



Carver Community Organization
S E 8th ST
Evansville, IN 47713
812-423-2612

Summer Camp Application

Before your child can begin the program, make sure the following items are completed:

1. **Completed application must include a non-re-fundable activity fee of \$60.00**
2. Immunization Record
3. Copy of Birth Certificate
4. Pay Stubs (a month's worth)
5. 2- Page CACFP Application (Case number if any member of our household receives food stamps or State TANF assistance)
6. CCDF Voucher (Child Care & Development Fund) through Building Blocks

Return all completed applications to:
Ms. Tillman, Intake Specialist/Enrollment
Monday – Friday 8:30am - 5:15 pm
(812) 423-2612 ext. 2201

Summer Camp begins Tuesday, May 26, 2026
Last day of Summer Camp is Friday, August 7, 2026

Camp days & hours are Mon-Fri 6:00am - 5:30pm
Youth Program Director, Mr. Farrin Williams, can be reached
at (812) 402-3171 extension 2106

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)

HISTORY OF IMMUNIZATIONS AND TEST (indicate month / day / year)

	1	2	3	4	5
DTaP / DT					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV (Polio)					

	1	2	3	4	5
* Influenza (Flu)					

	1	2
Measles Mumps Rubella (MMR)		

	1	2	3
Rotavirus (RGE)			

	1	2
Varicella (Varivax)		

or Chicken Pox Disease

Month / year

	1	2	3	4
Pneumococcal (PCV) (Prevnar)				

	1	2
HEP A		

	1	2	3
HBV (HEP B)			

* Recommended yearly.

Name of physician / nurse practitioner / physician assistant completing form (please print)

Telephone number

()

Signature of physician / nurse practitioner / physician assistant

ADDITIONAL NOTES AND INSTRUCTIONS

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.

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.

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

☐ 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)



Childcare Application

Childcare Services Financial Responsibility Form

Child Information:

Child's Full Name: _____

Date of Birth: _____

Enrollment Date: _____

Parent/Guardian Name: _____

Parent/Guardian Date of Birth: _____

Parent/Guardian Social Security Number: _____

Parent/Guardian Place of Employment: _____

Financial Obligation Overview:

Weekly/Monthly Fee: \$ _____

Payment Due Date: Fees for the current week are due by 5:30 p.m. each Friday

Late Payment Terms:

If fees are not paid by 12:00 p.m. the following Monday, childcare services will be suspended until all late payments have been satisfied.

If an account remains delinquent for **30 days**, it will be **turned over to a collection agency** for recovery of the outstanding balance (note: no collection fees will be applied).

Agreement to Terms:

I, _____ (Parent/Guardian Name), understand and agree to the financial terms associated with the childcare services provided by Carver Community Organization.

I agree to pay the fees for the current week by **5:30 p.m. Friday**, and understand that failure to make payments by **12:00 p.m. the following Monday** will result in **the suspension of childcare services** until all late payments have been satisfied. I also acknowledge that if the account remains delinquent for **30 days**, it will be **turned over to a collection agency** for recovery, and I may incur additional fees associated with collection efforts.

Additional Terms & Conditions:

Termination Notice: I agree to provide a **2-week** written notice if withdrawing my child from care.

Late Pick-Up Fee: A late fee of **\$10.00 per half hour per child** will be charged for pick-ups after the agreed-upon time.

Parent/Guardian Signature:

Printed Name: _____

Signature: _____

Date: _____

Carver Community Organization Signature:

Printed Name: _____

Signature: _____

Date: _____

Carver Community Organization

400 S.E. 8th Street, Evansville, Indiana 47713

Phone: (812) 423-2612 Fax: (812) 423-6941

E-Mail: carverorg@carverorg.org