

2019 Kehoe-France Day Camp Application

720 Elise Avenue Metairie, LA 70003

(504) 733-0472

Application Date _____

New Camper _____

Returning Camper _____

Please check the desired session:

FULL-TIME Infants 8 Weeks (by June 1) to 13 Years Old (Boys and Girls)	PART-TIME (Monday, Wednesday, Friday) Infants 8 Weeks (by June 1) 1 & 2 Years Old (Boys and Girls)
6 Week Session June 10 - July 19 _____	6 Week Session June 10 - July 19 _____
8 Week Session June 10 - August 2 _____	8 Week Session June 10 - August 2 _____

Camper Information

Child's Name _____
First MI Last

Date of Birth _____ Sex _____ Age _____ Primary Phone Number: _____

Billing Address _____
Street Address City State Zip Code

Last School Attended: _____ Grade in fall 2019-2020 _____

Parent Information

Father's Full Name: _____

Father's Home Address _____

Work Phone: _____ Cell Phone _____ Email _____

Mother's Full Name: _____

Mother's Home Address _____

Work Phone: _____ Cell Phone _____ Email _____

Parents are (circle one): Married Divorced Other (explain): _____

With whom does child reside? Name: _____ Relationship: _____

List Family members who formerly attended Kehoe-France Day Camp:

Name	Relationship	Dates attended
_____	_____	_____
_____	_____	_____

Medical Conditions

Is there any medical, mental, physical, psychological or other condition which could possibly hinder the applicant's participation in camp, physically or otherwise? If so, please share this information with us. _____

Person to be contacted if parents cannot be reached:

Friend/Relative Relationship Phone Number

In case of injury or serious illness, I request the Day Camp to contact me. If the Day Camp is unable to reach me, I hereby authorize the Day Camp to call and or/release my child(ren) to the person indicated above. _____

Parent/Guardian signature

Kehoe-France Day Camp does not discriminate on the basis of race, color, national or ethnic origin.

Please enclose the deposit of \$100. Camp tuition is due in full by May 24th, 2019.

Make checks payable to Kehoe-France Day Camp.

Child's Information Form

Child's Name: _____ Sex _____ Birthdate _____

	Mother	Father
Name		
Address		
Employer		
Home Phone#		
Work Phone#		
Cellular Phone#		

Person with whom the child lives: _____
 Child's Doctor: _____ Doctor's Phone #: _____
 Child's Dentist: _____ Dentist's Phone #: _____

Individuals to contact in case of an emergency:

_____	Phone#: _____
_____	Phone#: _____
_____	Phone#: _____
_____	Phone#: _____

- | | | |
|--|-----|----|
| Does your child have any food allergies? | Yes | No |
| Does your child have any other allergies? | Yes | No |
| Does your child have any dietary restrictions? | Yes | No |
| Does your child have any special needs or health concerns? | Yes | No |

Please explain any "yes" answer here:

My child has permission to be released to the following individuals, child care facilities or transportation services in addition to emergency contact persons listed above.
(Please notify these individuals that they may be asked to show proof of identity along with a carpool sign)

Name (First and Last)	Relationship

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: _____ Date: _____

Kehoe-France Summer Camp
Camper Publication Permission Form

Camper's Name: _____

Please select whether or not you would like to include your child's photograph in the following publications. Please note that photographs posted on our Facebook page, on our website, and in advertisements will not include camper's names.

Kehoe-France Facebook	Yes _____	No _____
Kehoe-France Website	Yes _____	No _____
Kehoe-France Camp Newsletters	Yes _____	No _____
Kehoe-France Promotional Advertisements	Yes _____	No _____
Local Newspapers	Yes _____	No _____

Full Name (print): _____

Signature: _____

Date: _____

_____ Camper's Name

_____ Age

_____ Sex

Please check one of the following:

_____ Carpool Daily

_____ Aftercare Daily

KEHOE-FRANCE DAY CAMP EXTENDED CARE

The main campus will open at 8:30 a.m. and close at 3:30 p.m. Children arriving before 8:30 a.m. or remaining at camp after 3:30 p.m. will be placed in the extended program at the Kehoe-France Children Center and billed accordingly. Bills will be issued and mailed out twice monthly. Before and After Care will be provided from 7:00-8:30 a.m. and 3:00-6:00 p.m.

The charge for before and after camp care is \$4.00 per hour or any part thereof.

Parents or guardians are required to check their child(ren) out of aftercare using the computer automated billing system. If you do not check out your child(ren), you will be billed for 3 hours of aftercare.

You may choose any time(s) or day(s) that suit your schedule.

All campers are required to have a completed extended care form in the event of an emergency. Please check here if you only plan to send your camper(s) occasionally, randomly, or when an unforeseen circumstance arises. _____

Please circle days and times you foresee using extended care:

M	Tu	W	Th	F	Entire Week (Morning)
				7-8:30	7:30-8:30 8-8:30
M	Tu	W	Th	F	Entire Week (Afternoon)
					3-4 3-5 3-6

Choose Session: 6 week _____
 8 week _____

_____ Parent 1 Name and Contact Number

_____ Parent 2 Name and Contact Number

PERSON TO CONTACT IN CASE OF EMERGENCY (Other than parents), or Authorized Person to Pick-Up Child(ren)

PHONE # _____

- If someone other than a parent will be picking child(ren) up, please send a note or call with the name of that authorized person.
- Aftercare begins at 3:00 although your child may not arrive at aftercare until 3:30. A 30 minute grace period is extended if you pick up your child prior to 3:30. After 3:30 you will be billed for the full hour. As mentioned above, the charge for aftercare is \$4.00 per hour or any part of the hour.

Billing Name and Address:

I understand that if my child is not picked up by 6:00 P.M., I will be charged \$1.00 per minute per child in addition to the per hour charge. This additional charge is paid directly to the aftercare staff at time of pick-up. There is no grace period at closing time.

Signature _____

Date _____

Authorization for the Application of Topical Products

Camper's Name: _____

I give permission for camp staff to apply the following topical products to my child whether campus provided or parent provided:

Yes No

() () sunscreen

() () insect repellent

() () diaper rash ointment

() () other _____

(name of product)

The one time authorization will remain in effect until a new authorization is signed.

Parent's Signature

Date