

# OUTDOORS AFTER SCHOOL REGISTRATION FORM

CCWA - PARADISE FARM CAMPS

## HOUSEHOLD INFORMATION

ALL PROGRAM CORRESPONDENCE WILL BE ADDRESSED TO PARENT #1

PARTICIPANTS RESIDE WITH:  BOTH PARENTS  PARENT #1  PARENT #2  OTHER (PLEASE EXPLAIN)

HOME ADDRESS:

CITY, COUNTRY, STATE, ZIP:

PARENT #1 NAME: PARENT #2 NAME:

EMAIL ADDRESS: EMAIL ADDRESS:

CELL #: HOME #: CELL #: HOME #:

HOW DID YOU FIND OUT ABOUT PARADISE FARM CAMPS?

## EMERGENCY CONTACT

FIRST & LAST NAME: RELATIONSHIP:

HOME PHONE NUMBER: WORK OR CELL NUMBER: AUTHORIZED FOR PICK UP?  YES  NO

## AUTHORIZED PICK-UP

PERSONS AUTHORIZED TO PICK-UP IN ADDITION TO PARENTS AND/OR EMERGENCY CONTACT

AUTHORIZED PICK-UP #1: CELL PHONE #:

AUTHORIZED PICK-UP #2: CELL PHONE #:

AUTHORIZED PICK-UP #3: CELL PHONE #:

AUTHORIZED PICK-UP #4: CELL PHONE #:

## PARTICIPANT #1 INFORMATION

PARTICIPANT'S NAME: D.O.B: GENDER:

NAME OF SCHOOL: CURRENT GRADE:

ALLERGIES: PHYSICIAN'S NAME:

MAJOR MEDICAL CONDITIONS: PHYSICIAN'S PHONE #:

HEALTH INSURANCE CARRIER:

POLICY #: GROUP #:

## PARTICIPANT #1 SCHEDULE

The cost of Outdoors After School at PFC is \$30/child/day. Payment in full is required at the time of registration.

To register your child, use the calendar grid to the right to select which days they will be in attendance. Complete the grid for each individual participant.

If you would like to change or add program selections after initial registration, please call the main office (610.269.9111) and we will make changes when available.

	MON	TUE	WED	THU	FRI
10/12	<input type="checkbox"/>	10/13 <input type="checkbox"/>	10/14 <input type="checkbox"/>	10/15 <input type="checkbox"/>	10/16 <input type="checkbox"/>
10/19	<input type="checkbox"/>	10/20 <input type="checkbox"/>	10/21 <input type="checkbox"/>	10/22 <input type="checkbox"/>	10/23 <input type="checkbox"/>
10/26	<input type="checkbox"/>	10/27 <input type="checkbox"/>	10/28 <input type="checkbox"/>	10/29 <input type="checkbox"/>	10/30 <input type="checkbox"/>
11/2	<input type="checkbox"/>	11/3 <input type="checkbox"/>	11/4 <input type="checkbox"/>	11/5 <input type="checkbox"/>	11/6 <input type="checkbox"/>
11/9	<input type="checkbox"/>	11/10 <input type="checkbox"/>	11/11 <input type="checkbox"/>	11/12 <input type="checkbox"/>	11/13 <input type="checkbox"/>

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## PARTICIPANT #2 INFORMATION

PARTICIPANT'S NAME:	D.O.B.:	GENDER:
NAME OF SCHOOL:	CURRENT GRADE:	
ALLERGIES:	PHYSICIAN'S NAME:	
MAJOR MEDICAL CONDITIONS:	PHYSICIAN'S PHONE #:	
HEALTH INSURANCE CARRIER:		
POLICY #:	GROUP #:	

## PARTICIPANT #2 SCHEDULE

The cost of Outdoors After School at PFC is \$30/child/day.  
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To register your child, use the calendar grid to the right to select which days they will be in attendance. Complete the grid for each individual participant.

If you would like to change or add program selections after initial registration, please call the main office (610.269.9111) and we will make changes when available.

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10/19	<input type="checkbox"/>	10/20 <input type="checkbox"/>	10/21 <input type="checkbox"/>	10/22 <input type="checkbox"/>	10/23 <input type="checkbox"/>
10/26	<input type="checkbox"/>	10/27 <input type="checkbox"/>	10/28 <input type="checkbox"/>	10/29 <input type="checkbox"/>	10/30 <input type="checkbox"/>
11/2	<input type="checkbox"/>	11/3 <input type="checkbox"/>	11/4 <input type="checkbox"/>	11/5 <input type="checkbox"/>	11/6 <input type="checkbox"/>
11/9	<input type="checkbox"/>	11/10 <input type="checkbox"/>	11/11 <input type="checkbox"/>	11/12 <input type="checkbox"/>	11/13 <input type="checkbox"/>

## PARTICIPANT #3 INFORMATION

PARTICIPANT'S NAME:	D.O.B.:	GENDER:
NAME OF SCHOOL:	CURRENT GRADE:	
ALLERGIES:	PHYSICIAN'S NAME:	
MAJOR MEDICAL CONDITIONS:	PHYSICIAN'S PHONE #:	
HEALTH INSURANCE CARRIER:		
POLICY #:	GROUP #:	

## PARTICIPANT #3 SCHEDULE

The cost of Outdoors After School at PFC is \$30/child/day.  
Payment in full is required at the time of registration.

To register your child, use the calendar grid to the right to select which days they will be in attendance. Complete the grid for each individual participant.

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10/19	<input type="checkbox"/>	10/20 <input type="checkbox"/>	10/21 <input type="checkbox"/>	10/22 <input type="checkbox"/>	10/23 <input type="checkbox"/>
10/26	<input type="checkbox"/>	10/27 <input type="checkbox"/>	10/28 <input type="checkbox"/>	10/29 <input type="checkbox"/>	10/30 <input type="checkbox"/>
11/2	<input type="checkbox"/>	11/3 <input type="checkbox"/>	11/4 <input type="checkbox"/>	11/5 <input type="checkbox"/>	11/6 <input type="checkbox"/>
11/9	<input type="checkbox"/>	11/10 <input type="checkbox"/>	11/11 <input type="checkbox"/>	11/12 <input type="checkbox"/>	11/13 <input type="checkbox"/>

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## COVID-19 SCREENING

HAVE ANY OF THE PARTICIPANTS ON THIS FORM BEEN DIAGNOSED WITH COVID-19 IN THE PAST 14 DAYS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE ANY OF THE PARTICIPANTS ON THIS FORM CURRENTLY EXPERIENCING ANY 2 OF THE FOLLOWING SYMPTOMS:		
FEVER, COUGH, SHORTNESS OF BREATH, DIFFICULTY BREATHING, HEADACHE, OR LOSS OF TASTE OR SMELL ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IN THE PAST 48 HOURS, HAS ANYONE IN YOUR HOUSEHOLD VISITED AN AREA OF INCREASED COVID-19 RISK?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IN THE PAST 48 HOURS, HAS ANYONE IN YOUR HOUSEHOLD COME INTO CLOSE CONTACT WITH SOMEONE DIAGNOSED WITH COVID-19?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## TERMS AND CONDITIONS

Payment in full is required at time of registration. Enrollment is not complete until payment is made and you receive a confirmation from the organization. Cancellations made at least three days prior to program date will receive a full refund. No refunds are made for cancellations within three days of the program date, or to participants dismissed for inappropriate behavior, determined at the sole discretion of the Director. Paradise Farm Camps retains the right to dismiss any participant if it is deemed to be in the best interest of the organization and/or the participant. In the event of inclement weather, CCWA-Paradise Farm Camps will make every attempt to proceed with the program day. If the organization decides to cancel a program day due to severe weather or low enrollment, families will be offered a refund or an alternative date.

I understand that this program has inherent risks. It involves such things as vigorous physical activity, the gathering of large groups of people, and a rural outdoor setting. Participation in program activities may entail exposure to serious risks posed by the natural and/or outdoor environment, including but not limited to the tick borne illnesses Lyme Disease and Rocky Mountain Spotted Fever, Poison Ivy, heat and cold exposure, etc. I hereby release CCWA-Paradise Farm Camps, its agents and employees, from all liability associated with such inherent risks.

CCWA-Paradise Farm Camps will not provide medical care to participants of this program beyond basic first aid. In the event of injury or illness that requires care beyond basic first aid, every reasonable effort will be made to contact parent/guardian and/or emergency contact. In the event of an emergency, if timely contact cannot be made despite the organization's best efforts, the organization may need to make emergency medical decisions on behalf of the child. I hereby give permission to CCWA-Paradise Farm Camps and its representatives to provide basic first-aid and act en loco parentis for the emergency medical care of my child, including but not limited to contacting Emergency Medical Services for hospital transport. I agree that I am responsible for the cost of any outside health care provided and the cost of transporting my child.

The global COVID-19 pandemic has created additional risks for communal activities. CCWA-Paradise Farm Camps makes every effort to mitigate those risks per the CDC and PADOH recommendations. Mitigations such as: daily temperature screenings of participants and staff, pre-program screenings for symptoms and exposure, reduced group size, reduced co-mingling of groups, and increased sanitization efforts. Despite these mitigation efforts, the risk for COVID-19 exposure during the Outdoors After School program remains. I hereby hold harmless and release CCWA-Paradise Farm Camps, its agents and employees, from all liability to exposure to the novel COVID-19 virus. I agree that I am responsible for all costs of any health care required as a result of said exposure.

I hereby give permission for my child(ren) to be photographed or videotaped by Paradise Farm Camps and for the resulting images portraying my child individually or as a group participating in program activities, to be used on various brochures, posters, reports, websites or as a part of a slide or video presentation to promote participation and interest in the program.

I have read all of the information in this registration form and agree to all terms, conditions, and waivers contained therein.

SIGNATURE	PRINT NAME:
	DATE:

## PAYMENT INFORMATION

<b>IF PAYING BY CREDIT CARD</b>	VISA <input type="checkbox"/>	MASTER CARD <input type="checkbox"/>	DISCOVER <input type="checkbox"/>	AMERICAN EXPRESS <input type="checkbox"/>	EXP DATE:	<b>IF PAYING BY CHECK PLEASE MAKE CHECK PAYABLE TO: CCWA</b>
CREDIT CARD NUMBER:	SECURITY CODE:					
NAME ON CARD	SIGNATURE					

TO SUBMIT REGISTRATION SEND VIA EMAIL :  
LEAH@PARADISEFARMCAMPS.ORG  
OR MAIL TO :  
PARADISE FARM CAMPS  
1300 VALLEY CREEK RD. DOWNINGTOWN, PA 19335