



William Booth, *Founder*
André Cox, *General*
Commissioner Donald C. Bell, *Territorial Commander*
Major Stephen Morris, *Divisional Commander*
Lieutenants Matt & Jessica Hedgren, *Regional Commanders/Corps Officers*
Lieutenant Julinda Davis, *Assistant Corps Officer*

The Salvation Army Center for Service and Worship Summer Enrichment Program Summer 2018 Registration Packet

Child's First & Last Name _____

School _____ Grade _____

A completed Registration Packet includes:

_____ \$35 Registration Fee

_____ Enrollment Form

_____ Medical Information

_____ Emergency Medical Authorization

_____ Signed Understanding of Behavior and Discipline Policy

_____ Form 121 Immunization Record

_____ Pick up Authorization Form

_____ Parent Permission & Agreement

_____ Signed Understanding of Parent Handbook



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SUMMER ENRICHMENT
 JUNE 4, 2018-JULY 20, 2018
 Mon-Fri 7:30AM-5:30PM

GENERAL INFORMATION

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Last 4 Digits of SSN: _____ Gender: MALE ___ F ___

T-Shirt Size: _____

ETHNICITY (Check one)	RACE (Check one)
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White

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

Hobbies/Interests: _____

Total Number of Children/Adults in Household: Children _____ Adults _____

Household Income (Check one)

- \$0-9,999 \$10,000-19,999 \$20,000-29,999 \$30,000-39,000 \$40,000-49,000 \$50,000+

EDUCATION

School District: _____ School Name: _____ Grade _____

Does your child have any learning challenges? Yes ___ No ___

If yes, please describe them? _____

My child needs enrichment in the following subjects: (Check all that apply)

- Math Lang. Arts Reading Others _____

(Participant Agreement) I agree to participate in the CWS programs. I agree to obey all the rules and regulations of the CWS and those of my guidance instructors. I understand that if I don't follow the rules and regulations I will be subject to the consequences outline in the code of conduct.

Participant Signature: _____ DATE: _____

Parent/Guardian Signature: _____ DATE: _____



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MEDICAL INFORMATION

(Please list any current medications, medical conditions, and food or drug allergies)

Allergies (if any): _____

Medical (Mental/Physical) Problems: _____

Name(s) of any medication currently taken: _____

Does your child have health insurance? Yes No

Insurance Company _____ Policy # _____ Group _____

Family Doctor Name _____ Phone Number _____

I authorize **The Salvation Army Center for Worship and Service** to arrange for transportation in case of accident or acute illness of the participant. In the event that it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant's health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to the **Corps Community Center** in conjunction with any authorized event. Initial _____

Parent /Guardian Release

(Please initial at the end of each statement)

General Release of Liability

In consideration for being allowed participant privileges in any program of the **Center for Worship and Service** I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment hereon. I further agree to hold harmless **The Salvation Army Corps Community Center** and their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of **The Salvation Army Corps Community Center** and its partners is binding on me and not my heirs, personal representatives, successors, and assigns. _____

Community Field Trips

I give permission for my child to leave the center property with supervision **The Salvation Army Center for Worship and Service** staff, directors, officers, employees, agents, and volunteers. While taking part in these community field trips I release the **Center for Worship and Service** from responsibility for any risk of bodily injury, death, or property damage as covered in the "General Release of Liability." _____

Media Release

I hereby consent to the use of my/my child's name, likeness and speech in any audio tape, video tape, film or photograph made in any **Center for Worship and Service** activity for the business or publicity purposes of the **Center for Worship and Service** and its partners. I understand that any participation offers no remuneration and that my/my child's name, likeness and speech may be edited, produced, recorded for duplication and distribution throughout the United States and abroad. I expressly release **The Salvation Army Center for Worship and Service** and its licensees, assignees, affiliates and successors from any privacy, defamation, or other claims have arising out of broadcast, exhibition, publication, or promotion of this program. _____

I HAVE READ, UNDERSTOOD, AND AGREED TO ALL TO THE ABOVE:

Parent/Guardian/Overseer Signature

Date



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Name: _____ **Gender:** M / F **Date of Birth:** _____ **Age on Arrival at Camp:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Cell:** _____ **E-mail:** _____

Parent / Guardian / Emergency Contact

Name: _____ **Relationship:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Cell:** _____ **E-mail:** _____

Emergency Contact

Name: _____ **Relationship:** _____ **Phone:** _____

Insurance Information
 Camper is covered by family medical/hospital insurance Yes No
 Insurance Company: _____
 Phone: _____
 Policy Number: _____ Group/ID Number: _____
 Name of Policy Holder: _____

Medications (Medicines that will need to be administered at camp. **Must** be in original container and include camper's name, dose, and frequency. All medications will be dispensed as directed on bottle. Any changes need a doctor's letter)

Health Care Providers
 Primary Doctor: _____ Phone: _____
 Dentist: _____ Phone: _____

Immunization History Provide the month and year for each immunization (or attach a copy of immunization record)

	Dose 1 (Month/Year)	Dose 2 (Month/Year)	Dose 3 (Month/Year)	Dose 4 (Month/Year)	Dose 5 (Month/Year)	TB Test
Diphtheria, Tetanus, Pertussis (DTaP or TdaP)	_____	_____	_____	_____	_____	<input type="checkbox"/> Date: _____ <input type="checkbox"/> Positive
Mumps, Measles, Rubella (MMR)	_____	_____	_____	_____	_____	Negative
Polio (IPV)	_____	_____	_____	_____	_____	
Haemophilus Influenzae Type B (HIB)	_____	_____	_____	_____	_____	Tetanus (dT or TdaP) Date: _____
Pneumococcal (PCV)	_____	_____	_____	_____	_____	Influenza Seasonal Date: _____
Hepatitis B	_____	_____	_____	_____	_____	H1N1 Date: _____
Hepatitis A	_____	_____	_____	_____	_____	
Varicella (Chicken Pox)	_____	_____	_____	_____	_____	<input type="checkbox"/> Had Chicken Pox? Date: _____
Meningococcal Meningitis (MCV4)	_____	_____	_____	_____	_____	

General Health History Check "Yes" or "No" for each statement.

1. Ever been hospitalized?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Had high blood pressure?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Ever had surgery?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Have problems with diarrhea / constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have recurrent / chronic illnesses?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Had a recent infectious disease?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Have problems with falling asleep/sleepwalking?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Had a recent injury?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Wear glasses, contacts, or protective eyewear?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Had asthma / wheezing / shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Ever had back / joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Passed out/had chest pain during exercise?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Had seizures?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Have diabetes?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Had fainting or dizziness?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	22. Had "mono" in the past 12 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Had headaches?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	23. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Had a head injury?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	24. Have problems with periods / menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Been knocked unconscious?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	25. Have an orthodontic appliance being brought to camp?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Had frequent ear infections?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

Mental, Emotional, and Social Health Check "Yes" or "No" for each statement.

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Had a significant life event that continues to affect the camper's life? (abuse, death of a loved one, divorce, adoption, foster care, new sibling, survived a disaster)..... <input type="checkbox"/> Yes <input type="checkbox"/> No

Camper Name : (Last) (First) Corps/Unit:



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Name: _____

Date: _____

Diet / Nutrition List dietary restrictions

Eats a regular diet Eats a regular vegetarian diet

Has special food needs or allergies (describe below)

Allergies List all allergies and reactions No known allergies

Medications List of medicines that will need to be administered at camp.
 Must be in original container include name, dose and frequency.

No medications

Restrictions List activity restrictions

I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.

I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations:

Past Medical / Surgical History / Current Medical Treatment

This health history is correct and accurately reflects the health status of the person to whom it pertains. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the physician selected by the camp to order x-rays, routine tests and treatment related to the health of my child/myself for both health care and emergency situations. In the event I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery for the person named above. I give permission to the camp to arrange necessary related transportation for my child/me. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's/my health record from providers who treat my child/me and these providers may talk with the program's staff about my child's/my health status. In accordance with Federal law, I understand that my consent is valid for up to one (1) year from the date of signature. My consent can be revoked at any time upon The Salvation Army's receipt of my written revocation.

Printed Name of Parent /Guardian **OR** Adult Participant _____

Signature of Parent /Guardian **OR** Adult Participant _____ Date _____



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BEHAVIOR AND DISCIPLINE POLICY

Student Behavior

The children that attend the Center for Worship and Service Education Enrichment Program are to expect respect, patience, courtesy, and caring from all staff. In turn, staff can expect the children to follow some specific rules. The following are rule that you should review with your child before the first day.

Student rules:

- Respect other students, staff, and property
- Keep your hands and your feet to yourself
- Listen to all staff
- Stay with a staff member at all times and NEVER leave the room or area where the activity is without permission
- Adhere to rules regarding building and playground safety
- No stealing
- Refrain from using profanity or other forms of verbal abuse
- No threatening other students or staff members
- No weapons of any kind
- No fighting or other physical altercations

Discipline Policy

The purpose of discipline at the Center for Worship and Service Educational Enrichment Program is to guide and assist children to resolve their own conflicts and to regain control of themselves. Our staff uses only constructive and positive techniques when disciplining. These include redirection, anticipation, modeling, natural consequences, and elimination of potential problems.

If after these efforts are exhausted and the behavior continues, the child will be removed from the group for counseling with office staff. If inappropriate behavior becomes consistent, a conference will be set up with the parent (s) and the director. If the behavior does not cease, the center reserves the right to suspend or terminate services.

Immediate suspension will result if a student exhibits more severe behavior, such as fighting, verbal abuse, physical altercations, endangering the welfare of others, assault, vandalism, stealing, or running away from the program. In this instance, a parent will be called and is expected to pick up the student within an hour of being notified. If the severe behavior continues upon returning to the program, services will be terminated.

Incident reports are completed by staff when any disciplinary action is required and must be signed by the director and parent/guardian. When we feel we have exhausted all of our abilities to control the behavior we will require



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withdrawal from the program.

UNDERSTANDING OF BEHAVIOR AND DISCIPLINE POLICY

Please initial each statement.

____ I have read and understand the Center for Worship and Service Education Enrichment Program Behavior and Discipline Policy.

____ I have reviewed and discussed these policies with my child.

____ I will assist staff by supporting these policies.

Parent Signature

Date



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The Salvation Army Center for Worship and Service **Bullying Prevention Policy**

The Salvation Army Center for Worship and Service strongly believes that all students have a right to a safe and healthy enriching environment. This particular center has an obligation to promote mutual respect, tolerance, and acceptance. Therefore, The Salvation Army will not tolerate behavior that infringes on the safety of any student. A student shall not intimidate, harass, or bully another student via words or actions. Such behavior includes: direct physical contact, such as hitting or shoving; verbal assaults, such as teasing or name-calling; and social isolation or manipulation.

Please note that The Salvation Army Center for Worship and Service expects students and/or staff to immediately report incidents of teasing and/or bullying to the Director or Asst. Director. Staff who witness such acts are to take immediate steps to intervene to ensure the safety of the children. Teachers will discuss this policy with their students in age-appropriate ways and should assure them that they need not endure any form of bullying. Students who bully are in violation of this policy and are subject to disciplinary action up to and including expulsion.

The Student Code of Conduct includes, but is not limited to:

- Any student who engages in bullying may be subject to disciplinary action up to and including expulsion.
- Students are expected to immediately report incidents of bullying to the Director or Asst. Director.
- Students can rely on staff to promptly investigate each complaint of bullying in a thorough and confidential manner.

The procedures for intervening in bullying behavior include, but are not limited, to the following:

- Hence forth, all staff, students and their parents will receive a summary of this policy prohibiting intimidation and bullying: at the beginning of each said program and as part of the student handbook and/or information packet. The school will make reasonable efforts to keep a report of bullying and the results of investigation confidential.
- Staff who witness acts of bullying shall take immediate steps to intervene to ensure the safety of all children. Individuals witnessing or experiencing bullying are strongly encouraged to report the incident; such reporting will not reflect on the target or witnesses in any way.
- **It is our staff's responsibility to teach children the proper behavior, which includes redirection, anticipation, modeling the appropriate behavior, and compiling daily logs. If after these efforts are exhausted and the behavior continues, a conference will be set up with the parent(s) and the Director. Following, the center Director and Asst. Director have the right to suspend or terminate services. Please note that the administrative staff, Director and Asst. Director, have the option to suspend or expel a child whenever necessary based on the severity of the incident.**



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Understanding OF Bullying Prevention Policy

Please initial each statement.

___ I have read and understand the Center for Worship and Service Education Enrichment Program Bullying Prevention Policy.

___ I will review and discuss these policies with my child.

___ I will assist staff by supporting these policies.

Parent Signature

Date



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PAYMENT AGREEMENT

Tuition

Tuition is calculated based on a \$75 per week (\$525 for entire 7 weeks). **Tuition is due according to payment plan provided.**

Fees
A nonrefundable registration fee of \$35 is required for each child. Everyone must commit to the entire 7 weeks. No Refunds, No Transfers, no credit for vacations.

Payment Schedule

Month	Due Date	Amount Due
June	Monday, June 4 th	\$262.50
June	Friday, June 29 th	\$262.50

Payment method

Tuition may be paid in the form of check or money order. **No cash payments will be accepted.** Please read and initial the following:

	I understand I must pay by check or money order.
	I understand that payment of \$525 is due for the entire 7 week program.
	I understand that if payment is not made before or by the due date my child will be withdrawn from the program.
	I understand registration/membership fees are nonrefundable.
	I understand that upon signing this agreement I commit to the entire 7 weeks of this program. In addition, I understand that there are no refunds, no transfers, or no credit for vacations.
	I understand if my payment is returned due to insufficient funds a return fee of \$25 will be charged.
	I understand I must give a two week written notice, if I plan to exit the program. I will complete a cancellation form at this time.
	I understand if I fail to give a two week written notice, or contact the Program Director to discuss emergency withdrawals, I am responsible for any payments up to the time of notification of withdrawal.

I have read and understand The Salvation Army Center for Worship and Service Payment Agreement; I accept all terms and conditions as set forth in this policy. I understand that failure to uphold this payment agreement will result in my child being suspended from the program and that my child will be ineligible for all future Center for Worship and Service programs and/or activities.

 Parent/Guardian Signature

 Date