



**FOR OFFICE USE ONLY**

Payment \_\_\_\_\_

Initials \_\_\_\_\_

**Schedule**

Standard Day \_\_\_\_\_

Extended Day \_\_\_\_\_

**11 PARK LAKE ROAD  
SPARTA, NJ 07871  
973-383-2213**

2009 SUMMMER K.E.E.P. REGISTRATION FORM

DATE \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

**MOTHER'S INFORMATION:**

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ S.S.# \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**FATHER'S INFORMATION:**

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ S.S.# \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**REQUIRED: A MINIMUM OF TWO LOCAL EMERGENCY NAMES AND NUMBERS TO BE USED IF BOTH PARENTS ARE UNAVAILABLE OR IF YOU SHOULD BE DETAINED IN PICKING UP YOUR CHILD. THEY NEED TO BE AVAILABLE FOR EMERGENCIES.**

1) \_\_\_\_\_ PHONE \_\_\_\_\_

Address \_\_\_\_\_

2) \_\_\_\_\_ PHONE \_\_\_\_\_

Address \_\_\_\_\_

**MEDICAL INFORMATION: (The Summer K.E.E.P. Staff does not dispense medication.)**

Is child allergic to anything? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Is child taking any medication? \_\_\_\_\_ If yes, what medication? \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Any behaviors the Summer K.E.E.P. Staff need to be aware of? \_\_\_\_\_

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**PLEASE READ THE FOLLOWING:**

I give permission for my child to remain in the care of the Summer K.E.E.P. Program. My child is in good mental and physical health, has had the necessary childhood immunizations and, to the best of my knowledge, is free of any contagious diseases. I agree to submit the enclosed Health History.

I agree that emergency treatment and/or care can be provided by the Summer K.E.E.P. counselor in the event that my child suffers a minor injury. I also agree that in the event of serious injury the emergency squad will transport my child to the nearest area hospital. In the absence of a family member or emergency names given above, I give my permission for the Director of the Summer K.E.E.P. program and/or administration of K.E.E.P., Inc. to make a decision concerning my child's care on the advice of the attending physician.

K.E.E.P., INC. ACCEPTS PARTICIPANTS WITHOUT REGARD TO RACE, COLOR, CREED OR NATIONAL ORIGIN. ACCEPTANCE IS FIRST COME, FIRST SERVED, THEN WAITING LIST. K.E.E.P., INC. RESERVES THE RIGHT TO REFUSE AN APPLICANT OR TO DISMISS A PARTICIPANT AS DEEMED NECESSARY.

WE (I) AGREE THAT IN CASE OF DISMISSAL FOR CAUSE OR OF VOLUNTARY DEPARTURE, THERE WILL BE NO REFUND OF SUMMER K.E.E.P. FEES FOR THE TIME RESERVED. I HAVE READ AND CONFIRMED ALL INFORMATION CONTAINED IN THIS APPLICATION. I HAVE READ AND ACCEPT THE TERMS OF THE ENCLOSED PARENTS INFORMATION GUIDE AND FINANCIAL POLICIES. ALL PICTURES TAKEN AT SUMMER K.E.E.P. OF ACTIVITIES, GROUPS, ETC. MAY BE USED IN PROMOTION OF K.E.E.P., INC. THIS APPLICATION HAS MY APPROVAL AND CONSENT.

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(Signature of Parent/Guardian)

(Date)

The following voluntary information will help us determine and demonstrate to County, State and Federal agencies the areas in need of assistance. All information will be kept confidential. Please check your annual income below:

\_\_\_\_\_ \$10,000-\$15,000      \_\_\_\_\_ \$15,000-\$20,000      \_\_\_\_\_ \$20,000-\$30,000      \_\_\_\_\_ \$30,000+

Number of Dependent Children \_\_\_\_\_ Race \_\_\_\_\_

We have a variety of resources from which we can offer scholarships and financial assistance to those in need.

I am in need of financial assistance. \_\_\_\_\_ Yes      \_\_\_\_\_ No

If "Yes", contact K.E.E.P., Inc. at (973) 729-6474 for more information.

**ENROLLMENT FORM**

For each designated week, please carefully check the days your child will attend.

Standard \_\_\_ Extended\* \_\_\_

**WEEK OF JUNE 22 – JUNE 26**

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

**WEEK OF June 29 – JULY 2**

<b>Summer K.E.E.P. will be closed on Fri., July 3</b>	
_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday

**WEEK OF JULY 6 – JULY 10**

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

**WEEK OF JULY 13 – JULY 17**

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

**WEEK OF JULY 20 – JULY 24**

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

**WEEK OF JULY 27 – JULY 31**

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

**WEEK OF AUGUST 3 – AUGUST 7**

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

**WEEK OF AUGUST 10 - AUGUST 14**

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

**WEEK OF AUGUST 17 – AUGUST 21**

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

**WEEK OF AUGUST 24 – AUGUST 28**

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

**WEEK OF AUGUST 31 – SEPTEMBER 4**

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

\* Standard Day Schedule is 7am-6pm. Extended Day is 6:30am-6:30pm. (Additional charge applies)

The days marked above will be considered temporarily reserved for your child(ren). Please be advised that no spot is definitely reserved until full payment is either made or guaranteed. This form helps us to plan appropriately and we would be most appreciative of notification for any known changes. Applicable K.E.E.P. policies will be enforced.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_

Signature

K.E.E.P., INC.  
35 Sparta Avenue  
Sparta, NJ 07871  
973-729-6474

**SUMMER K.E.E.P. HEALTH HISTORY AND MEDICAL RELEASE FORM**

(to be completed by parent)

DATE \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMPLOYER'S NAME, ADDRESS & PHONE \_\_\_\_\_

IF NOT AVAILABLE IN AN EMERGENCY, CONTACT:

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

**HEALTH HISTORY (Give approximate dates) allergies/reactions/problems:**

Ear infections \_\_\_\_\_ Asthma \_\_\_\_\_ Bee stings \_\_\_\_\_ Heart defects \_\_\_\_\_ Hay fever \_\_\_\_\_

Penicillin \_\_\_\_\_ Convulsions \_\_\_\_\_ Insect Bites \_\_\_\_\_ Diabetes \_\_\_\_\_ Poison Ivy \_\_\_\_\_

Other  
(list) \_\_\_\_\_

Operations and/or serious injuries (list and give dates) \_\_\_\_\_

Chronic or recurring illness: \_\_\_\_\_

Other problems or details for above history: \_\_\_\_\_

Name of dentist/orthodontist: \_\_\_\_\_ Phone \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone \_\_\_\_\_

Date of last medical examination: \_\_\_\_\_

Medical/Hospital Insurance Carrier: \_\_\_\_\_ Policy/Group# \_\_\_\_\_

Any specific activities to be restricted? (Please list and give details why;) \_\_\_\_\_

Any mental or physical conditions the Summer K.E.E.P. staff should be made aware of? \_\_\_\_\_

Please list any medications she/he is taking: \_\_\_\_\_

What medications will be sent to be taken at camp? \_\_\_\_\_

Does she/he wear glasses? Y / N Contacts Y / N Hearing aid Y / N Dentures Y / N Other \_\_\_\_\_

Special diet conditions: \_\_\_\_\_

FOR FEMALES: Has she menstruated? Y / N If not, has she been told about it? Y / N

If so, is her history normal? Y / N Any special considerations? \_\_\_\_\_

**IMMUNIZATION HISTORY – THIS INFORMATION MUST BE PROVIDED IN ORDER TO ENROLL YOUR CHILD IN SUMMER K.E.E.P. A COPY OF THE DOCTOR’S RECORDS IS ACCEPTABLE.**

<b>VACCINES</b>	<b>DATE OF BASIC IMMUNIZATION</b>	<b>DATE OF LAST BOOSTER</b>	<b>DATE OF DISEASE</b>
Diphtheria, Pertusis, Tetanus: DPT, or Tetanus, Diphtheria, TD or Tetanus			
Oral Polio (Sabin): TOPV			
Injectable Polio (Salk)			
Measles (hard, red, Rubeola)			
Mumps			
Rubella (German, 3 day)			
Hib			
Hepatitis B			
Chicken Pox			
Most Recent Tuberculin Test: _____ Result: + - _____			

PARENT/GUARDIAN RELEASE: To the best of my knowledge, this history is correct and complete. I know of no reason to restrict the camper/staff activity (other than listed), and give my permission for participation in all activities (except as noted). In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Summer K.E.E.P. director or her/his designee to secure proper treatment, including, but not limited to, hospitalization, for the person named in this form.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Parent/Guardian

FOR CAMP USE:  
Reviewed by camp director/health director (initials) \_\_\_\_\_ Date \_\_\_\_\_

**SUMMER K.E.E.P. CAMP 2009 FIELD TRIP PERMISSION**

I give above named child permission to walk to White Lake Beach, Sparta, and to participate in activities, including swimming, each day that Summer K.E.E.P. provides camp activities at White Lake.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_