**East Madison Community Center’s 2020 Summer Day Camp**

**Pre-Teen Application (Confidential)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First and Last Name of Child Age M/F Birthdate

Grade Entering \_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of parent(s)/guardians living in the household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household Address (street) (city) (zip)

|  |  |  |
| --- | --- | --- |
| Home Phone |  | Work Phone |

|  |  |  |
| --- | --- | --- |
| Cell Phone |  | Email Address |

Are you a single parent? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

Are parent(s)/guardian(s) presently unemployed? Yes \_\_\_\_ No \_\_\_\_\_\_

Are parent(s)/guardians currently enrolled in school or training programs? Yes \_\_\_\_ No \_\_\_\_\_

Parent/Guardian Employer, School, or Training program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Circle Household Income**

|  |  |  |  |
| --- | --- | --- | --- |
| **1 Person Household** | **2 Person Household** | **3 Person Household** | **4 Person Household** |
| Over $46,100 | Over $52,650 | Over $59,250 | Over $65,800 |
| $28,950 to $46,100 | $33,050 to $52,650 | $37,200 to $59,250 | $41,300 to $65,800 |
| $17,400 to $28,950 | $19,850 to $33,050 | $22,350 to $37,200 | $24,800 to $41,300 |
| Less than $17,400 | Less than $19,850 | Less than $22,350 | Less than $24,800 |
| **5 Person Household** | **6 Person Household** | **7 Person Household** | **8 Person Household** |
| Over $71,100 | Over $76,350 | Over $81,600 | Over $86,900 |
| $44,650 to $71,100 | $47,950 to $76,350 | $51,250 to $81,600 | $54,550 to $86,900 |
| $28,410 to $44,650 | $32,570 to $47,950 | $36,730 to $51,250 | $40,890 to $54,550 |
| Less than $28,410 | Less than $32,570 | Less than $36,730 | Less than $40,890 |

**Please circle your child’s race/ethnicity.**

White/Caucasian

Black/African American

Asian

Hispanic/Latino

Black/African American and White/Caucasian

Asian and White/Caucasian

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

|  |  |  |
| --- | --- | --- |
| **Emergency Contact (Other than Parent/Guardian)** |  | **Phone Number** |
|  |
| **Hospital/Clinic Preference** |
|  |  |  |
| **Physician’s Name** |  | **Phone Number** |
|  |
| **Allergies/Special Health Considerations:** |

Does Your Child have a reading disability? Yes\_\_\_\_ No\_\_\_\_

Does your child have other disabilities? Yes\_\_\_\_ No\_\_\_\_

Indicate Allergies/Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Center staff cannot administer medications except under the following conditions:**

a. A signed, dated, written authorization from the parent is on file.

b. Prescription medication is in the original container and labeled with the child’s name, name of the medicine, dosage, directions for administering, date, and physician’s name.

c. Non-prescriptive medication is labeled with the child’s name and includes the dosage and directions for administering.

**I give the EMCC staff permission to apply the following over the counter items to my child:**

\_\_Bandages/Wraps

\_\_Sunscreen

\_\_Bactine

\_\_Calamine Lotion

\_\_Body Lotion

\_\_Bug Spray- (OFF Skin-tastic-unscented, w/ Aloe Vera)

\_\_Cold Compression/Warm Compression

\_\_Child strength non-aspirin pain reliever

**PHOTO RELEASE:** I hereby give my consent for the East Madison Community Center to use my child’s photograph and likeness in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the child listed on this application. Yes\_\_\_ No\_\_\_

**I HEREBY CERTIFY** that all of the above information is correct. I understand that this information may be verified by the East Madison Community Center and that any deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Name