



Lightning Bolts BASE

2019-2020 Enrollment Application

Enrollment Date_____

Child's Name_____ **Birth Date**_____

Home Address_____

Special Medical/Health Concerns for Child

Allergies and/or Intolerances /Reactions_____

Medications_____

Child's Name_____ **Birth Date**_____

Home Address_____

Special Medical/Health Concerns for Child

Allergies and/or Intolerances /Reactions_____

Medications_____

Child's Name_____ **Birth Date**_____

Home Address_____

Special Medical/Health Concerns for Child

Allergies and/or Intolerances /Reactions_____

Medications_____

Parent/Guardian Name_____

Address: _____

Home Phone _____ **Cell** _____ **Work** _____

Employer and address _____

Email address_____

Parent/Guardian Name_____

Address: _____

Home Phone _____ Cell _____ Work _____

Employer and address _____

Email address _____

Alternate Emergency Contact

1. Name _____ Relationship to Child _____

Address: _____

Home Phone _____ Cell _____ Work _____

Email address _____

Alternate Emergency Contact

2. Name _____ Relationship to Child _____

Address: _____

Home Phone _____ Cell _____ Work _____

Email address _____

Authorized to Pick-Up Child

1. Name _____ Relationship to Child _____

Address: _____

Home Phone _____ Cell _____ Work _____

Email address _____

Authorized to Pick-Up Child

2. Name _____ Relationship to Child _____

Address: _____

Home Phone _____ Cell _____ Work _____

Email address _____

***Anyone NOT authorized to pick up child(ren)**_____

Please attach a copy of your child(rens) most recent immunization record. One for each child

Preferred Hospital (specify name – not closest) _____

Hospital Phone Number _____

Hospital Address _____

Doctor of choice name _____

Address _____ Phone _____

Dentist of choice name _____

Address _____ Phone _____

Insurance Information Policy Number _____

_____ check if policy # is for all children

I authorize, by my signature below, that if the above people cannot be reached, school personnel are authorized to use their best judgment in an emergency situation, which includes calling for emergency medical care. Ben Franklin does not have medical or dental insurance for students. It is understood that all costs related to emergency treatment will be the responsibility of the parent. As long as the medical treatment considered necessary is in accordance with generally accepted standards of medical practice. I impose no specific prohibitions regarding treatment unless stated.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Policy and Procedures (Please initial next to each statement)

_____ **I have read the Lightning Bolts BASE Handbook and understand all of the policies and procedures and agree to abide by them. (Parent handbook does not need to be returned)**

_____ I hereby give permission for my child(ren) to view G/PG rated movies, use computers and/or video games while at BASE, once homework is completed.

_____ I hereby give permission for my child(ren) to have sunscreen (provided by parent) applied before going outside if need be.

Sample Activities for Lightning Bolt BASE children to participate in:

- Reading & Doing Homework
- Playing games in the gym
- Play on back playground
- Soccer/Kickball/Football on field
- Arts & Crafts/Drawing
- Playing Board Games
- Watching G/PG rates movies (on occasion)
- Playing on electronics when homework complete (child must bring their own electronic and is solely responsible for keeping it safe).
- Dancing & Listening to Music

Please indicate below any activities you do NOT wish for your child(ren) to participate in:

Additional Comments & Information

Is there is any other information that would be helpful to the Director and teaching staff?

Signature

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

BASE Staff Use Only
(Date & Initial Each Line)

Date Received: _____

Entered in ProCare: _____

Sun Screen
Topical Preparations (Preventive) Permission Form

This form covers two preventive topical preparations that may be applied to the skin with parent/guardian permission. Annual parent written permission is required.

Child/Children Name(s)_____

Parent/Guardian Name_____

I give my permission for the staff at **BEN FRANKLIN ACADEMY** summer camp to assist with applying or apply sunscreen to my child's exposed skin including face, tops of ears and bare shoulders, arm, legs and feet 30 minutes before outdoor activities. It is my responsibility to provide sunscreen with a minimum SPF of 15. I understand that I must provide the sunscreen in the original container labeled with my child's name and within the noted expiration date. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by the staff will be reported promptly to the parent/guardian.

___ In the event that my child does not have sunscreen with them, the staff at BFA may apply **Rocky Mountain Sunscreen Quart SPF50 KIDS Sunscreen** to my child. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it.

___ My child may **NOT** use any sunscreen other than the one the he/she brings.