



# Ocean Springs Parks and Leisure

## After School & Summer Camp Program Registration Packet

Date: \_\_\_\_\_

Please Print Clearly! Each Participant must have their own form.

Childs Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Primary Address \_\_\_\_\_

Primary Contact Number \_\_\_\_\_ Alternate Contact Number \_\_\_\_\_

Childs School: \_\_\_\_\_ Grade \_\_\_\_\_

Childs living arrangements \_\_\_\_\_

Childs T-Shirt Size: YXS YS YM YL AS AM AL AXL AXXL

**Primary Contact Name** \_\_\_\_\_ Relation to child \_\_\_\_\_

Contact Number \_\_\_\_\_ Alternate Contact Number \_\_\_\_\_

Place of Employment \_\_\_\_\_

Employment Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Primary Email \_\_\_\_\_

**Secondary Contact Name** \_\_\_\_\_ Relation to child \_\_\_\_\_

Contact Number \_\_\_\_\_ Alternate Contact Number \_\_\_\_\_

Place of Employment \_\_\_\_\_

Employment Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Secondary Email \_\_\_\_\_

**Marital Status:** MARRIED DIVORCED SINGLE **Military Deployment:** MOM DAD

### Emergency Contacts Other Than Parents:

1. Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Contact Number \_\_\_\_\_ Alternate Contact Number \_\_\_\_\_

2. Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Contact Number \_\_\_\_\_ Alternate Contact Number \_\_\_\_\_

**Medical Problems or Allergies:** \_\_\_\_\_

Childs Physician \_\_\_\_\_ Phone \_\_\_\_\_

Any Special Needs: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_





## After School & Summer Camp Program Pick-Up Authorization List

Please \_\_\_\_\_ rized to pick up your child.

**\*\*\*NOTE: WE WILL NOT RELEASE YOUR CHILD TO ANYONE WHO IS NOT LISTED ON THIS FORM!**

- \*\* Anyone picking up your child will be required to show a photo ID
- \*\* Only people 18 and over will be authorized to pick up a child from the program.
- \*\* If both parents are listed on the registration form that indicates to us that either parent is authorized to pick-up your child unless court documents are provided stating otherwise.
- \*\* Please let us know as soon as possible of any changes that need to be made to this list.
- \*\* All information is kept confidential

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\*\* Should an authorized person arrive to pick up your child that exhibits behavior as if under the influence of drugs or alcohol, the OSPL staff reserves the right to not release the child to that individual\*\*

\*\* The responsibility that OSPL has for your child ends when an authorized person has signed out from the program\*\*

\*\* Children cannot be left at the program site unless released to a program staff member who is there to supervise the child\*\*

\*\* Program Staff is NOT allowed to babysit or transport children at any time or for any reason outside of the After School Program\*\*\*

**I have received, read, and understand the OSPL Program Parent Legal Guardian Authorization for.**

**Signature**

**Date**

**OSPL After School Program Fees  
(Kindergarten- 6<sup>th</sup> grade)**



<b>AS Weekly 1 child</b>	<b>AS Weekly 2 Children</b>	<b>AS Weekly 3 Children</b>
<b>\$40.00</b>	<b>\$70.00</b>	<b>\$105.00</b>

**\*\*\* There is a non-refundable application fee of \$25.00 per child.**

**\*\*\*\* Fees are due every Monday. Payments can be made with cash, check, credit card or money order. A 3% administrative fee will be assessed on all credit and debit card transactions.**

**After School Hours: Monday-Friday 2:30pm-6:00pm**

**Late Pick-up Fees: \$10.00 after the first 5 minutes and \$1.00 per minute after**

**Applied per child to anyone picked up after 6:00pm**

**Children not picked up by 7pm will be taken to the OS Police Department and left in their custody.**

**Late fees are due that same day.**

**Payment Violations & Consequences**

- **Payments not made by 6pm on Monday will result in a \$10 late fee automatically assessed on Tuesday.**
- **If payment is not made before Wednesday, your child will NOT be allowed to attend camp until payment is made.**
- **Issuance of post-dated checks will NOT be accepted**
- **\$40 returned check fee**
- **Returned checks you will be required to make payments in cash.**



**Office Use ONLY**

**Registration Fees Received**

Date _____	Receipt # _____	School Year _____	Staff Initials _____
Date _____	Receipt # _____	School Year _____	Staff Initials _____
Date _____	Receipt # _____	School Year _____	Staff Initials _____
Date _____	Receipt # _____	School Year _____	Staff Initials _____
Date _____	Receipt # _____	School Year _____	Staff Initials _____
Date _____	Receipt # _____	School Year _____	Staff Initials _____
Date _____	Receipt # _____	School Year _____	Staff Initials _____
Date _____	Receipt # _____	School Year _____	Staff Initials _____

**OSPL Summer Camp Program Fees**

**(Ages 5-12)**

<b>SC Weekly 1 child</b>	<b>SC Weekly 2 Children</b>	<b>SC Weekly 3 Children</b>
<b>\$65.00</b>	<b>\$120.00</b>	<b>\$180.00</b>

**\*\*\* There is a non-refundable application fee of \$25.00 per child.**

**\*\*\* There is a \$105.00 Field Trip Fee PER CHILD. Non-refundable once camp begins.**

**\*\*\*\* Fees are due every Monday. Payments can be made with cash, check, credit card or money order. A 3% administrative fee will be assessed on all credit and debit card transactions.**

**Summer Camp Hours: Monday-Friday 6:15am-6:00pm**

**Late Pick-up Fees: \$10.00 after the first 5 minutes and \$1.00 per minute after**

**Applied per child to anyone picked up after 6:00pm**

**Children not picked up by 7pm will be taken to the OS Police Department and left in their custody.**

**Late fees are due that same day.**

**Payment Violations & Consequences**

- **Payments not made by 6pm on Monday will result in a \$10 late fee automatically assessed on Tuesday.**
- **If payment is not made before Wednesday, your child will NOT be allowed to attend camp until payment is made.**
- **Issuance of post-dated checks will NOT be accepted**
- **There is a \$40 returned check fee**
- **After 2 returned checks you will be required to make payments in cash.**



Office Use ONLY

Registration Fees Received

Date _____	Receipt # _____	Camp Year _____	Staff Initials _____
Date _____	Receipt # _____	Camp Year _____	Staff Initials _____
Date _____	Receipt # _____	Camp Year _____	Staff Initials _____
Date _____	Receipt # _____	Camp Year _____	Staff Initials _____
Date _____	Receipt # _____	Camp Year _____	Staff Initials _____
Date _____	Receipt # _____	Camp Year _____	Staff Initials _____
Date _____	Receipt # _____	Camp Year _____	Staff Initials _____
Date _____	Receipt # _____	Camp Year _____	Staff Initials _____

**Ocean Springs Parks & Leisure**

**After School & Summer Camp Program Waiver**

The undersigned acknowledges and agrees to the following:

1. OSPL operates on a first come, first serve basis and by filling out this contract you acknowledge that you are reserving your child(ren)'s spot in our program and understand that you are financially responsible for weekly fees whether your child attends during that week or not. You may withdraw your child (ren) by notifying the

Camp Coordinator **TWO WEEKS** in advance and by completing a withdrawal form. **Please note-** You **WILL** be responsible for all fees until your child (ren) have been withdrawn.

2. The child named on this application has my permission to attend the scheduled field trips, which are organized and sponsored by the City of Ocean Springs Department of Parks & Leisure Services After- School &/or Summer Camp Program. I understand that I will be notified in advance of all field trips and of any additional fees or arrangements which may arise as a result of field trips. Additionally, I understand that transportation to and from the destinations will be by bus and if I do not wish for my child to participate in any of the scheduled field trips, I will notify my child's camp director in writing at least 24hrs prior to the scheduled trip. I acknowledge that trip schedules may change due to unforeseen and uncontrollable situations.

3. Soliciting counselors for personal childcare use outside of the OSPL programs is prohibited.

4. I give permission for my child to participate in physical activities that may include but are not limited to running, walking, hiking, a variety of age appropriate games, outdoor exercise, and games involving equipment accompanied by OSPL childcare personnel.

5. I give permission for my child to participate in supervised water activities, including water activities at the center. I will be given notice for all off-site water activities and all activities will meet OSPL's Childcare standards expressed in the Handbook.

6. In consideration of the services and facilities provided by the Ocean Springs Parks & Leisure Services, its employees, agents, sponsors and officers, I hereby release and forever discharge the aforementioned from any and all liability arising out of my child's participation in this program.

7. I am fully aware of the risks inherent to the above activities and I will-not allow my child to participate unless medically able. I assume all risks associated with said activities. .

8. I understand that OSPL is not responsible for personal property lost or stolen while program participants are using OSPL facilities, participating in OSPL activities, or on OSPL premises.

9. I give my permission to OSPL for the use of photos and slides that may be taken of my child or of myself and to use, without limitation or obligation, photographs, film footage, or tape recordings which may include either my image or voice or the image and voice of my child for purposes of promoting or interpreting OSPL programs.

10. In the event of an emergency and my emergency contact person cannot be reached, I hereby give permission to the physician selected by OSPL to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.



## Ocean Springs Parks & Leisure

### After School & Summer Camp Program Waiver Continued

11. I understand it is my responsibility to keep OSPL staff advised of significant changes in enrollment information concerning any information on the registration form such as phone number, physicians, medical

concerns, etc. I also understand that any changes must be made in writing and submitted to the OSPL Camp Coordinator.

12. I have read and fully understand that these terms are contractual and not a mere recital and sign it voluntarily.

**I, the parent/guardian of the child whose name appears on this application, who is participating in the Ocean Springs Parks & Leisure Services After School and/or Summer Camp Program, hereby give my permission and approval to his/her participation during the current year. I assume all risks and hazards incidental to the conduct of this program and its activities. I do further hereby release, absolve, and indemnify and hold harmless the Ocean Springs Parks and Leisure Services Department, the organizers, the sponsors, the supervisors as well as any claim against any person transporting my child to and from the activities.**

Signature of Parent/Guardian \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_



	<p>The Ocean Springs Parks &amp; Leisure Services After-school &amp; Summer Programs are operated by the City of Ocean Springs Parks &amp; Leisure Services Department and is fully licensed by the Mississippi State Department of Health Office of Child Care Licensure.</p>
	<p>All policies and procedures administered by this program are in full compliance with the regulations set forth by this governing authority including but not limited to: staff training, camp operations, background checks, staff/child ratios, etc.</p>
	<p><i>REVISED January 2016</i></p>

REVISED JANUARY 2016

