



Dear Parents:

We are hosting a **Camp IWANNAGO Pre-Registration Day**. Please join us to submit all necessary paperwork and meet some of the Pride of LIONS who will be leading your campers this summer. If you are unable to attend our Pre-Registration day, you can still submit paper registration to any FACTS site or the district administrative office prior to the last day of school..

Pre-Registration Day will be **Saturday May 12th** from **10:00 a.m.-2:00 p.m.** at **FUSD administrative office**, 3285 E. Sparrow Avenue, Flagstaff, AZ 86004. Be sure to bring:

- 2018 Camp IWANNAGO Registration form (Available at any FACTS site or for download from the Camp Iwannago homepage www.fusd1.org/iwannago)
- Completed Emergency Card
- Immunization Records
- Signed Parent/Guardian Agreement Form
- \$50 non-refundable registration fee per family (Families currently enrolled in FACTS will not need to pay the registration fee.)
- Pre-payment for your child for the first week of camp.
 - Camp Rates (Camp IWANNAGO charges a maximum of 35 hours per week per child)
 - 1 child \$4.50 per hour
 - 2 children \$7.00
 - 3+ children \$9.50



2018 Registration

Wednesday June 6th - Friday, July 27th

6:45 a.m. - 6:00 p.m.

(Closed for Holiday—July 4th - 6th)

Marshall Elementary Magnet School
850 N. Bonito Street, Flagstaff AZ 86001

Camper Information-Ages 5-12

Camper Name: _____ Date of Birth: _____

Address: _____

Currently enrolled in FACTS? ☐ Yes ☐ No Grade (entering in the Fall): ____

If No...

The following data is for program evaluation purposes. All information is confidential.

Ethnicity : ☐ American Indian/Alaska Native ☐ Black ☐ White

☐ Hispanic ☐ Pacific Islander ☐ Asian

Gender : ☐ Male ☐ Female **DES Qualified**: ☐ Yes ☐ No ☐ Not sure

Special Needs Students ☐ Yes ☐ No Please list any accommodations that your child may need during Camp: _____

Parent/Guardian Information

Name: _____ Relationship to camper: _____

Daytime Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Name: _____ Relationship to camper: _____

Daytime Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Office Use Only

\$50.00 Registration Fee (New family only) _____ Immunizations _____ Registration _____

Parent/Guardian Agreement _____ Emergency Card _____



Parent/Guardian Agreement 2018

Child's Name _____

My signature below indicates that I permit my child named on this form to participate in Camp IWANNAGO 2018 provided by FACTS and Flagstaff Unified School District and that I understand and agree to the following:



- ❖ **All services require a pre-payment and I understand my camper may not attend if a pre-payment has not been made. In order for my child to attend, I must have a positive balance.**
- ❖ I must walk my camper into Camp and sign them in. I must also walk into the building to sign them out.
- ❖ If a check is returned for non-payment, there is a **\$25 fee** and I will no longer be allowed to pay by check.
- ❖ My camper must be picked up from camp no later than 6:00 p.m. I will be charged **\$1.00 per minute for every child** past 6:00 p.m. Consistent lateness will result in my camper's expulsion from the program.
- ❖ If I am more than **30 minutes** late and no one listed on the emergency card can be reached, law enforcement officials will be called to pick up my child.
- ❖ In the event I do not **clock and sign** my child out when picking them up, I will be charged until 6:00 p.m.
- ❖ Anyone picking up my child from camp, including myself, must be prepared to show photo ID to Camp IWANNAGO staff upon request.
- ❖ I will not hold any person(s) or organization connected with the activity responsible for injuries sustained by my child in the normal course of play. I understand that said organization does not provide medical insurance coverage for my individual child. This means that I am responsible for the medical bills if my child is injured.
- ❖ I must inform camp staff of any changes to information provided on the Emergency Card.
- ❖ Camp IWANNAGO is based on hourly fees; there are no partial hour charges. The full hour will be charged once 15 minutes of that hour elapses. For example, attending 2 hours and 14 minutes will be charged for 2 hours; and, 2 hours and 15 minutes or more will be charged for the full 3 hours.
- ❖ My child's negative behavior can result in suspension or expulsion and that use of this measure is at the discretion of the Camp staff and the FACTS Coordinator. When appropriate, other age appropriate behavior management techniques will be used prior to suspension or expulsion.
- ❖ I must have my child signed and clocked into Camp by the time listed on the field trip permission slip in order for my child to attend. I also understand that I may **not** pick-up my child from any field trip.
- ❖ My camper will be swimming at the Flagstaff High School pool. If my child cannot pass the camp swim basic test my camper will be required to wear a coast card approved life jacket to be in water past their shoulder in depth.
- ❖ I can decline any of the following three services by requesting a separate decline of service form from Camp IWANNAGO staff. I must accept them on this page to continue with registration.
 - a. *Camp staff will use Water Babies sunscreen on campers.*
 - b. *During the course of the summer, campers will regularly be taken to Mountain View Park and Thorpe Park for classes and activities without separate permission slips.*
 - c. *During the course of the summer, Camp IWANNAGO will be taking photos and video of campers. These will be used at Camp, in parent and community materials, videos, and Facebook posts.*

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date





CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

| | | |
|---|-----------------------|---|
| Child's Name: | Date Enrolled: | Updated: |
| Home Address (#, Street, City, State, Zip Code): | | Date Disenrolled: |
| Home Phone: | Date of Birth: | Sex: <input type="checkbox"/> male <input type="checkbox"/> female |

| | |
|---------------------------------|---|
| Parent or Guardian Name: | Home Address (#, Street, City, State, Zip Code): |
| Cell Phone (optional): | Contact Telephone Number: |

| | |
|---------------------------------|---|
| Parent or Guardian Name: | Home Address (#, Street, City, State, Zip Code): |
| Cell Phone (optional): | Contact Telephone Number: |

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

| | |
|-------|---------------------------|
| Name: | Contact Telephone Number: |
| Name: | Contact Telephone Number: |
| Name: | Contact Telephone Number: |
| Name: | Contact Telephone Number: |

If Medical care is necessary, call:

| | | |
|------------------------------|-------|---------------------------|
| Health Care Provider* | Name: | Contact Telephone Number: |
|------------------------------|-------|---------------------------|

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

| | |
|---|--|
| In case of injury or sudden illness, I request that this individual be called first: | |
|---|--|

The following individual(s) may NOT remove my child from the facility:

| |
|----------|
| Name(s): |
|----------|

Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Copy of current official documented immunization record attached |
| <input type="checkbox"/> | Religious Beliefs exemption form signed by parent/guardian attached |
| <input type="checkbox"/> | Medical Exemption form signed by physician and parent/guardian attached |
| <input type="checkbox"/> | Signed Laboratory Proof of Immunity form attached |

| | | | |
|--|-------------|-------------|-------------|
| Notification of immunizations needed sent to Parent(s) or Guardian(s): | mo /day/ yr | mo /day/ yr | mo /day /yr |
| Updated immunizations received and attached: | mo /day/ yr | mo /day/ yr | mo /day /yr |

Medical Information

| | |
|---|--|
| Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? If yes, list precautions: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Additional comments: | |
| Other special instructions: | |

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

| | | |
|-------------------------------|--------------|-------|
| Parent/Guardian PRINTED Name: | SIGNED Name: | DATE: |
|-------------------------------|--------------|-------|