



FOR OFFICE USE ONLY
Payment _____
Initials _____

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

SUMMER 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? _____

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.

(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.

WEEK OF JUNE 23 – JUNE 27

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

WEEK OF June 30 – JULY 5

Summer K.E.E.P. will be closed on Fri., July 4	
_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday

WEEK OF JULY 7 – JULY 11

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

WEEK OF JULY 14 – JULY 18

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

WEEK OF JULY 21 – JULY 25

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

WEEK OF JULY 28 - AUGUST 1

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

WEEK OF AUGUST 4 – AUGUST 8

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

WEEK OF AUGUST 11 - AUGUST 15

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

WEEK OF AUGUST 18 – AUGUST 22

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

WEEK OF AUGUST 25 – AUGUST 29

_____	Monday
_____	Tuesday
_____	Wednesday
_____	Thursday
_____	Friday

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.

VACCINES	DATE OF BASIC IMMUNIZATION	DATE OF LAST BOOSTER	DATE OF DISEASE
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 2008 FIELD TRIP PERMISSION

I give above named child permission to travel by bus to White Lake, 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: _____