| CHILD'S NAME:   |   | AGE/GRADE:   |
|---|---|--|
|   | SPECIAL CIRCU   | MSTANCES & NEEDS   |
|   |   | is committed to providing individualized care for every child. rongly encourage you to meet with us and visit the program  |
| hospitalizations in the past 12 if there are certain circumstant  | months, as well as long-term<br>aces that may cause your cloin these conditions. Like | lergies, previous or serious illnesses and injuries, disabilitie m/continuously used medication. In addition, please explain hild difficulty. Be sure to let us know how we can best work wise, please list any limitations or special provisions. Write |
| Does your child require any of below and contact the Camp   |   | listed above?yes orno (If yes, please specify  |
|   | CONSENT F   | OR ACTIVITIES  |
| 1. TRANSPORTATION: 2. FIELD TRIPS: 3. WATER ACTIVITIES: 4. PHOTOGRAPHY/VIDEO: 5. RECEIPT OF WRITTEN OPERA |   | operation's employees:  ve — my consent for my child to participate in Field Trips:  ve — my consent for my child to participate in Water Activities:  lashing/wading pools  |
| 6. I UNDERSTAND THAT THE FOLL   | OWING MEALS WILL BE SERV  |  |
| 7. Parent's Comments:   |   |  |
| Δ1,1  | HORIZATION FOR FMF  | RGENCY MEDICAL ATTENTION:  |
|   |   | r emergency medical care, I authorize the person in charge to  |
| Physician:  | _   | Emergency Medical Care Facility  |
| Address:  |   | Address:   |
| Ph.#  | _   | Ph.#   |
| I give consent for the facility to  | secure any and all necess   | ary emergency medical care for my child:   |
| Signature of Parent or Legal Gu   | ·   |  |
| organia or anome or Logar Of  |   | <del></del>  |

| CHILD'S NAME: | AGE/GRADE: |  |
|---------------|------------|--|
| CHILD S NAME. | AGE/GRADE. |  |

## **B.C.A. SUMMER CAMP FIELD TRIPS**

## RELEASE OF LIABILITY

Please initial each area, and sign and date below...

| Academy, its Trustees, and agents har my child ever had, now have, or mainjuries or damages which occur to matericipation in field trips. I expressly to of service, or other claims which I make indemnify and hold harmless Brook employees, and agents from all claim agree to indemnify and hold harmless. Trustees, employees, and agents from it or them which result from my child Brookhollow Christian Academy, its Trustees.  | liability and hold Brookhollow Christian mless from all claims or actions which I or ay have in the future or any liability for my child or to me as a result of his or her waive all claims for medical expenses, loss may otherwise be entitled and I agree to hollow Christian Academy, its Trustees, is made against it on behalf of my child. I ess Brookhollow Christian Academy, its mall claims made by third parties against d's actions on the trip. I understand that Trustees, employees, and agents are not tal immunity which it or they have under |  |
|---|---|--|
| I have read and understand this release and sign it voluntarily and with full knowledge of its significance. I am aware that when my child is on a school-sponsored trip, he/she under the jurisdiction and supervision of the Brookhollow Christian Academy sponsors/chaperones and that behavior must conform to the BCA Academy Rules. I understand that my child will be subject to appropriate disciplinary action for violations of rules, including the inability to participate in additional trips without a parent chaperone. |   |  |
| Parent Signature  | Date  |  |

| CHIL   | D'S NAME: AGE/GRADE:   |
|--------|--|
| Please | read the statement below and check each circle to indicate acknowledgement and agreement.  |
| 0      | I understand that as a participant in a state licensed childcare facility, my child's records may be reviewed and/or copied by representatives of the Texas Department of Protective and Regulatory Services.  |
| 0      | I consent to be added to an email list for notifications about upcoming BCA Camp programs and/or events.   |
| 0      | I understand that the BCA Camp staff and volunteers are not allowed at any time to babysit or transport children outside of the BCA Camp program.  |
| 0      | I understand that state law mandates the BCA Camp to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.  |
| 0      | I understand that neither the BCA Camp nor any of its paid or volunteer workers can be held responsible in the event of accidents or accidental death. The BCA Camp strives to provide a safe and healthy environment for your child.  |
| 0      | I understand that weekly tuition fees are non-refundable. To avoid late fees, sessions must be paid in FULL by the Friday prior to the start of each week/session. No refunds or credits will be issued to anyone withdrawing once the first day of the week/session has begun. Cancellations/program withdrawals must be made in writing the Monday prior to the first day of that week/session - a minimum of one week in advance. |
| 0      | I have received a copy of policies in the Parent Handbook which includes the BCA Camp operational and parent policies and I agree to follow them.  |
| 0      | I understand that my child's shot records must be turned in with this paperwork.   |
| 0      | I understand that my child will not be fully enrolled in BCA Camp until I have submitted his or her registration form, shot record and payment or schedule of payments.  |

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

o No Cellphones, iPads, iPods, Tablets, Head Phones, Ear Phones, Game Systems allowed.

| CHILD'S NAME:   | AGE/GRADE:  |
|---|---|
| DISCIPLINE & GUIDANCE POLICY TO BE  | USED BY B.C.A. PARENTS AND STAFF  |
| <ul> <li>Discipline must be:</li> <li>Individualized and consistent for each child.</li> <li>Appropriate to the child's level of understanding.</li> <li>Directed towards teaching the child acceptable behave</li> </ul>   | vior and self-control.  |
| A caregiver may only use positive methods of discipline and self-direction, which include at least the following:   | d guidance that encourage self-esteem, self-control, and                                  |
| <ul> <li>Using praise and encouragement of good behavior in</li> <li>Reminding a child of behavior expectations daily by</li> <li>Redirecting behavior using positive statements.</li> <li>Using brief, supervised separation or time out from development. This is limited to no more than one mineral content.</li> </ul>   | wusing clear, positive statements.  In the group when appropriate for the child's age and |
| There must be no harsh, cruel, or unusual treatment of any confidence and guidance are prohibited:  | child. The following types  |
| <ul> <li>Corporal punishment or threats of corporal punishment.</li> <li>Punishment associated with food, naps, or toilet train.</li> <li>Pinching, shaking, or biting a child.</li> <li>Hitting a child with a hand or instrument.</li> <li>Putting anything in or on a child's mouth.</li> <li>Humiliating, ridiculing, rejecting, or yelling at a child.</li> <li>Subjecting a child to harsh, abusive, or profane lang.</li> <li>Placing a child in a locked or dark room, bathroom,</li> <li>Requiring a child to remain silent or inactive for inactive.</li> </ul> | ning.<br>ld.<br>uage.   |
| Texas Administrative Code, Title 40, Chapters 746 and 747, Sub  | chapters L, Discipline and Guidance   |
| My signature verifies I have read and received a copy of this   | s discipline and guidance policy.   |

Date

Signature

Check one please:

□ Parent □ Employee/Caregiver

| CHIL                 | D'S NAME: AGE/GRADE:  |
|----------------------|---|
|                      | CONDUCT POLICIES  |
| S.T.R.E.<br>experien | are entitled to a pleasant and safe environment while participating in the BCA KIDS SUMMER A.M. CAMP program. Inappropriate behavior by a few campers can have a dramatic impact on the ce of the entire group. The following conduct policies apply to each camper and will be used to determine ers' eligibility to continue as a participant in the program.   |
| A campe              | ake certain that both you and your child are completely familiar with these policies.  r may be suspended or released from the BCA KIDS SUMMER S.T.R.E.A.M. CAMP for the week without r the following behaviors while participating in the program or while being transported:  |
|                      | Leaving the camp site without permission, or going into unauthorized areas  Using foul language, fighting, being rude or discourteous to staff and other campers  Engaging in fighting, intentionally injuring another camper or bullying  Bringing or using any illegal substances and /or weapons  Public displays of affection  Etealing or defacing another camper's property  Refusing to remain with the group while at camp and during camp field trips  Refusing to participate in daily camp activities  Not remaining seated at all times while being transported  Having any body parts out of the window, defacing the vehicle, and being rude or discourteous to the driver or to the other drivers on the road while being transported  Not obeying reasonable requests from caregivers, counselors, instructors, assistant director and director.  No Cellphones, iPads, iPods, Tablets, Head Phones, Ear Phones, Game Systems — If a student is found to be utilizing an electronic device, it will be confiscated and turned in to the director. The BCA Staff will not be held responsible for any cellphones or electronic devices which are lost or stolen. |
|                      | r is at an away activity such as a field trip and his or her behavior warrants sending them home, it will be at t's expense.  |
| The follo            | wing disciplinary procedures will be followed in regards to camper conduct:   |
| 2. I<br>3. I<br>4. 7 | Daily Behavioral Reports Parent notified by phone and/or in writing Disciplinary write-up The action taken is at the discretion of the Program Director after appropriate consultation with the parent range of discipline: one-day suspension to removal from the program).  |

Parent Signature Date Camper Signature Date