



*Carver Community Organization* 400  
S.E. 8<sup>th</sup> Street  
Evansville, Indiana 47713  
(812) 423-2612  
*carver@carverorg.org*

## **- Summer Camp Application -**

Before your child or children can begin the program, make sure the following forms are completed:

- Completed Summer Camp Program Application for Date: \_\_\_\_\_
- One-time, non-refundable activity fee of \$60.00 per child to reserve your child's spot
- Parent/Guardian's Pay Stubs (a month's worth of income)
- CCDF Voucher Provider Transfer Form (if on CCDF program)-see **Intake Specialist for this form.**
- Immunization Record and Birth Certificate
- CACFP Application & Enrollment Form (Case Number if any member of your household receives Food Stamps or State TANF assistance)

**Return all completed applications to the Intake Specialist:**

**Carver Community Organization**

**Monday through Friday from 6:00 am – 5:30 pm.**

**\*\*LATE FEES APPLY AFTER 5:30 pm**

Carver Community Organization, Inc.  
400 S. E. 8<sup>th</sup> Street  
Evansville, IN 47713  
Phone: (812) 423-2612 Fax: (812) 423-6941  
E-Mail: [carver@carverorg.org](mailto:carver@carverorg.org)

## Youth Program Summer Camp Application

\*A one-time activity fee of \$60.00 is due with application (\*\*Non-refundable)

\$80.00 a week per child

Dates of Operation: Monday-Friday 6:00am—5:30pm

Pick up ***promptly*** at 5:30 pm

Child's Name: \_\_\_\_\_ Nickname(?): \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

Name of School Attended: \_\_\_\_\_

### Family Information

Mother/Guardian's Name: \_\_\_\_\_ Legal custody of child:  YES  NO

Address & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Address & Zip code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Legal custody of child:  YES  NO

Address & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Address & Zip code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

List names of other children who attend Carver Day Care and Preschool (if applicable)

\_\_\_\_\_

## **Hours of Operation**

6:00 am—5:30 pm

**\*\*LATE FEES APPLY AFTER 5:30 pm**

### **\*Authorization for Pick-Up**

We will not release your child to anyone without your authorization.

The following individuals have my authorization to pick up my child from childcare.

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

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

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

*\*If you wish to add or delete any of the individuals listed above, please complete another Authorization for Pick-Up Form.*

### **\*Non-Authorized Pick-Up**

The following individuals are specifically DENIED permission to pick up my child (if applicable):

*\*(If any individual listed is another parent of the child a court signed document is required.)*

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

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

*\*To add or remove any of the individuals listed above, please contact Carver Community Organization at (812)423-2612*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**\*\*LATE FEE NOTE - 3 LATE OCCURANCES COULD RESULT IN SUMMER CAMP TERMINATION!!\*\***

**Parents will be charged \$10.00 for each ½ hour the child remains at the daycare. Late Fee Payment due at arrival and must be paid in full before your child can return to camp.**

**If attempts have been made to contact you as well as the listed responsible adults and your child has not been picked up by 6:30 pm, Child Protective Services (425-2124) will be notified.**

Rev:3/22

## Emergency Contacts

Please list three (3) responsible adult persons who can be contacted in case parent(s)/guardian(s) cannot be reached in the case of an emergency:

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

Telephone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_

Special Medical Health Need(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Emergency Medical Authorization

\*Local Telephones Numbers Required

I agree, and by my signature, give consent, that in case of an accident or illness of a serious nature, my child will be given emergency medical care, and if necessary, transported by ambulance. I understand that I will be contacted immediately, or as soon as possible should I be away from the phone numbers given with this application.

Name of Parent/Guardian: \_\_\_\_\_

Phone # 1: \_\_\_\_\_ Emergency#: \_\_\_\_\_

My child is insured:     Yes         No

In case of emergency, which hospital would you prefer your children to be transported?

\_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

City: \_\_\_\_\_        State: \_\_\_\_        Zip Code: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Dentist's Phone Number: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

City: \_\_\_\_\_        State: \_\_\_\_        Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Behavior and Habits Form

1. How does your child react to other children? \_\_\_\_\_  
\_\_\_\_\_
2. How does your child react to adults? \_\_\_\_\_  
\_\_\_\_\_
3. How does your child react to new situations? \_\_\_\_\_  
\_\_\_\_\_
4. Is he/she insecure? \_\_\_\_\_ If so, please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Does he/she show independence  or dependence ?
6. What is your child's attitude toward discipline? \_\_\_\_\_  
\_\_\_\_\_
7. How does your child show fear? \_\_\_\_\_
8. What are some of the things that make your child afraid? (i.e.: the dark, heights, dogs, cats, etc.)  
\_\_\_\_\_
9. Does he/she share things willingly Yes  No
10. Is he/she destructive? Yes  No  If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
11. How does your child react to adults? \_\_\_\_\_
12. Is he/she friendly in most situations? Yes  No  Shy? Yes  No   
Aggressive? Yes  No  Withdrawn? Yes  No
13. How does your child reveal his/her feelings? \_\_\_\_\_  
\_\_\_\_\_
14. What makes your child upset? \_\_\_\_\_  
\_\_\_\_\_
15. Is there a pet in the household? Yes  No   
If yes, how does your child react with the pet? \_\_\_\_\_  
If no, how does your child react to animals and pets? \_\_\_\_\_

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

\_\_\_\_\_  
Date

## Eating Habits

1. Does your child have any type of eating disorders? Yes  No

If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Does your child have any food allergies or food sensitivities? Yes  No

If so, please fill out the following chart, along with official document from Physician

### Food Allergens and Sensitivities

If your child is allergic or sensitive to certain foods, please specify along with reactions:


\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Water Activities

1. Does your child know how to swim? Yes  No
2. Is your child able to swim more the 12.5 yards without assistance? Yes  No
3. Do you want your child to participate in swimming activities (including Swim Lessons)?  
Yes  No

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Allergies/Sensitivities

1. Does your child have any allergies or sensitivities? Yes  No

If so, please fill out the following chart, along with official document from Physician

### Allergens and Sensitivities

If your child is allergic or sensitive to certain foods, please specify along with reactions:


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

\_\_\_\_\_  
Date

**DISCIPLINE AND GUIDANCE POLICY**

Brief supervised separation from the group may be used, if necessary, which is referred to as “reflection period”.Most children are old enough to understand the consequences both negative and positive.

Children shall not be humiliated or subjected to abusive or profane language. Punishment shall not be associated with food.

**CAUSES OF DISMISSAL**

- 1. Violent or threatening behavior (profane language, spitting, wild temper tantrums, etc...)
- 2. Child causing physical harm to themselves, other children, or staff (fighting, kicking, biting, etc...)
- 3. Child refusing to participate or cooperate in every segment of Summer Camp
- 4. Non-payment of required fees.

I understand the discipline guidance policy, with the understanding all camp proceedings are at the discretion of the Carver Community Organization Leadership Staff

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**INTAKE AGREEMENT**

**LATE POLICY:** A Carver staff member will attempt to call all persons/numbers listed on application in cases where the child has not been picked up by the end of the day’s program (5:30). **Parents will be charged \$10.00 for each ½ hour the child remains at the daycare. Late Fee Payment due at arrival and must be paid in full before your child can return to camp.**

**If attempts have been made to contact you as well as the listed responsible adults and your child has not been picked up by 6:30 pm, Child Protective Services (425-2124) will be notified.**

- 1. I understand that my child will only be released to the parent(s) named (pg. 2) or authorized (pg. 3)  
Yes  No
- 2. In case of serious injury or illness, I grant permission for emergency medical treatment  
Yes  No
- 3. I give the Carver Community organization and its designees to transport my child to and from field trips and other activities outside camp Facilities.  
Yes  No
- 4. I understand that payment for Summer Camp is due each Monday  
Yes  No
- 5. I understand I must supply the Summer Camp with my child’s current Immunization Record prior to admission  
Yes  No
- 6. I understand that the Summer Camp staff will notify parent(s) of any issues pertaining to their child’s performance  
Yes  No

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



## **MEDIA RELEASE FORM**

Dear Parent(s):

The United Way of Southwestern Indiana and various other funding sources, local newspapers and other organizations occasionally request photographs of the activities provided by Carver Community Organization, Inc.

We need a release from you, the parent / guardian, before releasing any photographs of your child to one of these funding sources or news media.

Thank you.

**Please check one of the following statements.**

Y Yes, I give my permission for \_\_\_\_\_'s picture to be  
Child(ren)'s name  
taken and released for publicity.

Y No, I do not give my permission for \_\_\_\_\_'s picture to be  
Child(ren)'s name  
taken and released for publicity.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

**Parent - Provider Transportation Agreement**

Child Care Program located at **Carver Community Organization Summer Camp**

I, \_\_\_\_\_, give permission for Carver Community Organization, Inc. to  
(Name of parent)

transport my child(ren) \_\_\_\_\_  
(Name(s) of child(ren))

for the purpose of: (check all that apply):

- \_\_\_\_\_ Field trips
- \_\_\_\_\_ Excursions to the park
- \_\_\_\_\_ Emergency purposes
- \_\_\_\_\_ Any reason deemed necessary by the program

It is agreed that:

1. The caregiver will never leave my child(ren) unattended in any motor vehicle or other form of transportation.
2. Each child will board or leave a vehicle in a safe & supervised manner.
3. My child(ren) will be secured in safety seats or by safety belts as appropriate for the age of the child(ren) in accordance with the law.
4. Any motor vehicle used to transport my child(ren) will have current registration and inspection stickers and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.
5. The CCOSAC Staff will notify me in advance of any instance where my child(ren) will be transported while in care.
6. The driver(s) is considered Carver's employee or volunteer and therefore has met ALL CCDF Provider Eligibility Standards.

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Program Director Signature)

\_\_\_\_\_  
(Date)

**FINANCIAL RESPONSIBILITY FORM**

All fees are due and payable at the time of service. Fees for the current week are due no later than Friday by 5:30 p.m. If full payment on your account isn't received by the following Monday by noon, your account will be suspended, and Carver will not be able to accept your child for care the next day. All accrued fees must be paid before service can resume. You will be contacted by a Carver Staff Member to request payment of your account. You will have 30 days to respond. If you do not respond within the 30-day timeframe after being contacted for payment, your account will be turned over to a collection agency. We will set up a payment plan for clients who contact us to pay their past due fees if contacted before your account is turned over to a collection agency. However, you will be turned over to a collection agency if you do not keep your agreed payment arrangement. By signing below, you acknowledge your understanding and agreement of the terms for payment for services received from Carver Community Organization, Inc., and the collection procedure required for services received. By signing below, you also acknowledge that you are the person responsible for payment(s) to be made to Carver Community Organization, Inc.

**I also understand that I am responsible for any attorney fees and court costs incurred in collecting and unpaid balances for services I received. I agree that this statement applies to all current and future claims.**

\_\_\_\_\_ Date  
Printed Name of person Financially responsible for child

\_\_\_\_\_ Date  
Signature of person financially responsible

**ATTESTATION**

To the best of my knowledge, all the information provided herein is true and factual.

\_\_\_\_\_ Date  
Signature of official completing form

Relationship to Child: \_\_\_\_\_

# CHILD ENROLLMENT FORM

IDOE/CACFP  
June 2019

Name of Institution: Carver Community Organization, Inc.

Sponsor ID Number: 1820158

Name of Facility: Carver Day Care & Preschool

**Child's Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Please enter the normal hours your child is in care on the specific days of care.							
Please check (√) the meals your child normally receives while in care.	Breakfast___ AM snack___ Lunch___ PM snack___ Supper___ Night snack_	Breakfast___ AM snack___ Lunch___ PM snack___ Supper___ Night snack_	Breakfast___ AM snack___ Lunch___ PM snack___ Supper___ Night snack_	Breakfast___ AM snack___ Lunch___ PM snack___ Supper___ Night snack_	Breakfast___ AM snack___ Lunch___ PM snack___ Supper___ Night snack_	Breakfast___ AM snack___ Lunch___ PM snack___ Supper___ Night snack_	Breakfast___ AM snack___ Lunch___ PM snack___ Supper___ Night snack_
If your school-age child will be in attendance outside of the regular hours indicated above (snow days, school breaks, etc.) Please check (√) here _____							

**FOR INFANTS ONLY:** All facilities must offer infant formula and meals/snacks to infants in care during meal service times

<p><u>Infant Formula</u> This facility will provide the following iron-fortified infant formula: _____ Check here to accept: <input type="checkbox"/> Check here to decline: <input type="checkbox"/> Provide name of parent-provided formula: _____</p>
<p><u>Infant Meals and Snacks</u> Check here to accept: <input type="checkbox"/> Check here to decline: <input type="checkbox"/></p>

This information is required by CACFP federal regulations at §226.15 (e)(2) and (3) for each enrolled participant and must be updated annually.

Printed name of parent/guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

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

This institution is an equal opportunity provider.

