

Dr. Martin L. King Jr. Community Center Camp
“High Expectations, Self Explorations”
June 20, 2016 through August 5, 2016



What do we have for your kids this summer?

- Fun, adventure
- Academics
- Field Trips
- Cooking
- Karate
- Arts & Crafts
- Gardening
- Sport Camps & more

Age group:
5-12 years

Days & Hours:
Monday to Friday
9:00am – 4:00pm

Registration:
Fee: \$200.00 per child
(\$100.00 **(non-refundable)**
due at time of application,
balance of \$100.00 due by
June 24th

Summer Camp includes a one-year youth membership to the King Center' after school program.
There are *no* refunds for camp fees for any reason



BREAKFAST, LUNCH &
SNACK PROVIDED
SPACE IS LIMITED
CALL 414-344-5600
FOR MORE INFORMATION



Dr. Martin L. King Jr.
Community Center
1531 West Vliet Street



*Dr. Martin L. King Jr. Community Center
Summer Day Camp Program Application & Medical Information*

Child's Name _____ Birthdate _____ Grade _____ Age _____

Parent/Guardian Full Name _____ Day Phone () _____
 First MI Last

Street Address _____ Apt. _____ City _____ Zipcode _____

PARENT/GUARDIAN AUTHORIZATION:

Please check each box to verify you have read and understand each of the statements

- I certify that my child (ren) applicant have no health issues that would limit his/her participation in camp activities. Any health or medical concerns have been disclosed.
- I understand that any medication needed by my child will be administered to him/her each morning prior to arriving at camp.
- I give my permission for my child (ren) applicant to participate in all planned camp activities; including off site trips involved walking or riding a bus.
- I give permission for my child (ren) applicant to participate in the breakfast and lunch program.
- I give permission for my child (ren) applicant to be photograph / video taped for future Dr. Martin L. King Jr., Community Center publications / promotions
- I understand the Dr. Martin L. King Jr., Community Center or Milwaukee County Parks is not responsible for lost, stolen or damaged personal articles.
- I give my approval for emergency contacts to be called in the event that I cannot be reached immediately.
- I understand there are *no refunds* for camp fees for any reason.

Medical History & Allergies

Medical History: Does your child have any of the following issues? (Check all that apply)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Frequent Temper Tantrums | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Any serious injury | <input type="checkbox"/> Hay fever/Sinus Problems |
| <input type="checkbox"/> School Problems | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Seasonal Allergies |
| <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Seizures | <input type="checkbox"/> Broken Bones |
| <input type="checkbox"/> Joint/Bone Problems | <input type="checkbox"/> Underweight | <input type="checkbox"/> Overweight | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Many ear infections | <input type="checkbox"/> Vision Problem | <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Kidney or Bladder infections |
| <input type="checkbox"/> Skills are behind other kid's | <input type="checkbox"/> Other _____ | | |

Any Allergies to certain food? _____

Any Medications/Supplements taken frequently? _____

Child has how many sisters _____ Brothers _____



EMERGENCY CONTACT INFORMATION

Other than Parents/Guardians – The names listed below are authorized to pick-up my child (ren) and/or should be used as an emergency contact in the event I cannot be reached.

Name/Relation _____

Name/Relation _____

Address _____

Address _____

Home/Work/Cell # _____

Home/Work/Cell # _____

Parent/Guardian Signature _____

Date _____

Child's Name _____

Dr. Martin L. King Jr. Community Center

Summer Day Camp Program Code of Conduct

The Dr. Martin L. King Jr. Community Center Summer Camp staff wants your child to have the best camp experience possible. To ensure this, all participants and parents/guardians must understand and follow camp guidelines and rules. These guidelines have been put in place to ensure the safety of your children and staff.

Camp Rules:

- Listen to staff
- Respect staff, other campers, and volunteers or special guests
- Respect camp property
- Keep your hands and feet to yourself at all times
- Use polite words and an appropriate voice
- Participate in camp activities
- Clean up after yourself and keep areas neat for others
- Be a friend to others and try to include others
- No cell phones, tablets, gaming devices
- THERE IS A ZERO TOLERANCE POLICY FOR HITTING AND BULLYING



Consequences:

1st Warning - A conversation will be held with the camper to discuss behavior and expectations from staff while at camp. A discussion of rules will also occur

2nd Warning - Camper will be removed from an activity to sit with Supervisor or Manager. A phone call home to discuss behavior will occur

3rd Warning - Immediate call home for parent/guardian to pick up camper. Return to camp will be discussed with camper, parent/guardian and staff

*****Any camper who strikes or hits another camper or staff will be sent home immediately, no exceptions*****

Any camper who is sent home 3 times during the 6-week camp will be suspended immediately and not allowed back to camp. There are no refunds of camp fees for any reason.

I have reviewed the camp rules and consequences policy with my child and I understand that I may be called upon to come and pick up my child if the staff deems it necessary (if camper is disruptive, disrespectful or a danger to himself/herself or others).

Parent/Guardian Signature _____

Date _____