



Camp Keystone
2010 Registration Packet

REGISTRATION FORM

Please complete the registration packet and return with \$100 deposit to:

Keystone Behavioral Pediatrics
6867 Southpoint Drive North, Suite 106
Jacksonville, FL 32216

CAMPER INFORMATION

Camper's Name: _____ Age: _____ DOB: _____

Address: _____

Email: _____ Home Phone: _____

Camper's T-shirt size: (Youth) S M L (Adult) S M L XL

PARENT INFORMATION

Mother/Guardian: _____ Cell: _____

Place of Work: _____ Phone: _____

Father/Guardian: _____ Cell: _____

Place of Work: _____ Phone: _____

Session Dates	Theme	Fee *	Place an "X" by the weeks you wish to attend:
June 14 th -18 th	WELCOME TO CAMP	\$500	
June 21 st -25 th	OFF ON A SAFARI	\$500	
June 28 th - July 2 nd	FIREWORKS/ JULY 4TH	\$500	
July 5 th - 9 th	UNDER THE SEA	\$500	
July 12 th - 16 th	RODEO ROUND UP	\$500	
July 19 th - 23 rd	BLAST OFF!	\$500	
July 26 th - 30 th	DIGGING FOR DINOSAURS	\$500	

* Payment is due every Monday.

Camp Information

Age groups:

Pre-K: 3-5 years

Primary: 6-8 years

Intermediate: 9-12 years

Camp Overview

- Each camper will be assigned to a group based on their age. An assistant will be assigned to each group to help the teacher/therapist with the day's activities.
- Direct Instruction will be tailored to each camper's individual needs. Curriculum will focus on reading, handwriting, and math.
- Arts & Crafts will be a fun time for each camper to express their individual personalities in an artistic way. Craft projects will be sent home at the end of the week.
- Team Sports will give the camper time to exercise, as well as learn valuable social skills. Activities will be adapted to each group's ability level.
- Social Skills activities will teach the campers appropriate ways to communicate, interact, and also with daily life skills.

Camp Reminders

Send these items to camp with your child everyday:

- Lunch (see note below)
- Extra change of clothes (shoes and socks, too!)
- Water bottle (refillable)
- Snacks (chips, fruit snacks, cookies, etc.)

Please do not send food that requires heating. Food that requires refrigeration should be sent in an insulated lunch box with an icepack.

Please keep all toys at home.

****Label ALL items sent to camp with child's first and last name. ****

EMERGENCY CONTACT & PICK-UP FORM

Camper's Name: _____ Age: _____

Emergency Contact List

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Authorized Pick-up List

Please write the names of any other individuals authorized to pick up your child. Children will be released only to individuals on this list. You must inform them to bring a PHOTO ID for pick up.

Note: It is illegal to leave a child unattended. Children must be picked up by 3:00 p.m. daily. There will be a late fee of \$1.00/minute charged for every minute past pick up time.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION

Does your child have any allergies? (i.e., medication, insects, seasonal allergies) _____

Does your child have any diet restrictions? (Please be specific) _____

Does your child take a daily medication that would need to be taken during camp hours? _____

If yes, please fill out the medication permission form and camper medication profile.

Please list any other important medical information below: _____

MEDICATION PERMISSION FORM

If your child requires medication during their time at camp the following rules must be observed:

- Sign this document as evidence of your consent.
- Complete the following medication profile for your child.
- A separate authorization form must be filled out for each medication administered.

There shall be no liability for civil damages as a result of the administration of such medication when the person administering such medication acts as a reasonable prudent person would act under the same circumstances.

Medication must be in the original pharmacy-labeled bottle.

Non-prescription medication must be in the original packaging with the manufacturer's label.

As legal parent or guardian, I hereby authorize: (Child's name) _____
to take the medication that I will provide, and authorize the camp to store these medications according to camp policies, and assist with administration of the medication as directed. I further agree to inform Keystone Behavioral Pediatrics of any changes in medication, including changes in when the medication is taken, change in the dose, new or different medication, a reaction to the medication, or discontinuation of medication. I understand that this consent applies to all medication, whether prescribed by a physician, or purchased over the counter without a prescription. I understand that this consent applies to camp only (June 14th – July 30th, 2010).

Print Parent/Guardian's name

Parent/Guardian's signature

Date

CAMPER MEDICATION PROFILE

Camper's Name: _____ Date of Birth: _____

Name of medication: _____

Medication dose: _____ Time to administer: _____

Method of administration: _____

Medication allergies: _____

Indication for use: _____

How long will your child need to take this medication? _____

When medication is discontinued, or a course of medicine is completed, pick up all unused medication within one week. Unclaimed medications will be destroyed.