

Annual Conference Child Care Registration Form



Session Name:		Session Date:	
Camper Name:		Likes to be Called:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Completed:	Age:	Birth Date:
Registering Parent / Guardian:		Relationship:	
Mailing Address:			
City:	State:	Zip:	Email:
Home Phone		Cell Phone	

Contact info at Annual Conference	
Parent / Guardian Name:	Relationship:
Cell Phone #:	
E-mail:	
Preferred Method of Contact: (circle) Call Text E-mail	
Parent / Guardian Name:	Relationship:
Cell Phone #:	
E-mail:	
Preferred Method of Contact: (circle) Call Text E-mail	
In Case of Emergency at Annual Conference, please include 2 additional emergency contacts	
Emergency Contact 1:	
24 Contact #(s)	
Emergency Contact 2:	
24 Contact #(s)	

Child Care Sessions to Attend	
<i>(Please check all child will to attend)</i>	
Thurs 6/11: 12:45pm - 5:15pm	<input type="checkbox"/>
Thurs 6/11: 6:45pm - 9:15pm	<input type="checkbox"/>
Fri 6/12: 7:45am - 12:45pm	<input type="checkbox"/>
Fri 6/12: 2:15pm - 5:15pm	<input type="checkbox"/>
Fri 6/12: 6:45pm - 9:15pm	<input type="checkbox"/>
Sat 6/13: 7:45am - 12:15pm	<input type="checkbox"/>
Sat 6/13: 1:45pm - 5:15pm	<input type="checkbox"/>
Sat 6/13: 6:45pm - 9:15pm	<input type="checkbox"/>
Sun 6/14: 8:15am - 12:15pm	<input type="checkbox"/>

3 or more sessions	
1st child	\$75
2nd child in same family	\$45
Additional child in same family	\$35
Individual sessions	
\$25 each session per child	

Financial / Payment	
Deposit (required)	
Total	

Mail Registration & Deposit to:

Buckhorn United Methodist Camp
PO Box 125
Bellvue, CO 80512

970.484.2508
www.buckhorncamp.org
buckhorncamp@gmail.com

AUTHORIZATION TO PARTICIPATE OR EXCLUDE PARTICPATION FROM ACTIVITIES

I hereby give permission for my child to go on outings on the YMCA premises, whether on foot or by vehicle. I give permission for my child to participate in teambuilding, games, arts & crafts, and similar style camp fun, excluding the activities listed below. I understand that these are activities that involve a degree of risk, and that only qualified leadership will be used. I understand that by signing this waiver I am releasing Buckhorn Camp Leaders from all liabilities in the event of an injury or accident. I also give my permission for any necessary medical/surgical treatment that may be necessary in the unlikely event that an accident should occur. I also give my permission for voice recordings, photos, and videos taken during camp participation to be used by Buckhorn Camp or the Rocky Mountain Conference, UMC for promotion.

Please list any activities you DO NOT wish your camper to participate in:

Parent/guardian signature:

Date:

Annual Conference Child Care Registration Form



Child's Name: _____

Background Information

What grade is your child entering? _____
 Is this your child's first child care experience YES / NO
 Is your child coming with a friend? YES / NO
 Does he/she have a birthday during A.C. YES / NO
 If so, date: _____

Because of the age range of kids:
 Is your child toilet trained? YES / NO
(if not please include extra change of clothes)
 Is your child in diapers? YES / NO
(if so please include changing kits)
 Does your child nap after lunch? YES / NO
 Will your child bring a "security" item (like a blankee)? YES / NO

My Child is most excited about:

Is there anything that your child is nervous about?

The perfect counselor for my child would have these qualities:

What should we know about your child? Please include specific instructions or understanding we should have / know.

Persons Authorized to Pick Up My Child

(in addition to contacts listed)
 Names: _____ Phone #'s _____

Persons NOT Authorized to Pick Up My Child

Names: _____

Additional Possible Activities at YMCA of the Rockies

The YMCA has a host of wonderful activities that may be appropriate for our kids. Based on our group ages, attendance numbers and time slot availability we would like to set up some of the following activities. If you child would like to participate please indicate "yes". If indifferent please leave unchecked. If not appropriate please check the "no" column

Activity	Yes	No
Hiking		
Archery		
Game Room		
Indoor Swimming Pool		
Miniature Golf		
Disk Golf		
Playground		
Labyrinth		

Annual Conference Child Care Registration Form



Child's Name: _____

Health History / Inquiry

To help us provide the best care we can – please supply us with as much supplemental relevant information as possible. If there is relevant information in addition to the below – please attach more.

ALLERGIES List all known. Describe reaction and management of the reaction

Medication allergies (list)

Food allergies (list)

Other allergies (list) include insect, hay, fever, asthma, animal dander, etc.

RESTRICTIONS

The following restrictions apply to this individual:

Dietary (as related to snacks)

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

Has / Does the Participant	YES	NO
1. Had any recent injury, illness or infectious disease?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?.....	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
17. Ever had problems with joints (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have an orthodontic appliance being brought to camp? ..	<input type="checkbox"/>	<input type="checkbox"/>
19. Have any skin problems (e.g., itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have asthma?.....	<input type="checkbox"/>	<input type="checkbox"/>
22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
23. Had problems with diarrhea/constipation?.....	<input type="checkbox"/>	<input type="checkbox"/>
24. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the across questions – Please explain (noting number)

Please provide any additional information about the participant's behavior and physical, emotional, or mental health about which we should be aware