



# SUMMER OF CHAMPS 2019

255 East Street, Mansfield, MA 02048 ~ 508.261.7539

Office Use Only:  
 FOOD ALLERGY, EPIPEN  
or INHALER ALERT

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email address \_\_\_\_\_

Grade Fall 2019: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

	Parent/Guardian #1	Parent/Guardian # 2
Name		
Address		
Home Telephone		
Work Name		
Work Address		
Work Telephone #		
Cell #		
Email		

## WALKING FIELD TRIP PERMISSION

I give permission for \_\_\_\_\_ to participate in a walking field trip with the CHAMPS Summer Program staff. If you do not want your child to participate in walking field trips, please write "NO" across this section of the form and sign.

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

## PRESS RELEASE PERMISSION

I give permission for \_\_\_\_\_ to have his/her picture taken for use in CHAMPS promotional materials, slide shows and local media coverage. If you do not want your child's picture taken, please write "NO" across this section of the form and sign.

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

- REGISTRATION CHECKLIST:**
- ✓ Completed 4-page Registration Form, including the Schedule Worksheet
  - ✓ \$40.00 Non-Refundable Registration Fee
  - ✓ Copy of your child's current Health Form WITH immunization information (non-Mansfield residents only)
  - ✓ Please provide a current picture of your child

**CHAMPS – AUTHORIZATION TO PICK UP**

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

I give permission for my child to be released from the program at the end of the day as stated above under the Parent/Guardian Information section, and/or I give permission for the following people to receive my child at the end of the day.

- 1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address \_\_\_\_\_ Phone: \_\_\_\_\_

Any other dismissal request must be stated in writing and maintained in the child's file or the above plan will be followed. *This permission is valid for the summer program only.*

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

\_\_\_\_\_  
Date

**CHAMPS FIRST AID & EMERGENCY MEDICAL CARE AUTHORIZATION AND CONSENT FORM**

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

I authorize CHAMPS staff trained in the basics of First Aid to administer first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical facility and/or to \_\_\_\_\_ and to secure the necessary medical treatment for my child.

Physician Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Health Insurance Information: \_\_\_\_\_

Policy #: \_\_\_\_\_

**EMERGENCY CONTACTS** – please list in order to be contacted in case parent or guardian cannot be contacted.

1. Name \_\_\_\_\_ Address: \_\_\_\_\_

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

Do you give permission for your child to be released to this person? Yes / No

2. Name \_\_\_\_\_ Address: \_\_\_\_\_

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

Do you give permission for your child to be released to this person? Yes / No

The above named has my permission to participate in CHAMPS. I understand and accept the condition that any member of the staff will not be held responsible for accidents, medical, or dental expenses that are incurred as a result of participation in this program. I further release CHAMPS and Mansfield Public Schools from any and all claims. I also understand that by signing below, I give CHAMPS permission to share this information with staff and emergency personnel.

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

\_\_\_\_\_  
Date

**HEALTH & MEDICAL INFORMATION**

Food Allergies: \_\_\_\_\_

Environmental Allergies: \_\_\_\_\_

1. Does your child have an EPIPEN? \_\_\_\_\_

2. Does your child use an INHALER? \_\_\_\_\_

**If your child has an EPIPEN or INHALER, you must provide CHAMPS with the prescription in its original prescription container/box, labeled by the pharmacy with your child's name and dosage/instructions.** A nurse is not on staff during Summer of Champs and Summer of CHAMPS does not have access to the Health Offices. Therefore; it is the responsibility of the parent/guardian to provide Summer of CHAMPS with the following:

1. Prescription
2. Mansfield Public Schools/CHAMPS Health Services Medication Order
3. Mansfield Public Schools/CHAMPS Health Services Medication Administration Plan/Consent

*Forms can be downloaded from  
[http://www.mansfieldschools.com/department/health\\_services/forms](http://www.mansfieldschools.com/department/health_services/forms)*

**Other than an EPIPEN or inhaler, Summer of Champs CANNOT administer antibiotics or other daily medications.**

To ensure your child's success at CHAMPS, it is helpful to know if your child has any special emotional or educational needs, receives any daily medications (specify med & dosage) or has any chronic health conditions, physical limitations, dietary restrictions, or special concerns you would like us to be aware of. All information is kept in confidence. Please specify if you would like to be contacted by the Director of Champs to discuss in person.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Does your child wear glasses, contacts or hearing aids: \_\_\_\_\_

Mansfield Residents Only: I certify that documentation of physical examination, immunizations, and lead poisoning screening in accordance with public school requirements is on file with Mansfield Public Schools.

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

\_\_\_\_\_  
Date

**Non-Mansfield Residents MUST attach a copy of your child's physical examination form with immunization information. This form is required in order to participate in this program.**

*\*All information is confidential.*

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

Week #	Dates	7 to 9 AM						9 to 12						12 to 6						Weekly Total
		M	T	W	TH	F	\$	M	T	W	TH	F	\$	M	T	W	TH	F	\$	
1	June 20-21	closed	closed	closed				closed	closed	closed				closed	closed	closed				
2	June 24 – July 28																			
3	July 1, 2,3 (MSI 1) <i>No Thursday and Friday</i>										closed	closed				closed	closed	closed		
4	July 8 - 12 (MSI 2)																			
5	July 15 – July 19 (MSI 3)																			
6	July 22 – July 26 (MSI 4)																			
7	July 29 – Aug 2 (MSI 5)																			
8	Aug 5 – Aug 9																			
9	Aug 12 – Aug 16																			
10	Aug 19 – Aug 23																			

**Total Due:**

<i>Summer Fees (weekly)</i>						
	7-9		9-12		12-6	Total
1 day	30	+	35	+	50	= 115
2 days	35	+	45	+	75	= 155
3 days	40	+	55	+	100	= 195
4 days	45	+	65	+	125	= 235
5 days	50	+	75	+	145	= 270

\*Place an “X” in the box to indicate care is needed.

\* Summer of Champs will begin Monday, June 24th and end on Friday, August 23rd. All dates are subject to change.

\*Champs reserves the right to cancel a day due to lack of enrollment.

\* A shaded area indicates that Summer of CHAMPS care is not available. Students must enroll in MSI weeks 1 – 5, from 9am – noon.

\* **Champs will be closed at noon on Wednesday, July 3<sup>rd</sup>, Thursday, July 4<sup>th</sup>, and Friday, July 5<sup>th</sup>.**

