

# CAMP CABOOSE ENROLLMENT FORM 2022

To ensure that your child can start the 1st week of Camp, please have your packet & payment in by **Tuesday, May 31st.** \*\*Any enrollments after this date will start the second week of Camp.\*\*

NAME OF CHILD: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in 22/23: \_\_\_\_\_ Gender: \_\_\_\_\_ Youth Shirt Size: S M L XL

NAME OF CHILD: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in 22/23: \_\_\_\_\_ Gender: \_\_\_\_\_ Youth Shirt Size: S M L XL

NAME OF CHILD: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in 22/23: \_\_\_\_\_ Gender: \_\_\_\_\_ Youth Shirt Size: S M L XL

RESIDENCE: child lives with:  Both Parents  Mother  Father  Split Residence  Other: \_\_\_\_\_

LEGAL CUSTODY:  Both Parents  Mother  Father  Guardian: \_\_\_\_\_

NAME OF PARENT (mother/father/guardian): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer/School: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

NAME OF PARENT (mother/father/guardian): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer/School: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please send a copy of Camp Caboose email communications to this person:  Yes  No

PARTNER or OTHER INVOLVED PERSON: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer/School: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please send a copy of Camp Caboose email communications to this partner/involved person:  Yes  No

Do you receive child care tuition assistance?

City Day Care  Wisconsin Shares/County Funding  Other (please specify): \_\_\_\_\_

Name of case worker, if any: \_\_\_\_\_ Phone: \_\_\_\_\_

# EMERGENCY CONTACT CARD

## CHILD(REN)

Name (last, first): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name (last, first): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name (last, first): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## PARENTS / GUARDIANS

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

Phone—Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

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

Phone—Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

RESIDENCE: child(ren) lives with:  Both Parents  Mother  Father  Split Residence  Other: \_\_\_\_\_

LEGAL CUSTODY:  Mother  Father  Guardian (name): \_\_\_\_\_

*NOTE: If parents have joint legal custody, either parent may pick up the child(ren) at any time. If an individual has sole legal custody, written permission is needed for anyone, including noncustodial parent, to pick up the child(ren).*

\*PICK UP AUTHORIZATION\*--I give permission to the following people to pick up my child(ren) anytime, without additional specific authorization: \_\_\_\_\_

EMERGENCY CONTACT—The following people may be called in an emergency **when parent(s) or guardian(s) cannot be reached** and have permission to pick-up my child(ren) from Camp if necessary.

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Phone—Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Phone—Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

PHYSICIAN—Camp Caboose has my permission to call my child(ren)'s physician:

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

EMERGENCY RELEASE—I give consent for emergency medical care or treatment to be used *only if I cannot be reached immediately*.

HOSPITAL OF CHOICE: \_\_\_\_\_

\*SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

# SHOOTING STARS ENROLLMENT

## CAMPERS ENTERING 1ST AND 2ND GRADE

NAME OF CHILD: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_

**CONTRACTED ENROLLMENT SCHEDULE:**

FULL TIME (M-F) OR  PART TIME (2-4 days/wk): M T W R F

**CONTRACTED WEEKS OF CARE:** *please check requested weeks*

<input type="checkbox"/> June 14-17	All Aboard!
<input type="checkbox"/> June 20-24	Spy School
<input type="checkbox"/> June 27-July 1	My Mandala
<input type="checkbox"/> July 5-8*	Mess Fest
<input type="checkbox"/> July 11-15	Adventure Week
<input type="checkbox"/> July 18-22	Half a Hundred
<input type="checkbox"/> July 25-29	StoryVenture
<input type="checkbox"/> August 1-5	Medieval Times
<input type="checkbox"/> August 8-12	Camp's Greatest Hits

**TRAVEL WEEK:** *please check requested days*

Monday, August 15

Tuesday, August 16

Riverside Park & Watertown Aquatic Center

MacKenzie Center & DeForest Splash Pad

Wednesday, August 17

Thursday, August 18

Devil's Lake State Park & Nature Center

Dolphin's Cove Water Park

\*NO CAMP on Monday, July 4th

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

# COMETS ENROLLMENT

CAMPERS ENTERING 3RD, 4TH, 5TH, AND 6TH GRADE

NAME OF CHILD: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_

**CONTRACTED ENROLLMENT SCHEDULE:**

FULL TIME (M-F) OR  PART TIME (2-4 days/wk): M T W R F

**CONTRACTED WEEKS OF CARE:** *please check requested weeks*

*Next to the week's theme options, designate your child's 1st, 2nd, and 3rd choice. Themes are on a first come, first serve basis and have limited space.*

<input type="checkbox"/> June 14-17	<input type="checkbox"/> Play Ball	<input type="checkbox"/> Here We Grow	<input type="checkbox"/> All Aboard!
<input type="checkbox"/> June 20-24	<input type="checkbox"/> Let's Ride	<input type="checkbox"/> Live Action Games	<input type="checkbox"/> Spy School
<input type="checkbox"/> June 27-July 1	<input type="checkbox"/> On the Water	<input type="checkbox"/> DodgeR	<input type="checkbox"/> My Mandala
<input type="checkbox"/> July 5-8*	<input type="checkbox"/> Pajama Party	<input type="checkbox"/> Catch a Wave	<input type="checkbox"/> Mess Fest
<input type="checkbox"/> July 11-15	<input type="checkbox"/> Camp Has Got Talent	<input type="checkbox"/> Culture Club	<input type="checkbox"/> Gold Rush <small>*Priority will be given to</small>
<input type="checkbox"/> July 18-22	<input type="checkbox"/> Our Community	<input type="checkbox"/> Feelin' Groovy	<input type="checkbox"/> Half a Hundred
<input type="checkbox"/> July 25-29	<input type="checkbox"/> Everything Outdoors	<input type="checkbox"/> Dino Might	<input type="checkbox"/> StoryVenture
<input type="checkbox"/> August 1-5	<input type="checkbox"/> Record Breakers	<input type="checkbox"/> Upcycle Arts	<input type="checkbox"/> Medieval Times
<input type="checkbox"/> August 8-12	<input type="checkbox"/> Out of this World	<input type="checkbox"/> Year's Worth of Fun	<input type="checkbox"/> Camp's Greatest Hits

**TRAVEL WEEK:** *please check requested days*

Monday, August 15

Tuesday, August 16

Riverside Park & Watertown Aquatic Center

MacKenzie Center & DeForest Splash Pad

Wednesday, August 17

Thursday, August 18

Devil's Lake State Park & Parfrey's Glen

Dolphin's Cove Water Park

\*NO CAMP on Monday, July 4th

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT PERMISSIONS

The following agreements are non-negotiable components of Red Caboose's Camp Caboose. A parent/guardian signature stating you have read the agreement with these statements is a necessary pre-requisite to enrollment. If signatures are not provided, enrollment will be placed on hold until they are provided.

**WITHDRAWAL & CHANGE OF SCHEDULE:** I agree to give Red Caboose a four-week written notice before withdrawing my child from the program. If I do not give such notice, I agree to pay in full the tuition for the contracted weeks and schedule. I understand that I may not reduce the number of days per week of my child's set schedule and that I may not reduce the number of weeks that my child is enrolled for Camp Caboose. The scheduling policy is found on page 11 of the Camp Caboose brochure.

**MONDAY, JULY 4, 2022:** I understand that Monday, July 4th is a holiday and Camp Caboose will not be in session. Due to Red Caboose policies, if a child is enrolled for this week, a charge will still be applied to the family's billing statement.

**FIELD TRIPS:** I understand that field trips (including swimming) by bus, van, or on foot, are an integral part of the program at Camp Caboose. I agree to let my child go on all field trips during their time enrolled at Camp Caboose. I understand that field trips scheduled may need to be adjusted throughout summer due to weather and/or evolving COVID-19 restrictions.

**EMERGENCY MEDICAL CARE:** I give my consent for emergency medical care or treatment to be used *only if I cannot be reached immediately*. In case of emergency (accident or illness) and I cannot be reached, I give full permission to Camp Caboose to transport my child to the nearest available health care facility via ambulance. I will assume full responsibility, including financial responsibility, for services rendered.

**CITY ACCREDITATION COMMUNICATION:** I understand that Red Caboose is City of Madison accredited. Madison accreditation staff may be used for consultation in a confidential manner. I authorize this program to release information for the purpose of improving the quality of the program and supporting staff to best meet the needs of children in the program.

The following permission statements are only valid when a parent/guardian has marked his or her initials on the "yes" space next to the statement. Any statement without a mark will be assumed to be a "no."

### PHOTOGRAPHS & VIDEO:

\_\_\_\_\_ I agree and consent to having my child(ren) photographed or filmed while in the care of  
yes    no    Red Caboose for classroom or program use.

\_\_\_\_\_ I agree and consent to the use of any photographs or videos taken of my child(ren) by Red  
yes    no    Caboose for educational advertising and publicity purposes (fliers, enrollment packets, and  
fundraising materials). I understand these may be posted on the website, Facebook, and other  
social media.

Note: No child will be identified by name.

### MOVIES:

\_\_\_\_\_ I give my child(ren) permission to watch PG-rated movies while at Camp Caboose with the  
yes    no    understanding that I will be notified of the movie's title via email communication and facebook,  
if possible, beforehand.

### SWIMMING INFORMATION:

The information below will be used to make your child's swimming experiences as safe and enjoyable as possible throughout the summer. Please specify any differences if you are answering for multiple children.

Yes  No Has your child ever been swimming at a pool or beach?

Yes  No Has your child taken swim lessons?

Yes  No Is your child afraid of the water?

Yes  No Is your child afraid of putting his or her head under water?

Yes  No Is there anything else that we need to know regarding your child's experience while swimming?

# PAYMENT AGREEMENT

## PAYMENT OF FEES:

I agree to pay for the days/weeks my child is enrolled, whether or not my child is in attendance. **I agree to pay my Summer Camp fees IN ADVANCE:**  Weekly  Bi-Weekly  Monthly

\*\*Would you like an e-mail bill?  Yes  No

If yes, please provide ALL e-mail addresses here: \_\_\_\_\_  
\_\_\_\_\_

To enroll, please include your first week's tuition and fees with all enrollment forms. **Please refer to the policies regarding schedule changes on page 11 and the check-list on page 14 of our Camp Caboose brochure to ensure you have enrolled your child completely.** If you would like your child to start the first week of Camp, please have your enrollment forms and payment in by **Tuesday, May 31st**. Any enrollments after this date will start the second week of Camp.

### To Complete Your Enrollment:

- ⇒ Deposit: 1st week's tuition \$ \_\_\_\_\_
  - ⇒ \$40 Registration Fee (new families only) \$ \_\_\_\_\_
  - ⇒ \$25 Parent Fees (summer-only families) \$ \_\_\_\_\_
  - ⇒ \$10 Field Trip Fee (one-time fee per child) \$ \_\_\_\_\_
  - ⇒ I have chosen to sponsor another camper for the additional amount I have indicated to the right. *(This is a tax deductible donation)* \$ \_\_\_\_\_
- Total: \$ \_\_\_\_\_**

Checks/money orders should be written and sent, along with all Enrollment Paperwork, to:

Red Caboose Child Care Center, Inc.  
654 Williamson St.  
Madison, WI 53703

## ENROLLMENT AGREEMENT:

**PARENT(S) SIGNATURE:** Both custodial parents and guardians must sign the enrollment form. All persons signing this child enrollment form agree that they are jointly and severally liable for any services provided by Red Caboose as set forth on this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### For Red Caboose Administration Only

Received by \_\_\_\_\_ on \_\_\_\_\_ SAPD \_\_\_\_\_ BC \_\_\_\_\_ Conf. \_\_\_\_\_

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Priority Grouping: 6-9FT 6-9PT 3-5FT 3-5PT 1-2

**HEALTH HISTORY AND EMERGENCY CARE PLAN**

**Use of form:** This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

**CHILD INFORMATION**

Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)		Birthdate (mm/dd/yyyy)
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**PARENT / GUARDIAN INFORMATION** Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

**SUNSCREEN / INSECT REPELLENT AUTHORIZATION** If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name Walgreens Kids SPF50 Lotion AND Banana Boat Kids Lotion/ Sport SPF 50	Ingredient Strength SPF 50
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name OFF! Unscented	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

**HEALTH HISTORY AND EMERGENCY CARE PLAN** If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

- No specific medical condition
- Asthma
- Cerebral Palsy / motor disorder
- Other condition(s) requiring special care -- Specify.
- Diabetes
- Epilepsy / seizure disorder
- Gastrointestinal or feeding concerns including special diet and supplements
- Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism

- Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
- Food allergies -- Specify food(s).

Non-food allergies -- Specify.

2. Check any dietary restriction that your child may have.

- Vegetarian
- Vegan
- Other -- Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

**SIGNATURE** – Parent or Guardian

Date Signed (mm/dd/yyyy)

**Review dates:** \_\_\_\_\_



## DAY CARE IMMUNIZATION RECORD

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

**PERSONAL DATA**

**PLEASE PRINT**

<b>STEP 1</b>	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 (4) 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 day care entrance. Children who reach a new age/grade level while attending this day 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 <sub>1</sub>	3 PCV <sub>2</sub>	2 Hep B	1 MMR <sub>3</sub>
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib <sub>1</sub>	3 PCV <sub>2</sub>	3 Hep B	1 MMR <sub>3</sub> 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT <sub>4</sub>	4 Polio			3 Hep B	2 MMR <sub>3</sub> 2 Varicella

<sup>1</sup>If 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).

<sup>2</sup>If 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.

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

<sup>4</sup>Children entering kindergarten must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup>) to be compliant (Note: a dose 4 days or less before the 4<sup>th</sup> 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 day care center), OR  
 IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day 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 day care center in writing as each dose is received.

**NOTE: Failure to stay on schedule or report immunizations to the day 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)

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

\_\_\_\_\_  
 SIGNATURE - Parent, Guardian or Legal Custodian

\_\_\_\_\_  
 Date Signed