



A Day Camp for Children with Mild Disabilities

2024 COST PER SESSION: \$175 ALPHARETTA RESIDENTS/ \$262.50 NON-RESIDENTS

Payment must be made in FULL at the time of registration

OFFICE USE:

NEW RETURNING

Payment:

Check_____ Charge_____

Funding:_____

Fulton County Resident:

Yes No

Sessions (Check all that apply)

Session 1: June 3 - June 7 _____

Session 2: June 10 - June 14 _____

Session 3: June 17 - June 21 _____

Session 4: June 24 - June 28 _____

(No camp July 1 - July 5)

Session 5: July 8 - July 12 _____

Session 6: July 15 - July 19 _____

Session 7: July 22 - July 26 _____

***Camp on Friday, July 26 ends at 4:30pm at Lionheart School**

Participant Name						Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth	/ /	Age as of 6/3/2024		Grade('24 school year)		Nickname		
Address					City		St	Zip
Name of Parent/Guardian								
Primary Phone					Secondary Phone			
E-Mail Address								
T-shirt (check preferred size)				<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL				
Child lives with (please check all that apply)		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____						
1st Parent/Guardian					Relationship			
Work Phone					Cell Phone			
2nd Parent/Guardian					Relationship			
Work Phone					Cell Phone			
Emergency Contact #1 (adult name & phone required)								
Emergency Contact #2 (adult name & phone required)								
List the names of all persons authorized to pick up your child from camp (including parents):								
Name		Relationship			Contact Phone			

Please check or circle the correct response, complete each category and list any other information you feel the City of Alpharetta Recreation, Parks & Cultural Services should be aware of to provide safe and enjoyable summer for your child.

Medical Conditions:			
<input type="checkbox"/> Diabetes <input type="checkbox"/> Shunts <input type="checkbox"/> Braces <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Ear Tubes <input type="checkbox"/> Needs Interpreter <input type="checkbox"/> Glasses <input type="checkbox"/> Non-Verbal Communication (type) _____ Other: _____			
Does your child have any allergies?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	
How does an allergic reaction present itself?			
How do you manage an allergic reaction?			
Does your child require an EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____			
Seizures:		<input type="checkbox"/> Yes <input type="checkbox"/> No Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No Are seizures controlled by medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of last seizure: _____ Type of seizure and treatment desired: _____			
Do you have a hospital preference?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list: _____	
Is a bus aide required for school transportation		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain why: _____	
Please list all doctors diagnosis of your child's primary and secondary disabilities.			
Name of primary disability			
Name of secondary disability			
Has/Is your child receiving any of the following special education			
<input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Speech/Language <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Other _____			
Are there any activities your child cannot participate in due to physical, social or religious reasons?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list activities:			
Other information we may find helpful to know:			
Medications:			
Medication	Dosage	Time	Administration Directions

All medications should be sent in the ORIGINAL PACKAGE / CONTAINER with the time of day to be given and dosage clearly marked. DO NOT SEND ANY MEDICATIONS IN UNMARKED CONTAINERS! - Medication not in clearly marked prescription container will not be accepted.

I, _____, authorize the staff of the Alpharetta Recreation, Parks & Cultural Services to administer medication to my child/children.

Permission to give my child Tylenol Yes _____ No _____

Signature of Parent/Guardian _____ Date _____

*****Please fill out the attached Medication Authorization Form if your child requires medication at camp*****

Camp Happy Hearts serves a variety of children with special needs. To insure the safety of all our participants, we cannot accept children who display violent or aggressive behavior, are a risk to other children or are such an interruption that camp activities cannot continue. We are not able to accept campers who require one-to-one care.

Behavior:	
Does your child follow step by step instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When upset, what type of behavior does your child display?	
What calms your child down?	
What is the best discipline technique for your child?	
This past school year, has your child had a history of: <input type="checkbox"/> Hitting <input type="checkbox"/> Biting <input type="checkbox"/> Spitting	
Has your child ever required physical restraint? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	
When in public does your child have a tendency to run away or bolt? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Care Needs	
When eating, does your child need assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
List any foods your child is NOT allowed to eat:	
List any foods your child really dislikes:	
Is your child toilet trained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How shall we assist your child in going to the bathroom?	

*****Special utensils, straws and any assistive devices are to be provided by the camper*****

Please inform us of any behavior or daily routine change upon arrival at camp.

Please send a change of clothes if your child is prone to toileting mishaps.

Swimming Ability:	
What level is your child: <input type="checkbox"/> Beginner <input type="checkbox"/> Advanced Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Diving	
Can your child swim without assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require that your child wear a life jacket? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can your child go off the diving board? <input type="checkbox"/> Yes <input type="checkbox"/> No (Life jackets are not allowed to be worn while using the diving board)	
Do you give CHH staff permission to apply sunscreen before going to the pool, on field trips and outings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Diving Board Permission Form

I/ We give permission for my child to be given the opportunity to use the diving boards. By signing this you are allowing your child to take the “camp diving test.” As a City of Alpharetta policy no child can jump from a diving board with floatation devices on.

Parent Guardian Signature

Date

Other information we may find helpful to know:

City of Alpharetta Recreation and Parks

To register the following must be completed:

-Camp Application - Interview (new campers) - Payment Enclosed for Each Week of Camp

REFUND POLICY: Any participant may receive a refund, minus a \$5 service fee, if the cancellation request has been received by email or phone before Wednesday at 5pm the week prior to the scheduled start of the camp week your requesting a cancellation for. No refunds will be issued for cancellations after Wednesday at 5pm.

NOTICE OF EXEMPTION:

IRS publication 503 states that entities who are not licensed dependent care facilities by their state or county government are not eligible to provide tax deductible services. I understand and acknowledge that Camp Happy Hearts is not a day camp licensed by the State of Georgia.

I, _____ acknowledge that I haven informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state license requirements.

Parent/Guardian Signature

Date

Please read the following and sign below:

I give the City of Alpharetta permission to transport my child on fieldtrips. I understand that I will be notified of exact times and locations.

I understand that the City of Alpharetta is not responsible for children until they are signed in the program either by a parent, guardian or authorized alternate (age 16 or older). I understand the City of Alpharetta is no longer responsible for the program participant once he or she has been checked out.

I/We, the above Participant(s) and/or spouse and/or parents/guardians of the above Participant(s), do hereby consent to my/our/his/her participation in the above Activity including all programs incidental to the Activity. While the City of Alpharetta carries liability insurance, I/We assume all responsibilities for, and risk and hazards of, participation in the Activity, including transportation to and from all programs in the Activity. In consideration of being allowed to participate in the Activity, I/We hereby release and forever discharge the City of Alpharetta, the City of Alpharetta Recreation and Parks Department, and their respective officials, officers, employees, sponsors, organizers, supervisors, volunteers, participants and agents, from any and all claims, actions or causes of action of whatever kind and nature, including claims for property damage, bodily injury or death, arising out of, or sustained as a result of, my/our/his/her participation in the Activity and all programs incidental to the Activity. I/We understand the refund policies as listed in the current department leisure guide. I hereby give the City of Alpharetta ("City") permission to take photographs of me or photographs in which I may be involved with others without compensation to me. These photographs may be used by the City for promotional and information purposes in print, on the City website and in other media. If paying by credit card: I understand that my credit card billing address must match the billing address on record with my financial institution for my payment to be authorized, and that any payments that do not receive authorization can result in temporary charges being placed on my credit card. I agree to pay the total amount in accordance with the card issuer agreement.

I/We have received the parent handbook and understand that I/We must abide by all the policies and procedures set forth in the handbook.

Parent/Guardian Signature

Date

Credit card #

Expiration date

3 or 4 digit security code

Funding for Camp Happy Hearts is provided in part by the Fulton County Board of Commissioners under the guidance of the Housing and Community Development.



CAMPER CODE OF CONDUCT

(Please review with your child)

It is our hope that every child, participating in our program, will have a positive experience that will last a lifetime. To help everyone get the most out of their camp experience, we have set up a list of ground rules to help parents and children understand what we expect at camp. We recognize the special needs of our campers and will, as much as possible, individualize the rules according to the needs and abilities of each camper.

Camp has four basic rules that we explain to the children and post in each room. We have these rules so that everyone can be assured of a positive experience.

- **Respect yourself, others and property.** Abusiveness toward others or using inappropriate language, fighting, stealing, etc. is not allowed. It also includes property damage, graffiti or vandalism.
- **Participate in camp activities.** It is camp's responsibility to know where campers are at all times. We encourage campers to try all activities unless excused by staff. Campers are supervised at all times and cannot be left alone. Campers must be able to participate in activities with limited assistance.
- **Follow directions.** There are a lot of fun things to do at camp, but every activity has rules so we can operate the activity safely and appropriately. We ask the campers to follow staff direction during these activities.
- **No put-downs.** An example of this would include name-calling, racial slurs or inappropriate practical jokes.

If we do have a problem with inappropriate behavior, the following is Camp Happy Heart's behavior policy:

- **First Offense:** Camper will be given verbal warning.
- **Second Offense:** Camper will be put in timeout with an explanation and discussion on what is causing the problem. If the counselor needs help, the Director or Assistant Director will work with the child to help avoid further problems. We will also discuss with parents to see if any suggestions can be made in order to deter the inappropriate behavior.
- **After two (2) timeouts** have occurred, the Director/Assistant Director will suspend the child from camp for the remainder of the day and will contact the parent/guardian to pick them up immediately. Campers suspended will remain under the supervision of the Director/Assistant Director until a parent/guardian arrives.
- **After two (2) suspensions** from camp, the participant will be removed from the program for the rest of the session and there will be no refund for the remainder of that session. Attendance in camp for future sessions will be discussed with parents/guardians. Based on the Director/Assistant Director's input, the Program Coordinator will make the final determination of the whether the camper will return to the program.
- **In the event of a major offense or the camper physically injures another camper or counselor,** they will immediately be removed from the camp for the remainder of the summer. There will be no refund for the week the camper is attending; refunds for remaining weeks will be decided by the Program Supervisor, dependent upon the ability to fill the camper's place with another camper on a wait list.
- **Because of the 1:4 staff to child ratio behavior that requires one on one attention on an hourly or daily basis cannot be tolerated. Camp leadership will schedule a parent meeting and dismissal from the program may occur.**
- **The Program Coordinator reserves the right to remove a child from camp at any time in the event the campers and counselors safety and well-being are compromised.**

It is our hope that each child will go home with great memories of camp. These rules are designed to protect the camper's experience so that one unruly child won't ruin the experience for the rest. If you have any questions or comments, please feel free to call. It is our mission to provide a quality experience for everyone.

I understand and accept that my child must abide by the Camper Code of Conduct

Parent Signature: _____ **Date:** _____

AUTHORIZATION TO GIVE MEDICATION AT CAMP

If medication can be given at home, before or after camp hours, please do so. If medication must be given during camp hours, this form must be completed.

Camper's Name: _____

I authorize the City of Alpharetta's Camp staff to assist my child in taking this medication.

I understand that:

- Medications must be in the original labeled container. Pharmacists may provide two labeled bottles for this purpose. Medications sent in an unlabeled containers will not be given.
- Written permission of the parent/guardian is required for the administration of all medications.
- The parent/guardian must inform staff of any medication changes. New medication or new doses will not be given unless a new form is completed.
- Medications must be brought to the staff by the parent/guardian.
- Unused medication will be disposed of unless picked up within one week.

Name of medication: _____

Dose _____ Route* _____ Time(s) to be given _____

*Route: The method that medication is administered, such as by mouth, injection, inhaler, rectum, etc.

Date to discontinue medication: _____

Condition/Illness requiring medication: _____

Possible side effects, if any: _____

Licensed health care provider: _____

Licensed health care provider's phone: _____

Waiver of Liability

I, the undersigned, understand and acknowledge that participation in a class, day camp or activity can be hazardous, and I hereby assume all risk while participating. I, and anyone entitled to act on my behalf, waive and release the City of Alpharetta, its agents, employees, officers, officials and sponsors from all rights and claims for any personal injury, death, or property damage suffered by me, my child, or that I cause to others, as a result of my participation in this class, day camp or activity. I, the undersigned, give permission to the City of Alpharetta to obtain and authorize medical care for participants at any hospital, emergency medical center or any other health facility; by any medical doctor, osteopath, nurse, surgeon or any other medical practitioner. I also agree to be responsible for the expenses of any medical care required, and I hold the staff authorizing the medical care harmless from any damages suffered by the participant as a result of the medical treatment authorized.

Parent/Legal Guardian Signature

Date

Phone (H): _____ Phone (W): _____ Phone (C): _____