



2023

SUMMER DAY CAMP REGISTRATION GUIDE

READY, SET, MOVE!

June 12th - August 18th



REGISTER NOW TO RESERVE YOUR SPOT!

2023 Ready, Set, Move: Summer Day Camp Theme Descriptions

This summer we're going on an epic adventure! We want to help kids understand that each of us is on a journey of faith. When we follow Jesus, He will MOVE us to: DO what Jesus says, BELIEVE who Jesus is, LOVE who Jesus loves, SHARE what Jesus did, GO where Jesus leads. Hebrews 12:2 says, "Let us keep looking to Jesus. He is the one who started this journey of faith. And he is the one who completes the journey of faith."

Aloha!	Who doesn't love fun in the sun? Kids will enjoy water play, sand projects, beach games, and learn luau activities.
Amazing Race/Amazing Race Jr.	Does your camper love navigating through challenges that range from easy to difficult? If your camper loves racing against the clock to compete against fellow campers, Amazing Race is the theme camp for them!
Animal Planet.	Kids will be fascinated as they learn about different types of animal species from all over the planet. Discover new animals through play, crafts, books, and more!
Aquatics.	Kids will get to spend lots of time in the water this week learning basic swimming skills and having fun through different water games.
Archery	This camp provides a fun environment to learn archery skills! Kids will build skills in archery through contests and games. Campers must be 10 years or older to participate in this camp.
Camp Kroc's Got Talent.	It is time for the campers to shine! This is the perfect camp for your camper to show their talents and abilities. Learn ways to explore your talents in a fun way!
Clay Creations	Come explore with artist Karen Kjell to create a critter. You decide if it's realistic or from your imagination. Your child will leave on Friday with a handmade creation.
Creepy, Crawly, Creatures.	Creepy, crawly, creatures, OH MY! If you like all things scary and crawly, this week is for you! Learn all about the crawly bugs around you while participating in creepy challenges.
Drama.	Your child will work on skills such as risk taking, creativity and teamwork in this fun theater focused camp. Warm up exercises, such as improv games, will be used to create a fun team environment to foster growth. The week will culminate with a skit performance at the end of the week.
Faith Week	We're turning up the volume at Faith Week to remind each kid that they can have confidence because of Jesus. When kids begin to see themselves the same way that Jesus sees them, then real confidence begins to take root and grow! All kids will get to spend a fun, memorable week learning about Jesus.
F.A.S.T.	Speed and agility training can improve your game no matter what you play! At this camp you will learn correct running technique, improve movement, and develop conditioning.
Fear Factor.	Are you willing to face your fears? This camp will keep you on your toes through different games, challenges, and competitions.
Fun and Fitness.	This camp will show your camper all the fun ways to stay active while having a blast!
Game Show Mania.	Game shows are fun to watch on TV, but have you ever tried participating in them? If you love watching shows like Family Feud or Wheel of Fortune, try out this camp and see if you can win big!
Gymnastics.	This week is a fun filled time of learning different gymnastic skills and tumbling.
Just Jump.	This high energy camp will keep campers active while learning how to keep themselves emotionally and physically healthy. Campers will participate in numerous fitness activities, sports, and competitions to keep them jumping and moving.
Knights of the Kroc Castle.	This camp for those that love fantasy and mythical stories. Enjoy stories full of adventure, play acting, art, and more as your camper becomes a Knight of the Kroc Castle.
Let's Move.	This camp is dedicated to teaching children to make healthier choices that will benefit their emotional and physical health. This week will be filled with fitness activities, games, sports, and more!
Space Rangers.	Planets, stars and red dwarves, oh my! Come to discover the wonders of the universe through science based activities, crafts, books, and more.
Mad Scientist.	Is your camper a natural scientist? Is your camper looking to learn more about science? This camp will allow them to explore and create experiments that just might be mad!
Music.	Making melodies is so much fun! Join us in this camp to learn a variety of ways to make music.
Myths and Legends.	Do you like myths, fantasies, legends, and mysteries? This mystical week of camp is filled with fun stories, activities, and projects that will allow you to explore the magical world of myths, legends, and fiction.
Ninja.	Campers will learn how to combine elements of parkour, gymnastics, martial arts, and obstacle course navigation into one athletic sport.
Kroc Olympics/Mini Olympics	Who doesn't love the excitement of the Olympics? Take part in our own Kroc Olympics during this week filled with unique games, sports, and fitness challenges.
The Big Ocean.	The ocean covers 71% of the Earth's surface. There are all kinds of different species that call the ocean home. This week campers will learn about the ocean through water play, science projects, art, and beach games.
To Infinity and Beyond.	As Buzz Lightyear always says, "To Infinity and Beyond!" Space is the limit during this week of camp when campers create science projects, participate in science experiments, and learn about everything space has to offer for astronauts. This theme camp will be out of this world fun!
Volleyball Camp.	Bump, Hit, Score! Join us this week for a week full of volleyball. Your camper will learn the skills needed to become a volleyball star!

2023 Summer Day Camp Registration

Summer Camp Policies and Procedures Agreement Form



KROC

COMMUNITY CENTER

Summer Camp Enrollment Information

The Salvation Army Kroc Community Center's Summer Day Camp is an outdoor camp and open to any youth between the ages of 5 and 12. The Teen Leadership Track is open to any teens between the ages of 13 and 15 with limited spots available. Campers must remain in the open program areas unless they are signed up for a lesson/class/training in another department. All 12 – 15-year-olds must be signed out by their parent/guardian before they can have open access to the Kroc Community Center.

Weekly Fees per child (*Scholarships are available for those who qualify)	Members		Public	
	Early Bird 3/1/23-4/1/23	After 4/1/2023	Early Bird 3/8/23-4/1/23	After 4/1/2023
Day Camp (ages 5-12)	\$170	\$190	\$220	\$240
Specialty Camp	\$195	\$215	\$245	\$265

- A non-refundable deposit per week per child is due at the time of registration to secure their spot. Please note prices on summer day camp enrollment page in this packet.
- The Teen Leadership Track pricing is listed on the application page in this packet.
- **All accounts are required to enroll in autopay.**
- Payment in full is due by noon the Wednesday before to the start of each week of camp. Any remaining balances for the upcoming week of camp will be auto drafted on Thursdays. If payment is unable to be collected, a fee of \$10 (per family) will be charged and you will be contacted for immediate payment. Until payment in full is received your child will not be allowed to attend camp.
- Fees cannot be prorated due to partial attendance, missed days due to illness, behavioral issues, or other reasons.

Summer Day Camp Hours

8:00-5:30 pm | Monday – Friday

Extended Care

Early care drop-off is available at 7:00 a.m. for an additional charge of \$10 per day, or \$30 per week, per camper.

Late care pick-up is available until 6:00 p.m. for an additional charge of \$10 per day, or \$30 per week, per camper.

Check-In/Out Procedure

All drop-offs will be at the pavilion and pickups will be held at the camp office. Regular drop-off starts at 7:45 a.m. Parents intending to drop-off their children after 8:30 a.m. or pick up children before 4:00 p.m. should notify the camp staff to prevent activity interruptions. Campers must be signed in and out each day by an authorized adult. Parents and authorized adults may be asked to show valid photo identification. Please make sure that a list of authorized adults for pick-ups and drop-offs is included in the Student Information section.

Pick Up Policy

Camp will end at 5:30 p.m. each day; accordingly, we ask that your child is picked up by 5:30 p.m. (Unless you are pre-registered for extended late care, see above.) Please notify the Kroc Community Center if you are running late. If your child is not picked up by 5:40 p.m. an additional fee of \$20 will be charged. If your child is not picked up by 6:00 p.m. the Kroc Center will contact local authorities. Only one fee will be charged per family per incident. This fee must be paid when the child is picked up.

Snacks & Meals

Each camper will be provided with snacks at 9 a.m. and 3 p.m. and lunch at noon each day. Bag lunches brought from home will be refrigerated. Students may not use the on-site vending machines unless with a parent/guardian.

Membership Advantage

Kroc Community Center members will be given the first opportunity to fill camp slots. Members receive a discount as a benefit of their Family Membership. Membership must be current and maintained in order to receive membership pricing each week.

Insurance Waivers and State Forms

A current Assumption of Risk and Liability Waiver, Student Information, Health History & Emergency Care Plan, Medication Authorization, Parental Authorizations, Child Enrollment, and Immunizations must all be completed and on file, before each camper participants in the Kroc Center Camp activities. Forms are good for one year from the date signed. Each space on every form must be completed including the marking of "N/A" on those portions of the form that do. **Each space on every form must be completed including the marking of "N/A" on those portions of the form that do not apply.**

Transfer Requests

Requests to transfer camps can be made and will be granted based on space availability.

- Transfers within the same week must be requested by noon on the first day of the camp week that was registered and paid for.
- Transfers from one week to another week must be requested by noon the Wednesday before the start of the camp originally registered for, or cancellation policies will take effect. (non-refundable deposits may not be transferred to future sessions).

(continue on next page)

Refund Policy and Cancellations

- Cancellations will be accepted by contacting the camp/after-school office at (920) 544-4975.
 - *Cancellations received by noon the Wednesday before the start of each week of camp will receive full credit toward your account, minus the non-refundable deposit.*
 - *Cancellations received after noon the Wednesday before the start of each week of camp will receive a credit of 50% of the total amount paid (minus a minimum of the non-refundable deposit.)*
- No cash or credit card refunds will be issued (unless the camp registered for is canceled by the Kroc Community Center).
- No prorated credits will be issued based on partial attendance or missed days due to illness, behavioral issues, or other reasons.
- Personal emergencies will be handled on a case-by-case basis by the Summer Camp staff.
- Credits will not be redeemed for cash or applied to a credit card.

Camp Staff

All camp staff has a passion for working with children and nurturing their development. All camp staff is trained in First aid, CPR and AED. All staff is trained in The Salvation Army's Safe from Harm program that ensures the protection and safety of children. They will be trained and expected to maintain the highest standards of safety and conduct throughout the camp experience.

Inclusion

The Kroc Community Center is committed to the inclusion of all children in its programs. Parents and children with special needs should contact the Youth Development Supervisor at least two weeks before starting to determine whether the Kroc Community Center can provide the appropriate accommodation for your child.

Discharge of Enrolled Children

The Kroc Community Center reserves the right to deny services under any of the following conditions:

1. The center has reached capacity for proper operation.
2. Previous failure to comply with payments at time of service (i.e., returned checks).
3. Failure of parents to observe any center policy.
4. A child is a continuing disciplinary problem.
5. Center staff is unable to meet the special needs of the child.

We will make every reasonable effort to keep a child in the program. If needed, Kroc Staff will consult with parents to make a plan of action for the child to be held to. Please note: A child's appropriate behavior at the center is the responsibility of the parents. Therefore, if The Salvation Army must dismiss a child from the program as a result of behavioral issues, no refunds will be given.

Release of Children to Impaired Persons

If a parent or authorized person appears to be impaired, the center staff will follow these steps for the safety of the children:

1. The staff will express concern for the condition that the person appears to be in, and will state the danger that their condition places the child in.
2. The staff will try to contact the other parent or authorized person to pick up the child.
3. If another authorized person is unavailable to pick up the child, the Kroc Community Center staff may contact the proper authorities if it is determined to be in the best interest of the child(ren) not to leave the center.
4. If the person refuses the above procedures and attempts to leave the center with the child, staff will call local law enforcement.
5. Under no circumstances will staff intervene and take the child home.

These procedures are in place and will be carried out for the safety of all involved.

Parent Responsibilities:

1. Call the camp/after-school office with any schedule changes due to illness, doctor's appointments, vacations, etc.
2. Please DO NOT rely on a sibling to communicate messages regarding absences.
3. Label all of your child's belongings.
4. We do not allow any toys, games, or electronics from home. We will not be responsible for items brought from home. Please keep toys, games, and electronics at home.
5. Soda, gum, and candy are not allowed. If it is brought by your child, it will be sent home with your child.
6. Your child will only be able to leave the premises with those you have authorized in writing. They may be asked to show proper identification. This is for the safety of all concerned. Please ensure your authorized list is kept up to date.
7. Encourage your child to follow all the rules regarding transportation and participation in the program.
8. Children must be brought into the building by a parent/guardian, or an authorized adult designated on the registration form. This person is responsible for checking the child in and out daily.

Camper safety is our top priority. Campers are expected to follow the behavioral standards of Safe, Trustworthy, Accountable, Respectful, and Together (S.T.A.R.T.) in addition to keeping hands and feet to themselves, listening to all instructions, and staying with the group. I understand that if my child does not adhere to these expectations, disciplinary consequences will occur. Repeat or more serious acts such as fighting, theft, and possession of weapons/drugs will result in immediate suspension or expulsion.

Please remove this page prior to submitting and keep for your records.



KROC
COMMUNITY CENTER

2023 Summer Day Camp Registration

STUDENT INFORMATION

For Office Use Only	
Date Received _____	
Employee Initials _____	

Child's Name:		Date of Birth (MM/DD/YYYY): / /	
Name of School:		Grade (as of September 2023):	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:		Parent/Guardian Name:	
Relationship to Child:		Relationship to Child:	
Authorized for Pick-up? Yes <input type="checkbox"/> No <input type="checkbox"/>	Online Account Access? Yes <input type="checkbox"/> No <input type="checkbox"/>	Authorized for Pick-up? Yes <input type="checkbox"/> No <input type="checkbox"/>	Online Account Access? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:	Phone: ()	Address:	Phone: ()
City, State, Zip:	Is this a cell phone? Yes <input type="checkbox"/> No <input type="checkbox"/>	City, State, Zip:	Is this a cell phone? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Child reside at this address? Yes <input type="checkbox"/> No <input type="checkbox"/>	Cell service provider:	Does the Child reside at this address? Yes <input type="checkbox"/> No <input type="checkbox"/>	Cell service provider:
Email:		Email:	
Authorized Pick-up Person 1:		Authorized Pick-up Person 2:	
Phone: ()		Phone: ()	
Relationship to Child:		Relationship to Child:	
Emergency Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		Emergency Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Physician/Medical Facility:	Phone: ()	Address:	
Current Kroc Membership? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a Kroc Scholarship? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, what %? 25% <input type="checkbox"/> 50% <input type="checkbox"/>	

HEALTH HISTORY AND EMERGENCY CARE PLAN

Please complete the information below completely and accurately. We rely on this information to ensure the well-being and safety of your child. If information changes, please update this form. **This form must be completed prior to the child's first day.**

HEALTH HISTORY

Check any special medical condition(s) that your child may have (you must check at least one box in this section).

- | | |
|--|--|
| <input type="checkbox"/> No Medical Condition | <input type="checkbox"/> Cerebral Palsy/Motor Disorder |
| <input type="checkbox"/> Sensitivity to the sun | <input type="checkbox"/> Non-Food Allergies, please specify |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Food Allergies, specify food(s) |
| <input type="checkbox"/> Epilepsy/Seizure Disorder | <input type="checkbox"/> Milk Allergy (attach a statement from the Doctor indicating the acceptable alternative) |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Gastrointestinal or feeding concerns including special diet |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other Condition(s) requiring special care, please specify |
| <input type="checkbox"/> Any disorder including Cognitively Disabled, LD, ADD, ADHD or Autism (please circle which disorder) | |

EMERGENCY MEDICAL CARE PLAN

Please answer the following questions or **write N/A** if it does not apply.

1. Triggers that may cause problems - specify. _____
2. Signs or symptoms to watch for - specify. _____
3. Action steps the Kroc Center staff should follow. _____
4. Identify any staff to whom you have given specialized training/instructions to help treat symptoms. _____
5. When to call parents regarding symptoms or failure to respond to treatment. _____
6. When to consider that the condition requires medical care or reassessment. _____
7. Any additional information that may be helpful to staff. _____

SWIMMING ASSESSMENT

Check one: ☐ My child CAN swim without a personal floatation device ☐ My child CAN NOT swim without a personal floatation device

Please list any swim classes your child has taken and where the class was held: _____

Child Name: _____

Parent Name: _____

Parent Phone: _____

Child's Name: _____

Date of Birth: _____ / _____ / _____

MEDICATION AUTHORIZATION

Authorization - Medication

☐ Yes ☐ No My child will require medication while attending Summer Camp (**Please write N/A through the "Medication & Strength" section below, if your child does not need medication during after school or camp.**)

☐ Yes ☐ No I hereby give The Salvation Army Ray & Joan Kroc Corps Community Center staff my permission to carry and give my child the medication that he/she needs, listed below. I understand that it is my responsibility to provide the medication, along with a note from the doctor, for any over the counter medications.

All medications are stored in locked containers and administered by designated Kroc personnel. Only medications in their original package with full prescription label are accepted. OTC medications are only accepted with a doctor's note.

Please repeat the following section as necessary. Kroc personnel may contact you for additional information.

Medication & Strength: _____ **Dosage:** _____

Administration Instructions: _____ **Storage Instructions:** _____

Quantity Prescribed: _____ **Quantity Given to Kroc:** _____ **Date Prescribed:** _____ **Expiration Date:** _____

Medication Time Period: (list dates) _____ **to** _____ **Reason for medication:** _____

Possible side effects: _____

Which, if any, of the above side effects has your child experienced? To what extent?: _____

Other important information regarding medication: _____

Expected consequence if medication is not taken as directed: _____

☐ Yes ☐ No My child has permission to carry this medication or device

PARENTAL AUTHORIZATIONS

Authorization – Emergency Medical Treatment

☐ Yes ☐ No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

Authorization – Sunscreen **Sunscreen Brand & Strength:** _____

☐ Yes ☐ No I authorize the Kroc Center staff to apply sunscreen to my child.

☐ Yes ☐ No I authorize the Kroc Center staff to allow my child to self-apply sunscreen.

Authorization – Insect Repellent **Insect Repellent Brand & Strength:** _____

☐ Yes ☐ No I authorize the Kroc Center staff to apply insect repellent to my child.

☐ Yes ☐ No I authorize the Kroc Center staff to allow my child to self-apply insect repellent

Authorization – Transportation / Field Trips

☐ Yes ☐ No I give permission for my child to be transported to and from the Kroc Center. (*Applicable only for After School care*).

☐ Yes ☐ No I hereby give permission for my school-aged child to enter the Kroc Center unescorted and check themselves in.

☐ Yes ☐ No I give permission for my child to participate in transported/walking field trips and other activities during operating hours.

Authorization – Adventure-based Activities

☐ Yes ☐ No I give permission for my child to participate in adventure-based activities.

Authorization – Media Release

☐ Yes ☐ No I give permission for my child to be photographed/videotaped with the possibility of being used in The Salvation Army publicity, and I give exclusive right to these photos/videos to The Salvation Army and waive all claims of compensation for usage.

Attestation

☐ Yes ☐ No I have had an opportunity to review the policies of the Kroc Center and a summary of the Wisconsin rules, DCF 251, governing licensed group childcare centers.

☐ Yes ☐ No I have read and understood the Summer Camp policies and procedures. By signing this form, I agree to follow all rules. I understand that failure to do so may result in termination of Summer Camp enrollment for my child.

Parents, please read the below expectations with your child and sign below acknowledging your understanding:

Safe – follow directions and room rules.

Truthful – be honest in words and actions.

Accountable – listen to all instructions given by staff and choose to follow directions.

Respectful – keep hands and feet to oneself; choose to use hands and feet for helping, not hurting.

Together – stay with the group and in assigned areas at all times and include everyone.

☐ Yes ☐ No I have read and shared with my child the expectations that camp participants must follow.

Parent/Guardian Signature: _____ Date: _____

Child Signature: _____ Date: _____

Child's Name: _____

Date of Birth: _____ / _____ / _____

SUMMER DAY CAMP ENROLLMENT

5&6-year-olds may only enroll for '5&6-year-old camps', other camps are for ages 7-12, unless specified differently. Some specialty camps may have a class capacity limitation. You will be notified if you have signed up for a camp that is already full.

T-shirt size (circle):

Youth XS S M L
Adult S M L XL 2XL

- ☐ Charge non-refundable deposit that will be credited toward weekly bill
(\$20 per child per week)
☐ Charge total balance for the summer
☐ Other _____

Billing Choice at Enrollment (choose one):

Week	Dates	Camp	Weekly Cost Member/Public	Weekly Extended Early Care \$30/week	Weekly Extended Late Care \$30/week
1	June 12 th – 16 th	<input type="checkbox"/> 5&6 Space Rangers	\$190 / \$240	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Infinity and Beyond	\$190 / \$240	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Specialty Camp: F.A.S.T	\$215 / \$265	<input type="checkbox"/>	<input type="checkbox"/>
2	June 19 th -23 rd	<input type="checkbox"/> 5&6 Creepy, Crawly, Creatures	\$190 / \$240	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Animal Planet	\$190 / \$240	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Specialty Camp: Clay Creations	\$215 / \$265	<input type="checkbox"/>	<input type="checkbox"/>
3	June 26 th – 30 th	<input type="checkbox"/> 5&6 Mini Olympics	\$190 / \$240	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Kroc Olympics	\$190 / \$240	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Specialty Camp: Gymnastics	\$215 / \$265	<input type="checkbox"/>	<input type="checkbox"/>
4	July 5 th – 7 th *ONLY Wednesday through Friday	<input type="checkbox"/> 5&6 The Big Ocean	\$120 / \$170	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Aloha!	\$120 / \$170	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Specialty Camp: Aquatics	\$145 / \$195	<input type="checkbox"/>	<input type="checkbox"/>
5	July 10 th – 14 th	<input type="checkbox"/> 5&6 Mad Scientist	\$190 / \$240	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Fear Factor	\$190 / \$240	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Specialty Camp: Music	\$215 / \$265		
6	July 17 th – 21 st	<input type="checkbox"/> 5&6 Knights of the Kroc Castle	\$190 / \$240	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Myths and Legends	\$190 / \$240	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Specialty Camp: Ninja	\$215 / \$265	<input type="checkbox"/>	<input type="checkbox"/>
7	July 24 th – 28 th	<input type="checkbox"/> 5&6 Faith Week	\$190 / \$240	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Faith Week	\$190 / \$240	<input type="checkbox"/>	<input type="checkbox"/>
8	July 31 st – Aug 4 th	<input type="checkbox"/> 5&6 Let's Move	\$190 / \$220	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Just Jump	\$190 / \$220	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Specialty Camp: Volleyball	\$215 / \$265	<input type="checkbox"/>	<input type="checkbox"/>
9	Aug 7 th – 11 th	<input type="checkbox"/> 5&6 Camp Kroc's Got Talent	\$190 / \$240	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Game Show Mania	\$190 / \$240	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Specialty Camp: Drama	\$215 / \$265	<input type="checkbox"/>	<input type="checkbox"/>
10	Aug 14 th – 18 th	<input type="checkbox"/> 5&6 Amazing Race Jr.	\$190 / \$220	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Amazing Race	\$190 / \$220	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Specialty Camp: Fun and Fitness	\$215 / \$240	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Specialty Camp: Archery (10 years and up)	\$215 / \$265	<input type="checkbox"/>	<input type="checkbox"/>

Child's Name: _____ **Date of Birth:** ____/____/____

TEEN LEADERSHIP Track Application

Teens must be between 13-15 years old to apply for the Teen Leadership Track.

T-shirt size (circle):

Youth XS S M L
Adult S M L

- ☐ Charge non-refundable deposit that will be credited toward total bill
(\$60 Members and \$80 Non-Members)
☐ Charge total balance for the summer
☐ Other _____

Billing Choice at Enrollment (choose one):

Weeks	Dates	Track	Summer Cost Member/Public	Weekly Ext. Early Care FREE/week	Weekly Ext. Late Care FREE/week
1-10	June 12 th – Aug 18 th	<input type="checkbox"/> Teen Leadership Track	\$600 / \$800	<input type="checkbox"/>	<input type="checkbox"/>

TEEN LEADERSHIP Track APPLICATION

The Teen Leadership Track is a training program to help develop youth to become future leaders. This program is geared towards youth ages 13 to 15 years old who want to learn life-long leadership skills. This program will include learning how to lead younger children at the summer day camp, participating in activities, assist in camp program preparation, assist teachers as needed, skills trainings, and much more! Please note that there are limited spots available for the Teen Leadership Track. You will be notified whether or not your youth is accepted into this program for the summer.

To be answered by the youth applying to be considered for the Teen Leadership Track.

In your own words, define leadership. _____

What are some of your best leadership qualities? _____

What are some leadership qualities that you would like to improve? _____

What are your interests? (Hobbies, extra-curricular activities, etc.) _____

What is something that you would like to accomplish this summer? (a personal goal) _____

Why do you want to participate in this summer's Teen Leadership Track? _____

Have you ever volunteered before? If so, where? _____

Anything else you'd like the counselors to know prior to camp? _____

Are there any weeks you anticipate being absent this summer? _____

IMMUNIZATION RECORDS: You may complete this form or submit an electronic printout from the Wisconsin Immunization Registry or other registry maintained by a health care provider.

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-44192 (Rev. 12/2017)

STATE OF WISCONSIN
Wis. Stat. § 252.04

CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.

☐ Yes year _____ (Vaccine is not required)

☐ No or Unsure (Vaccine is required)

REQUIREMENTS

STEP 3 The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³ 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³ 2 Varicella

¹If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).

²If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

³MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).

⁴Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant (Note: a dose 4 days or less before the 4th birthday is also acceptable).

COMPLIANCE DATA AND WAIVERS

STEP 4 IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR

IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).

☐ Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the child care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.

☐ For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)

Physician's Signature Required

☐ For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

☐ For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

SIGNATURE

STEP 5 To the best of my knowledge, this form is complete and accurate.

SIGNATURE - Parent, Guardian or Legal Custodian

Date Signed

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PLEASE CONTINUE TO NEXT PAGE

Child's Name: _____

Date of Birth: ____/____/____



KROC

COMMUNITY CENTER

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Green Bay, WI 54311
920.884.5007
Fax 920.544.8302

We are excited to offer the safety, convenience and ease of Tuition Express® – a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit/debit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** AND **CREDIT CARD**

I (we) hereby authorize The Salvation Army Kroc Community Center to initiate credit card charges to the below-referenced credit/debit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B.)

To properly affect the cancellation of this agreement, it is required that I (we) give 10 days written notice. _____ (initial)
Credit union members: Please contact your credit union branch to verify account and routing numbers for automatic payments.
All major credit cards are accepted by the Kroc Community Center.

How did you first hear about Kroc Summer Day Camp?

- ☐ At the Kroc Center
- ☐ Previous Camper
- ☐ Family/Friend
- ☐ Internet
- ☐ Mail
- ☐ Newspaper
- ☐ School
- ☐ Other _____

Routing Number

Account Number

Check Number

For Office Use Only

Date Received _____

Employee Initials _____

COMPLETE ONE SECTION ONLY

(the bottom section of this form will be removed and shredded once the payment information is entered into our system)

SECTION A (Credit/Debit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (CHECKING/SAVINGS ACCOUNT)

Account Holder's Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample)	Account Number (see sample)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			