



Student Application 2022-2023

Bright Star Application

Personal Info:

Child:

Last Name

First Name

MI

Date of Birth

Social Security No.

Place of Birth

☐ M ☐ F
Sex

Parent Name

Address Apt.#

Email Address:

City State Zip Code

Home Telephone:

School Information:

School Name:

Class/Grade:

Teacher's Name:

School Telephone Number:

Dismissal Time:

Contact Information:

Parent/Guardian:

Last Name

First Name

Relationship To child

Daytime Telephone

Cell Phone or Pager

Emergency Contact(s) (Must be 2 names, 18yrs old or older):

Name Cell:

Contact Address:

Relationship To Child:

Name Cell:

Contact Address:

Relationship To Child:

(Please Complete The Reverse Side)



Doctor's Name: _____ Telephone: _____

Hospital/Clinic Affiliation: _____

Medical Information (To be completed by Parent/Guardian)

Height **Weight** **Eye Color** **Date of Last Physical**

Allergies (please specify)

List Health Concerns (Disabilities, Medical Devices, etc.):

- _____
- _____
- _____

Use of Adaptive Devices (e.g., glasses, hearing aide, prosthesis, etc.):

Specify: _____

Identifying Mark: _____

Disclaimer

*Bright Star After School Program and Day Camp
Assumes no liability for injury, loss, etc.*

Parent/Guardian's Signature

Date



Parental Consent for Emergency Care

I _____ hereby warrant that to the best of my
(Parent or Guardian)
knowledge, my child _____ is in good health, and
(Student's Name)

I assume all responsibility for the health of my child. In the event of an emergency, I hereby give permission to the Staff members of Bright Star After School and Day Camp to transport my child to a hospital for emergency medical treatment.

Signature: _____ Date: _____

Phone Number (Cell): _____ (Work): _____



Emergency Contact Card

Date _____

I. Name of Child _____ **Grade** _____

II. Name of Parent/Guardian _____

Cell# _____ **Work#** _____

Email _____

Home Address _____

III. Names of Persons Authorized to Pick Up Child

1. **Name** _____ **Cell#** _____ **Relationship** _____

2. **Name** _____ **Cell#** _____ **Relationship** _____

3. **Name** _____ **Cell#** _____ **Relationship** _____

4. **Name** _____ **Cell#** _____ **Relationship** _____

IV. In Case of Emergency:

() **Call 911** () **Take to Emergency** () **Other** _____

Family Parent Emergency Contact Person

Name _____ **Cell#** _____ **Relationship** _____

Signature _____



Pick-Up Authorization

Dear Parent/Guardian:

Please list all of the people who are authorized to pick-up your child. Please note, we will not release your child to anyone other than those listed on this authorization sheet. The authorized person must be at least 18 years of age. If the authorized person is under the age of 18, please sign in the appropriate space provided in section II.

- I.** ☐ *The following person(s) is authorized to pick-up my child*
- | <i>Name</i> | <i>Relationship to Child</i> |
|-------------|------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

*Parent/Guardian Signature*_____ *Date*_____

- II.** ☐ *I give my child permission to be escorted home by an under age sibling/friend.*

*Name of Escort*_____ *Age*_____
*Relationship to Child*_____

*Parent/Guardian Signature*_____ *Date*_____

- III.** ☐ *I give my child permission to walk home unescorted.*

*Time to Dismiss Child*_____

*Parent/Guardian Signature*_____ *Date*_____



All campers must conform to the following discipline protocol in order to remain a camper at the Bright Star After School and Day Camp:

- 1) All parents support Bright Star rules of conduct and reinforce them with their children.
- 2) All camp enrollees respect all adults and camp authorities
- 3) No Swearing or Cursing
- 4) No Fighting
- 5) No Stealing
- 6) Respect the property of others
- 7) All students must raise their hands to speak
- 8) No offensive gestures or statements will be tolerated from anyone.
- 9) Bright star reserves the right to revoke any enrollee's admission at any time for Any or all infraction(s) herein listed.
- 10) Students who evidence discipline problems will be subject to any one or more of a series of non-corporal, punitive initiatives:
 - A. **Time Out**– A child is asked to sit out of activities to reflect upon their infraction and to think about how they could have better reacted in the situation leading to the time out.
 - B. **Restriction**– Child must stay close to the assigned counselor and only engages in activities as the counselor permits. During this time the counselor will quiz the camper as to his behavior to see what the camper has learned from his experience.
 - C. **Print Shop**– A child must write a paper (3 pages) or a story (5 pages) about the problem. They must explain what the problem was, why the problem was and what can be done to insure that it does not happen again. They must then sign a behavior contract with the counselor.
- 11) All camp staff will respect campers and purposefully attempt to assist campers

with any concerns they bring to the staff's attention.

12) Disruptive or inappropriate behavior will be addressed immediately through the appropriate chain of command and vis-à-vis paragraph 8. Immediate consultation with parent(s) will be sought.

Discipline problems with campers will first be addressed by the camp staff member witnessing or experiencing the difficulty. The camp staff person will seek to encourage corrected behavior. Should the camper remain resistant, the staff member should identify the child's counselor and report the problem verbally, initially and follow up in writing. The written report should explain in detail what transpired and should become a part of the child's camp file. The counselor will address the child with a goal of bringing the child to the understanding of the actual and probable impact of his/her actions and showing the child the need for the rules they violated. Should the child continue to be rebellious, the child will receive counsel from a supervisory staff member. If the child refuses to correct their behavior, the parents will be called for a family counseling session with the child's counselor and Director or Assistant Director. The parent and counselors will work together to resolve the issue. However, should the problem continue without abatement and begin to negatively impact upon the balance of the group, the matter will be brought to the parents' attention who will be informed that Bright Star is considering dropping the camper from enrollment. The parent may meet with the Director to discuss the possibility of the child's continuance in the program. The final decision rests with the director as to the eventual status of the child's enrollment.

Disclaimer

I, _____, parent of _____, a participant of the Bright Star After School and Day Camp (hereinafter referred to as Bright Star), do hereby depose and state that I understand my child/children will be transported to the Bright Star After School and Day Camp facility. I assume full responsibility for any injury my child/children may sustain while being transported and /or during his/her participation in any and all Bright Star activities. I will hold Bright and its assigns and employees free from all harm and liability

I have read and do understand the above disciplinary code and procedures of the Bright Star After School and Summer Day Camp and agree to reinforce them with my child.

X _____

(Parent Signature)

Date



Registration Form

Parent/Guardian's Name: _____
 First *Last*

<i>Address</i>	<i>Apt.#</i>
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City *State* *Zip Code*

	<i>Name</i>	<i>Age</i>	<i>Grade</i>	<i>Sex</i>	<i># of Weeks Attending</i>
Child #1					
<i>Child #2</i>					
<i>Child #3</i>					

Relationship To Child: _____

Email: _____ *Daytime Phone:* _____

Home Phone: _____ *Mobile Phone:* _____

Best Time To Call:

☐ Morning 9:00 - 11:30 ☐ Noon 12:00 - 5:30 ☐ Evening 6:00 - 9:30

ACD/HRA Voucher ☐ *Yes* ☐ *No*

I understand that registration is not completed until payment for the first two weeks of camp is received, or a voucher enrollment confirmation letter is submitted. Failure to fulfill the above requirements may result in my child(ren) being released from the program.

Parent Signature: _____ Date: _____



Parent Name: _____ Phone # _____

Date: _____ Email: _____

Payment Policies and Procedures

An initial payment of \$ _____ is due upon completion of the application package in order to confirm your registration and guarantee a seat in our program. This cost includes a two -week tuition payment and is non-refundable.

Please choose from one of the following payment options to complete your summer tuition payments

☐ **Payment Plan A**

Weekly payment of \$ _____ each

☐ **Payment Plan B**

Bi- Weekly Payments of \$ _____ each

☐ **Payment Plan C**

Monthly Payments of \$ _____ each

Our hours of operation are 2:00pm-5:00pm Monday-Friday. A \$25.00 late fee will be incurred 15 minutes after your child is scheduled for pick-up. No Personal Checks will be accepted. All Payments are to be by Cash or Money Order made payable to: Bright Star After School Program and Day Camp.

I have read and understand the Bright Star payment policy and procedure and I agree to adhere to them accordingly. I understand that habitual lateness, fees, or a long-time outstanding balance could result in my child being released from the program.

Parent/Guardian Signature

Date

Bright Star Representative

Date



Parent Health & Safety Agreement

	<i>Yes</i>	<i>No</i>
1. I agree to supply a mask for my child on a daily basis, and teach how to properly wear a mask.	()	()
2. I agree not to send my child to school ill/sick or with symptoms of illness.	()	()
3. I will apply social distancing strategies.	()	()
4. I will practice hand washing often.	()	()
5. I will practice and teach my child good hygiene. (Sneeze in arm, use tissues, wash hands, use sanitizer, maintain proper distance.)	()	()
6. I understand should my child have an elevated body temperature that I will be notified to come pick up my child.	()	()
7. Should the need arise, I agree to myself and my child having a random, rapid COVID Test taken at the school.*	()	()
<i>(*Note: This is only done should the health department require rapid tests to be done periodically.)</i>		

Signature _____ **Date** _____



Media Release Form

I hereby agree to allow my son or daughter, or child for whom I am the legal guardian, named below, to be interviewed and/or photographed and/or videotaped for program identification cards, promotional or news documents about Bright Star After School and its programs.

I understand that I will not own rights to the resulting text, photography or video, or any benefits derived therefrom. I agree to the use of my daughter's/son's/legal guardian's image, name, and/or voice by Bright Star After School or media companies discussing Bright Star After School's programs and waive rights to fees associated with such use.

Name of your son/daughter/child for which you are legal guardian (please print):

Your signature: _____

Your name (please print): _____

Date: _____ **Phone:** _____

Email: _____

HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS

(This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM _____

CHILD'S LAST NAME

FIRST NAME

BIRTHDATE

SEX

Home Address: _____ Phone: _____

Parent or Guardian: _____ Phone: _____

Place of Employment: Father (Guardian) _____ Phone: _____

Mother (Guardian) _____ Phone: _____

In case of emergency, notify: _____ Phone: _____

If Parent, Guardian are not available in an emergency, notify:

1. _____ Phone: _____

or 2. _____ Phone: _____

Important: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance:

Yes ☐ No ☐ (If yes, state type of exposure: _____)

HEALTH HISTORY: (Check, giving approximate dates)

Ear Infections _____

Rheumatic Fever _____

Convulsion _____

Diabetes _____

Behavior _____

Asthma _____

Allergies

Hay Fever _____

Ivy Poisoning, etc. _____

Insect Stings _____

Penicillin _____

Other Drugs _____

Diseases

Chicken Pox _____

Measles _____

German Measles _____

Mumps _____

Other Contagious Illnesses _____

Other Past Illnesses _____

Operations or Serious Injuries (Dates) _____

Hospitalization (Dates) _____

Chronic or Recurring Illness _____

Any specific activities to be encouraged? _____

Conditions that require activity to be restricted? _____

Permission for all program activities unless otherwise noted by Dr. _____

Appliance worn (glasses, contacts, etc.) _____

Medication taken _____

Suggestion from Parent/Guardian _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship _____ Signature _____ Date _____ Tel.# _____

PHYSICAL EXAMINATION

(To be filled out by Physician - please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information which will help to serve the needs of this child in Day Camps and Afterschool and Youth Center programs.

IMMUNIZATION HISTORY - This is a record of dates of basic immunization and most recent booster doses.

DPaP, DTP or TD	Date _____	Date _____	Date _____	Date _____	Date _____
Polio	Date _____	Date _____	Date _____	Date _____	Date _____
MMR	Date _____	Date _____			
Hemophilus Influenzae type b		Date _____	Date _____	Date _____	Date _____
Hepatitis B	Date _____	Date _____	Date _____		
Varicella	Date _____	Date _____			
Other _____				Date _____	Date _____

MEDICAL EXAMINATION - To be filled out by licensed physician.

Examination is acceptable when performed no more than 12 months prior to arrival at camp.

Code: S = Satisfactory

X = Not Satisfactory (Explain)

0 = Not Examined

General Appearance _____

Height _____ Weight _____ Blood Pressure _____ Hgb. Test (Date) _____

Urinalysis (Date) _____ Posture & Spine _____ Throat - Tonsils _____

Eyes _____ Vision _____ w/Glasses _____ Extremities _____ Heart _____

Ears _____ Hearing _____ Feet _____ Lungs _____ Skin _____

Nose _____ Teeth _____ Abdomen _____ Hernia _____

Genitalia _____

Neurological Findings _____

Describe Abnormal Findings and/or Handicapping Conditions _____

Has child ever received products containing horse serum? _____

Allergy: (Please specify) _____

Recommendations and restrictions while in camp. _____

Special Diet _____

Special Medicine (name it) _____

Is parent/guardian sending special medicine? _____

Swimming _____ Diving _____

Activity Restrictions _____

General Appraisal: _____

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/Year Round Afterschool and Youth Center activities, except as noted above.

M.D.

EXAMINING PHYSICIAN (SIGNATURE)

PHYSICIAN'S NAME (PLEASE PRINT)

Telephone _____ Address _____

Date of Examination _____