

SUMMER FARM CAMP



The Lionheart Gardens®
2018 APPLICATION

Please complete and mail to.

Summer Farm Camp, c/o The Lionheart School, 225 Roswell Street, Alpharetta, GA, 30009

**Please note that in order to reserve a spot, a completed application and deposit must be submitted.*

***Spots held on first come/first serve basis.*

****Please note that submission of application does not guarantee acceptance. Interviews are required.*

Sessions (*Check all that apply).

| | | | |
|------------|------------|--------------------|--------------------------------------|
| Session 1. | June 11-15 | 9-3 from Lionheart | OR 9:30-2:30 at LH Gardens in Canton |
| Session 2. | June 18-22 | 9-3 from Lionheart | OR 9:30-2:30 at LH Gardens in Canton |
| Session 3. | July 9-13 | 9-3 from Lionheart | OR 9:30-2:30 at LH Gardens in Canton |
| Session 4. | July 16-20 | 9-3 from Lionheart | OR 9:30-2:30 at LH Gardens in Canton |

Cost (*A minimum deposit of 50% total fees to be submitted with application).

\$395 per week OR \$450 per week with transportation from Lionheart /*25% discount available for siblings

Camper's Name: _____ Date of Birth: _____ Age: _____

School: _____

1st Parent/Guardian Information.

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Place of Employment: _____

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

Email: _____ County of Residence: _____

2nd Parent/Guardian Information.

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Place of Employment: _____

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

Email: _____ County of Residence: _____

Where does your camper reside? _____

EMERGENCY CONTACTS: In case of an emergency, Camp will try to reach the parent(s). If the parent(s) cannot be reached, Camp will then contact the following person(s):

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

AUTHORITY TO PICK UP: The following persons have authority to pick up the Child.

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

If the student develops a medical issue, Camp will try to reach the parent(s). If the parent(s) cannot be reached, Camp may contact student's physician.

Name of Physician: _____

Office Address: _____

Work Phone: _____ Cell Phone: _____

In case of a medical emergency, Camp shall obtain the necessary emergency medical care for the student, including but not limited to transportation to an emergency room. The parent(s) agrees to pay all costs and expenses incurred in connection with any medical care provided to the student, including the cost of transportation. Camp is authorized to provide the emergency care provider or the physician with the following medical information:

Hospital Preference: _____ Insurance Company: _____

Policy Number: _____ Name of Policy Holder: _____

MEDICAL PROFILE:

Describe any special needs that your camper has: _____

Additional information that you feel is pertinent in camp setting: _____

Describe any additional assistance your camper may need in this camp setting. Please give an example such as: 1. Needs help dressing. 2. Is afraid of water. _____

Does your camper currently take any medications? **Yes** **No**

If yes, please provide information below:

| <u>Medications/Supplements:</u> | <u>Dosage:</u> | <u>Date Prescribed:</u> | <u>Reason:</u> |
|---------------------------------|----------------|-------------------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Does your camper have any other medical diagnoses: (e.g. seizure disorders, anxiety disorder, etc.)

ALLERGIES: List all known medication, food or other allergies (e.g. insect stings, hay fever, asthma, animal dander). Describe reaction and management of reaction. _____

BEHAVIOR. To insure the safety of all our participants, we are unable to accept campers who display violent or aggressive behavior, are at risk to other campers or are such an interruption that camp activities cannot continue.

Does your camper follow step-by-step instructions? **Yes** **No**

Does your camper have difficulty transitioning from one activity to the next? **Yes** **No**

Does your camper have difficulty handling not getting what they want? **Yes** **No**

Does your camper have rituals or routines? **Yes** **No**

If yes, describe what happens if the routines are interrupted. _____

Is your camper impulsive? **Yes** **No**

When upset, what type(s) of behavior does your camper display? _____

What calms your camper down? _____

ADDITIONAL INFORMATION:

Please inform us of any behavior or daily routine change upon arrival at camp.

When eating, does your camper need assistance? **Yes** **No**

If yes, describe. _____

List any foods your camper should NOT eat: _____

Does your camper need assistance changing clothes? **Yes** **No**

Is your camper able to stay with a group? **Yes** **No**

Has your camper participated in a camp setting before? **Yes** **No**

If yes, was it a successful experience for your camper? **Yes** **No**

If no, describe what difficulties your camper experienced. _____

Was your camper able to complete the full session? **Yes** **No**

If no, why not? _____

Additional information you would like to share about your camper: _____

PLEASE READ THE FOLLOWING AND SIGN BELOW:

•REFUND POLICY: Any participant may receive a 50% refund of their registration fee if the refund is requested at least TWO WEEKS (10 business days) prior to the first day of a scheduled summer day camp session.

IRS publication 503 states that entities who are not licensed dependent care facilities by their state or county government are not eligible to provide tax deductible services.

I/We give The Lionheart School permission to transport my child to and from camp. I understand that the bus leaves Lionheart at 9:00 am and returns at 3 pm.

I/We the parent(s)/guardian(s) of the participant do hereby consent to his/her participation in the Summer Farm Camp Program, including all activities incidental to the Program. I/We assume all responsibilities for, and risks and hazards of, participation in the named Program. In consideration of the Summer Farm Camp Program, including all officials, officers, sponsors, organizers, supervisors, volunteers, participants, and all other agents, of any and all claims, demands, rights, and causes of action of whatever kind of nature, arising from and by reason of, and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to property, and the consequences thereof, resulting from his/her participation in the Program and all activities incidental to the Program.

I/We understand that my child as a participant of this Program will be photographed with the possibility of using the pictures for publications.

I/We understand that NO REFUNDS will be issued other than stated above.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

MEDICATION FORM

I hereby authorize The Lionheart School, through its designated authority, to administer the medication described below, to my child, _____.

CHILD'S NAME

NOTE: Staff will only administer medication which is in the original labeled container and if it is given by the parent/guardian to the director or assistant director. No other staff members are authorized to give or receive medication.

Parent/Guardian:

Cell Phone:

Name of Medication:

Dosage:

Time Medication is to be administered:

Expected Duration:

Possible Side Effects (if any):

Signature of Parent/Guardian

Date

Staff Notes: