | | | |
| 2. DTaP | 03/31/2009 | ml | | | | | |
| 3. DTaP | 07/15/2009 | ml | | | | | |
| 4. DTaP | 05/05/2010 | ml | | | | | |
| 5. DTaP-IPV | 09/25/2013 | ml | | | | | |
| 6. Flumist Quadrivalent | 03/10/2016 | 2 mL | | | | | |
| 7. Hep A, pedi/adol, 2 dose | 12/10/2010 | ml | | | | | |
| 8. Hep A, pedi/adol, 2 dose | 11/21/2011 | ml | | | | | |
| 9. Hep B (under age 19) | 11/10/2008 | ml | | | | | |
| 10. Hep B (under age 19) | 01/19/2009 | ml | | | | | |
| 11. Hep B (under age 19) | 03/31/2009 | ml | | | | | |
| 12. Hib (PRP-CMP), 3 dose | 01/19/2009 | ml | | | | | |
| 13. Hib (PRP-CMP), 3 dose | 03/31/2009 | ml | | | | | |
| 14. Hib (PRP-CMP), 3 dose | 05/05/2009 | ml | | | | | |
| 15. IPV | 01/19/2009 | ml | | | | | |
| 16. IPV | 03/31/2009 | ml | | | | | |
| 17. IPV | 12/17/2009 | ml | | | | | |
| 18. MMR | 12/17/2009 | ml | | | | | |
| 19. MMR | 09/25/2013 | ml | | | | | |
| 20. Pneumococcal conjugate PCV 13 | 01/19/2009 | ml | | | | | |
| 21. Pneumococcal conjugate PCV 13 | 03/31/2009 | ml | | | | | |
| 22. Pneumococcal conjugate PCV 13 | 07/15/2009 | ml | | | | | |
| 23. Pneumococcal conjugate PCV 13 | 12/17/2009 | ml | | | | | |
| 24. Rotavirus, pentavalent (3 | 01/19/2009 | ml | | | | | |

Record generated by eClinicalWorks EMR/PM Software (www.eclinicalworks.com)

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