

Children's Campus 2023 Summer Camp

Registration Checklist

- Completed Summer Camp Registration Packet
- Signed Camper's Code of Conduct
- Completed USDA Food Program Income Eligibility Form
- Copy of Camper's Birth Certificate
- Copy of Camper's Updated Immunization Record
- \$150 Deposit for each Camp Session
- Swimmer Ability Level Form
- Minor Participant Waiver and Notice of Risk
- Summer Camp Parent Expectations



2023 Elementary Summer Camp

Registration Form

Camper's Name (Last, First):		Date of Birth:	
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Camp Options:

Please check all options that apply. Extended care options are available for an additional fee. Breakfast, lunch, and snacks are included in the program fee. A \$150 deposit (applied towards session cost) is required for each session.

Extended Care 7:00 am-8:00 am	Full Day Sessions 8:00 am-5:30 pm
<input type="checkbox"/> AM 1 - \$50	<input type="checkbox"/> Nature Unleashed (June 5-June 16) - \$650
<input type="checkbox"/> AM 2 - \$50	<input type="checkbox"/> Bases Loaded (June 19-June 30) - \$650
<input type="checkbox"/> AM INT - \$25	<input type="checkbox"/> Summer Camp Mash-Up (July 3, 5, 6, 7) - \$325
<input type="checkbox"/> AM 3 - \$50	<input type="checkbox"/> The Great Escape (July 10-July 21) - \$650
<input type="checkbox"/> AM 4 - \$50	<input type="checkbox"/> Take the Plunge (July 24-August 4) - \$650
T-shirt Size (youth): <input type="checkbox"/> S (5-6) <input type="checkbox"/> M (8-10) <input type="checkbox"/> L (14-16) <input type="checkbox"/> Adult S	

Parent/Guardian Contact Information:

The parents/guardians listed below are authorized to pick up my child.

Parent/Guardian 1 (Last, First):			
Address (Street, City, State, Zip):			
Home Phone:		Work Phone:	
Cell Phone:			
Email:			
Parent/Guardian 2 (Last, First):			
Address (Street, City, State, Zip):			
Home Phone:		Work Phone:	
Cell Phone:			
Email:			

Emergency Contact Information:

List 3 individuals other than the parent/guardian who may be contacted in case of emergency.

Name	Phone 1	Phone 2

Individuals Authorized to Pickup:

The following individuals are authorized to pick up my child. Please note that those not listed below **WILL NOT** be permitted to pick up your child without written permission from a parent or guardian. All individuals authorized to pick up must be age eighteen or older.

Name of Authorized Person:	Relationship to Child:	Phone	Specified Days/Week

I acknowledge receipt of the 2023 Summer Camp Handbook, that the complete parent handbook is available online, and agree to the policies and procedures contained therein.

I verify that all the information provided is correct and complete. I realize that participation involves potential risk. In the event of an emergency, I authorize the University of New Mexico Children's Campus to make arrangements as reasonably necessary for my child's welfare.

Signature of Parent/Guardian: _____ Date: _____



2023 Elementary Summer Camp Medical Information Form

Medical Information:

Physician:		Phone:	
Dentist:		Phone:	
Hospital Preference:		Medical Ins:	Insurance #:

Medical Conditions:			
Non-Food Allergies	Describe Reaction		
Dietary Restrictions or Food Allergies:	<input type="checkbox"/> None	<input type="checkbox"/> Parent Preference; specify (i.e., lacto-ovo vegetarian)	<input type="checkbox"/> Allergy/Medically necessary (physician signature required)
Dietary Omissions:	Dietary Substitutions:		

Topical Medication Permission:

I give UNMCC staff permission to apply as necessary. (Please initial each item you give the approval to use) Please note this form is for topical medication only. Any medication that is ingested follows different procedures.

Initials	Topical Medication
	Sunscreen – for sun protection during outdoor play (non-aerosol only)
	Insect Repellent – for insect protection during outdoor play (non-aerosol only)
	Lip Balm – for chapped lips
	Hand and/or Body Lotion – for dry skin
	Other, please specify:

I understand it is my responsibility to provide items listed in the topical medication section of this form. I also understand that it is my responsibility to inform the Camp staff when I bring these items and to give them directly to the staff to ensure they are kept out of the reach of the children. I hereby release the University of New Mexico Children's Campus from all liability for any complications resulting from the administration of the above medication as described.

In case of emergency, I authorize the University of New Mexico Children's Campus to make arrangements to have my child taken to the above-named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of my child at my expense.

Signature of Parent/Guardian: _____ Date: _____



2023 Elementary Summer Camp Basic Permissions Form

Photograph Permission: I give permission for photographs of my child to be taken while they are involved in the 2023 Summer Camp at the University of New Mexico Children's Campus. I understand that every attempt will be made to notify me before any such pictures are printed for publication or display. I authorize the use of my child's image or picture in all forms and in all media for any lawful purpose.

Signature of Parent/Guardian: _____ Date: _____

Field Trip Permission: As part of the 2023 Summer Camp program at the University of New Mexico Children's Campus, a number of exciting field trips have been planned for your child. In order for your child to be included in these trips, you must sign below. Your signature enables camp staff to campers on field trips without seeking permission for each trip. Parents will be notified in advance of all field trips. Seat belts will be available for campers during transportation in the University of New Mexico Children's Campus buses. Campers may also utilize the University of New Mexico shuttle bus service, city bus service, or New Mexico Rail Runner service. I give permission for my child to participate in field trips away from the University of New Mexico Children's Campus grounds.

Signature of Parent/Guardian: _____ Date: _____

Swimming Permission: During the 2023 Summer Camp program at the University of New Mexico Children's Campus, your child will have a number of opportunities to participate in water play activities, including swimming. The New Mexico Child Care Licensing Bureau requires that all parents sign an agreement to allow their child to participate in water play in wading pools, water tables, or any other water or swimming activities both on and off-site. I give permission for my child to participate in water activities with the University of New Mexico Children's Campus.

Signature of Parent/Guardian: _____ Date: _____

Academic Connections Permission: One of the goals of the UNM Children's Campus is to serve as a location for academic connections for UNM students and faculty and others in the community. The Children's Campus is a place for student observations, projects, practicum assignments, observations and projects, internships, student teaching placements, informal research, practice developmental and/or linguistic testing, mental/physical wellness experiences, and the like. The level of involvement may include passive observations, active interactions, facilitating group activities/discussions, conducting practice tests, and other similar kinds of activities. This may include photographs, audio taping, videotaping, collecting samples of children's work, and taking dictation of children's words. If any of the research protocols should fall under the jurisdiction of the Institutional Review Board for Human Subjects Research, we will take the necessary steps to obtain their approval.

The Children's Campus is committed to providing these opportunities to faculty, students, and beyond while also ensuring your child is in a safe and nurturing environment. Therefore, we will not permit any involvement that we feel will cause emotional distress and/or psychological/physical harm. All individuals involved in these activities must meet the standards and expectations of our program, which include completing an application for participation and meeting with the appropriate administrator. The procedures are designed to ensure that your child/children are properly protected and supported during the conduct of any study at the Children's Campus. Also, unless we have received specific separate permission from you, these individuals will not be left alone with any child or group of children at the center. As with other aspects of our program, we will always work to respect your child's choice to participate or not participate.

I hereby give permission for my child to participate in the academic connections that take place at the Children's Campus as described above. I understand these connections are designed for the purpose of professional training, research, and education and that none of the above-mentioned methods of data collection will be used for commercial purposes.

Signature of Parent/Guardian: _____ Date: _____



2023 Elementary Summer Camp

Camper's Code of Conduct

As a Camper, I will:

- Show respect to other campers, and treat them as I would like to be treated
- Show respect to staff and cooperate with their instruction
- Know and follow camp rules
- Use program equipment, supplies, and facility appropriately
- Be open to learning and participating in camp activities
- Always remember to have fun

Signature of Camper: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



**Child and Adult Care Food Program
INSTRUCTIONS FOR COMPLETING THE INCOME ELIGIBILITY FORM**



Name of Facility / Center / Site / Home Provider (Last, First, Middle Initial):	Facility / Center / Site / Home Provider EPICS ID:	Phone Number () /
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PARTICIPANT INFORMATION:

List name of all enrolled participants that you are applying for which are in care.

List each enrolled participant’s date of birth.

If you are applying for a foster child, list only one foster child per form. A foster child may be eligible for free meals regardless of household income.

Child Care Centers: If the participant enrolled is in a Child Care Center and receives benefits through Supplemental Nutrition Assistance (SNAP), (*formerly food stamps or Food Distribution Program on Indian Reservation (FDPIR)*), please indicate the appropriate **case number** in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information.

Adult Day Care Centers: If the participant enrolled is in an Adult Daycare Center and receives benefits thru Supplemental Nutrition Assistance (SNAP) formerly, food stamps, Food Distribution Program on Indian Reservation (FDPIR), Supplemental Security Income (SSI) or Medicaid, please indicate the appropriate **case number** in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information.

If you do not receive benefits and have no case number for participants enrolled at the center, you must complete all parts of the IEA (Household and Income information).

HOUSEHOLD AND INCOME INFORMATION

Not required to be completed if case# is provided above.

List all household members. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses).

Provide the most current income by source for all household members. This can be based on the most recent information the month prior to completing the application.

Reported income needs to be reported on the same. The income reported on the application must include all income before taxes and before other deductions.

A foster child, defined as a ward of the court or welfare agency. Only the foster child’s “personal use” income is listed.

Personal use income includes:

- Funds that are specified by the welfare agency as being for the personal use of the child. (If no funds are specified, the funds received from the welfare agency are not to be considered as income. Record “0” on personal income.)
- Money received from any source. This includes, but is not limited to, funds received from trust accounts, from the child’s family, and earnings from the child’s employment other than occasional or part-time jobs.

SIGNATURE

The adult family member completing the application must sign and date the application.

If the enrolled participant is not a recipient of benefits and has not provided a case number, the adult family member signing the application must provide a social security number.

If you do not have a social security number, check the “box” provided. Otherwise, failure to provide the social security number (if you have one) will make the Income Eligibility Application invalid and will reduce the level of CACFP reimbursement your family’s Child Care Center receives for meals served to the children and/or adult participants enrolled for care in their center.



Child and Adult Care Food Program INCOME ELIGIBILITY APPLICATION



Name of Facility / Center / Site / Home Provider (Last, First, Middle Initial):	Facility / Center / Site / Home Provider EPICS ID:	Phone Number () /
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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Instructions: Complete this form and return to the Facility / Center / Site / Home Provider
(Check if applicable for Enrolled Participant)

ENROLLED PARTICIPANT INFORMATION:

First: _____ Last: _____ DOB: _____ Case #: _____

Child Care Centers: _____ Adult Daycare Centers: _____

<input type="checkbox"/> Foster Child?	<input type="checkbox"/> SNAP	<input type="checkbox"/> FDPIR	<input type="checkbox"/> SSI
<input type="checkbox"/> Foster Child?	<input type="checkbox"/> SNAP	<input type="checkbox"/> FDPIR	<input type="checkbox"/> SSI
<input type="checkbox"/> Foster Child?	<input type="checkbox"/> SNAP	<input type="checkbox"/> FDPIR	<input type="checkbox"/> SSI
<input type="checkbox"/> Foster Child?	<input type="checkbox"/> SNAP	<input type="checkbox"/> FDPIR	<input type="checkbox"/> SSI
<input type="checkbox"/> Foster Child?	<input type="checkbox"/> SNAP	<input type="checkbox"/> FDPIR	<input type="checkbox"/> SSI

If Enrolled Participant is a Foster Child: Please list the amount of the child's "personal use" monthly income (if no personal income, record "0"): _____

HOUSEHOLD INFORMATION:

List the first and last name of each person living in the household, related or not (such as grandparents, other relatives, or friends who live in the household). Include yourself and all children over the age of 13 living with you. (Please use additional forms if more lines are required).

First: _____	Last: _____	First: _____	Last: _____
_____	_____	_____	_____
_____	_____	_____	_____

Total Number in Household: _____

HOUSEHOLD INCOME: Please indicate source and amount of current income for all members of your household. Please follow the definition of income specified in the standards for determining free and reduced-price eligibility in your parent letter. If you receive more than one check from any of these sources, please indicate the total **monthly** amount received.

Wages / Salary: \$ _____ Child Support: \$ _____ Social Security: \$ _____ Pension/Retirement: \$ _____
 Unemployment: \$ _____ Other Income: \$ _____ **Total Income:** \$ _____ Monthly

PENALTIES FOR MISREPRESENTATION: I certify that all the above information is true and correct and that the food stamp or FDPIR number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

 Signature of Adult Family Member

 Last Four Digits of Social Security Number*

Check if no SS# _____
 Date

Privacy Act Statement:

This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires that, unless the participant's food stamp or FDPIR number is provided, you must include the social security number of the household member signing the statement or an indication that the household member signing the statement does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of the information on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or FDPIR office to determine current certification for receipt of SNAP (food stamp) or FDPIR benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to verify the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal action if incorrect information is reported.

FOR SPONSOR'S USE ONLY

Child Day Care Center Adult Day Care Center Approved Free Approved Reduced Paid

Home Provider Tier I Eligibility Verified by: Tax Return W-2 Pay Stubs Other Date Verified: _____

Home Provider Child(ren) Tier I Eligibility Verified by: Household Income Categorically Eligible School Name / District: _____

Home Provider or Child(ren) TIER I Ineligible

 Signature of Facility / Center / Site Representative / Home Provider

 Name of Facility / Center / Site Representative / Home Provider

 Approving Date

 Date Disenrolled

* Complete Social Security Number is not required for CACFP Participation, only the last four digits are required. NM FNB CACFP 03/2022



Child's Name: _____

My Child's Height is: _____

My Child's Weight is: _____

Information Regarding Child's Swimming Ability:

_____ My child is an independent swimmer and therefore does not require a safety vest for water activities where independent swimming is involved, unless otherwise required by the individual field trip vendor.

_____ My child is not yet an independent swimmer, therefore, I will provide a safety vest and fit the vest to them properly prior to participating in activities where independent swimming is involved. I understand that some field trip vendors may require use of their life vests and will fit my child at the time of the field trip.

Parent Name: _____

Parent Signature: _____

Date: _____



MINOR PARTICIPANT WAIVER AND NOTICE OF RISK

Participant's Name
Parent or Legal Guardian Name
Name Parent or Legal Guardian Contact Information (Address and Phone Number)

The University of New Mexico ("UNM") welcomes you as a participant in the Children's Campus Summer Camp activities, including the use of UNM facilities and equipment. Please read through the following important information.

I exercise my own free and voluntary choice to participate in the designated activities, including use of facilities and equipment provided by UNM. I understand and assume all risks associated with participation in the UNMCC Summer Camp Program. These risks include, but are not limited to:

high speeds; free falls; fatigue; collisions; weather related illness; hair, clothing, or other items being caught in equipment; infections from water borne risks; trauma from striking an object, equipment or force of water; overuse injuries; submersion and environmental injuries; falling from a height or on steep, rocky, slippery or loose terrain; injuries inherent with interacting with animals; equipment failure; burns; drowning or near-drowning; suffocation; choking; water inhalation; concussions; nausea; dizziness; headache; hyperextension; sprains; strains; muscle pulls; muscle pain; insect bites; skin abrasions; bumps; cuts; scrapes; bruises; sunburn; dislocations; contusions; fractures; lacerations; blisters; callouses; twisted ankles; shin splints; loss of personal belongings

Knowing the above identified risks, and in consideration of being permitted to participate in the Summer Camp Program, I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of my child's participation in the designated camp activities. I also release, waive, indemnify, hold harmless, and discharge UNM, its Board of Regents, its officers, employees or agents, from any and all claims, damages, and injuries arising out of my activities, including the use of equipment and facilities provided by UNM.

UNM does not provide health insurance for individuals participating in activities made available or sponsored by UNM. As such, you or your personal health insurance will be responsible for payment of medical services and care for any injuries sustained during all camp activities.

I agree that this waiver and assumption of risk is intended to be as broad and inclusive as permitted by the State of New Mexico and that if any portion is held invalid, the remainder will continue in full legal force and effect.

I hereby certify that I have read and understand the provisions above and, as the parent or legal guardian of the participating minor, accept the above terms and grant permission for participation on behalf of the minor.

Print Participant's Name Date
Print Parent/Legal Guardian's Name Parent/Legal Guardian's Signature Date
Print Parent/Legal Guardian's Name Parent/Legal Guardian's Signature Date



Summer Camp 2023 Parent Acknowledgement

Child's Name: _____

(Please initial next to each area, indicating that you have received this information)

_____ Proper Clothing, Equipment, Permission Forms, and Waivers

- Parents must ensure that their child is adequately and appropriately dressed on a daily basis for each event (i.e., prepared with an appropriate swimming suit, wearing proper shoes for the day) and **have all necessary waivers, equipment, and supplies** (i.e., towel, water bottle, hat, sunscreen, any medication, long sleeve shirt, pants, bicycle, helmet, properly fitted life vest, etc.). Should your child not have what they need to participate in the scheduled field trip, **they will not be allowed to stay and must not be signed into the program for the day.**

_____ Releasing Children

- Children may only be released to authorized individuals from the Children's Campus. At no time may a child be dropped off at a parent/caregiver's place of work, personal residence, or any other location.
- Children may be picked up from the field trip location if **prior** arrangements have been made with a Children's Campus administrator.

_____ Social Media

- Due to confidentiality, the Children's Campus prohibits posting the children's pictures or any information/photos related to Children's Campus events and locations on any personal social media platforms. Photographs may be submitted to an administrator for consideration for posting on the Children's Campus's official social media platforms.

_____ Food

- Children are not allowed to purchase food items from field trip locations unless approved in advance by a member of the Senior Leadership Team.
- Parents must ensure that all **necessary dietary restrictions** have been disclosed and proper documentation is on file to enable the Children's Campus to provide an appropriate substitute.
- Parents are expected to drop their child off a minimum of 20 minutes before the scheduled departure time. This allows time for the staff to ensure that your child has eaten and is ready to leave on time.
- If your child will be absent for the day, please notify the Children's Campus as soon as possible but before the scheduled departure time.

_____ Time Management

- UNMCC Summer Camp Staff are expected to leave for and from field trips on time. To ensure the group leaves on time, **we cannot delay the departure of the group from the Children's Campus for children who arrive late.** The Children's Campus does not have alternative arrangements for children arriving after the camp has departed.

I acknowledge the receipt of Summer Camp 2023 Expectations. I agree to the expectations therein.

Parent/Guardian Signature: _____