

CAMP HUTCHINS IDENTIFICATION AND EMERGENCY INFORMATION



To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	BIRTH DATE
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME PHONE ()
FATHER'S NAME	LAST	MIDDLE	FIRST	CELL PHONE ()	
FATHER'S EMPLOYER					BUSINESS PHONE ()
MOTHER'S NAME	LAST	MIDDLE	FIRST	CELL PHONE ()	
MOTHER'S EMPLOYER					BUSINESS PHONE ()
CHILD RESIDES WITH: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STEP-MOTHER <input type="checkbox"/> STEP-FATHER <input type="checkbox"/> OTHER _____					

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

IN CASE OF EMERGENCY WHEN A PARENT OR ALTERNATIVES ARE UNAVAILABLE, CAMP HUTCHINS IS AUTHORIZED TO OBTAIN MEDICAL CARE FOR MY CHILD OR SEND MY CHILD TO THE NEAREST HOSPITAL BY AMBULANCE AT PARENT'S EXPENSE.

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER, EXPLAIN: _____

PLEASE CHECK THE FOLLOWING ALLERGIES/CONDITIONS WHICH MAY RESULT IN AN EMERGENCY FOR YOUR CHILD:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Allergies (food, medication, bee stings, etc., causing anaphylactic shock) | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Other |
| <input type="checkbox"/> Diabetes | PLEASE EXPLAIN IF ANY BOX IS CHECKED: |
| <input type="checkbox"/> Hearing Impaired | _____ |
| <input type="checkbox"/> Heart Defect | _____ |
| <input type="checkbox"/> Takes Medication | _____ |

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

NAME	RELATIONSHIP

PLEASE CHECK HERE IF YOU DO NOT WANT YOUR CHILD INTERVIEWED OR PHOTOGRAPHED BY THE MEDIA (NEWSPAPER, RADIO OR TELEVISION). IF CHECKED, PLEASE DISCUSS THIS WITH YOUR CHILD.

SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR

DATE OF ADMISSION	DATE LEFT
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CAMP HUTCHINS
Hutchins Street Square
125 S. Hutchins
Lodi, CA 95240
(209) 334-2267 / FAX (209) 334-2201
Tax ID #: 941044474
camphutchins@sbcglobal.net



ADMISSION AGREEMENT

Camp Hutchins will provide the following basic services for:

Name of child (Please print)

Birth date

Basic services include the following:

(A child's completed schedule and age will determine which of the following services will apply.)

1. Daily preschool program with curriculum to prepare a child for Kindergarten.
2. Before and/or after school child care.
3. Morning and/or afternoon snack and lunch within nutrition guidelines.
4. Optional introduction to water at indoor pool on the premises.
5. Quiet or nap time.
6. Outdoor play.
7. Group and individual learning activities.
8. Staff that provide a caring and safe environment.

The rate for the above services is determined by the Weekly Rate Sheet and completed Schedule of Attendance included in the enrollment packet.

Credit/debit cards, cash, money orders and checks made payable to Camp Hutchins are accepted.

All payments are due in advance every Monday or the first day of attendance for that week.

Any modifications or changes to Camp Hutchins rates or policies will be posted 30 days before implementation.

Refunds are issued for overpayments only if the child will not be returning to Camp Hutchins within 6 months.

This agreement will be terminated if any one of the following occurs:

1. Serious illness that prevents continued attendance.
2. Failure of responsible party to honor the obligations and abide by the policies listed in the Parent Handbook.
3. Camp Hutchins staff determined that they are unable to meet the needs of the child.
4. Camp Hutchins staff determines that it is not in the best interest of the program or other children enrolled to have the child in attendance.

5. Failure of the child's parents/guardians to cooperate with the Camp Hutchins staff.
6. Failure of the child's parents/guardians to make registration and tuition payments.

The State of California, Department of Social Services has the right to enter and inspect Camp Hutchins at any time, for any reason, with or without advance notification. They have the authority to interview children, staff, and may inspect records without prior consent.

I have received and read the Camp Hutchins Parent Handbook. I understand and agree to cooperate with the policies therein. I further agree to make tuition payments on time in order for the continued attendance of the child enrolled. I understand tuition charges will apply if a two week written notice is not given for cancellations, schedule changes, or withdrawal from the program. I further understand that any documentation in my child's file becomes the property of Camp Hutchins/Lodi Memorial Hospital and will be kept strictly confidential.

Parent/Guardian name (Please print)

Parent/Guardian signature

Date



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Field Trip Consent

I, _____, give my permission
(Please Print)

for my child(ren), _____ to take part
(Please Print)

in field trips or walks arranged and supervised by the Camp Hutchins Staff. I will be notified in advance of any field trips off site and if transportation is required.

Date _____
Parent/Guardian Signature



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Consent for Emergency Medical Treatment

As the parent or authorized representative, I hereby give consent to Camp Hutchins to obtain all emergency medical or dental care prescribed by a duly licensed physician (MD), osteopath (DO), or dentist (DDS) for:

_____ (child's name)

This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.

_____ Date _____
Parent or authorized representative signature

_____ Home address

_____ Home phone _____ Daytime phone