

2010 Camp Destiny Performing Arts Camp Registration Form: Grades 5-9

Please complete **one Registration form, one Health form and one Medical Release form per child.** Please note: Registration will only be processed with a \$50.00 registration fee per camper due by June 6. **After June 6 the registration fee will be \$50.00 per camper.** Camp Shirts included for Performing Arts Camp plus some field trips, special events & guest performers. Make checks out to **"Faith Temple/Destiny School"**. Credit card payments can be taken through the school office Mon – Fri 7:30 am to 5:30 pm. Phone:(585) 473-1680 ext 250.

Child's Name: _____ Gender: ___M ___F

Date of Birth: _____ Age: _____ Grade (completed 6/10): _____

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

Home Phone: _____ Work Phone: _____ Email: _____

Mother's Full Name: _____ Cell Phone: _____

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

Home Phone: _____ Work Phone: _____

Father's Full Name: _____ Cell Phone: _____

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

Home Phone: _____ Work Phone: _____ Email: _____

In case of Emergency, who should we contact first? ___Mother ___Father

Alternate Emergency Contact Name #1 (other than parent) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

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

Alternate Emergency Contact Name #2 (other than parent) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

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

My son/daughter will be attending the following weeks;

(Check each week you are registering your child & if you need extended care)

Camp Destiny Hours are 9am – 3pm with extended care from 7:30 – 9a.m. & 3 – 5:30pm.

- | | |
|--|---|
| <input type="checkbox"/> Week #1 (July 12-16) Drama & Dance | <input type="checkbox"/> Extended Care |
| <input type="checkbox"/> Week #2 (July 19-23) Voice | <input type="checkbox"/> Extended Care? |
| <input type="checkbox"/> Week #3 (July 26, 27, 29 & 30) Instrumental | <input type="checkbox"/> Extended Care? |
| <input type="checkbox"/> Week #4 (August 2-6) Media Arts | <input type="checkbox"/> Extended Care? |
| <input type="checkbox"/> Week #5 (Aug 9-13) Art | <input type="checkbox"/> Extended Care? |

Extended care is available for an additional \$50 per week.

Registration Fee

Method of Payment

- Credit Card
- Check
- Cash

Amount enclosed with this application; \$ _____

Date: _____

Make checks payable to
"Faith Temple/Destiny School"

Parent / Guardian Signature: _____ Date: _____

Registration form must be accompanied by Health form, Medical Release and total registration fee(s).

2010 Camp Destiny - Health Form

Please complete **one Registration form and one Health form per child**. Please note: Application will only be processed with a paid registration fee per camper.

Child's Name: _____ **Gender:** ___ M ___ F

Date of Birth: _____ **Birthplace:** _____
City State / Country

Immunization History (please Attach)

Indicate month & year (mm/yy) for all immunizations

_____ Chicken Pox (Varicella)
_____ DPT series
_____ Hepatitis B
_____ Measles
_____ MMR Vaccine
_____ Mumps Vaccine (live)
_____ Polio DPV (Sabin)
_____ Rubella
_____ Strep Throat
_____ Tetanus Booster
_____ Tuberculosis

Health History

___ Allergy to;
Food? _____
Insect? _____
Medicine? _____
Life-Threatening? _____

___ Asthma ___ Ear Infections
___ ADHD ___ Hay Fever
___ Autism ___ Hearing
___ Asperger's ___ Orthopedic Problems (Scoliosis)
___ Convulsions ___ Seizures
___ Diabetes ___ Vision

*** Please note that for your child's protection, certain serious medical conditions, such as seizures and severe allergies are made known in a confidential manner to the appropriate staff members on a need to know basis. This will ensure that these individuals can properly respond in the event of a medical emergency. If you have any questions please contact the school (camp) administration.

Doctor's Name _____ **Phone:** _____

Dentist's Name _____ **Phone:** _____

Insurance Carrier _____ **ID#** _____

Date of most recent Physical Exam: _____

Recent Surgery (type & date) _____ Body piercing(s)? (Need to be removed)

Are there any physical education / sports / playground restrictions? _____

Medications (All prescriptions must be in original bottle, labeled and with complete physician instructions)

Parents are required to provide sunscreen, and give permission for staff to apply if needed.

Will your child need any medication at camp? ___ Yes ___ No

Med Name: _____ Dosage: _____ Time to Administer: _____

Med Name: _____ Dosage: _____ Time to Administer: _____

If dosage is missed? (Instructions) _____

Student may self administer medication (Yes or No) _____ (Doctor's permission note must accompany)

All medications must be given to Destiny Administrative staff upon check in, and picked up at conclusion of activities for that day.

Parent / Guardian Signature: _____ Date: _____



Medical Release

(I) (We) the undersigned, parent(s) of _____, a minor, do hereby authorize the hospital most accessible during the time of accident or illness or _____ (please state hospital preferred) as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed in the State of New York or the medical staff of said hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnoses, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Parent/ Guardian Signature

Date

Destiny Christian School & Preschool
1876 Elmwood Avenue Rochester, NY 14620
phone: (585) 473-1680 ext 250 fax: (585) 473-2112

