



Enrollment Form for Roosevelt Academy *SUMMER CAMP*

Camper's Information

Campers Name: _____
(First) (Middle) (Last)

Date of Birth: ____/____/____ Gender: Male Female (*Please Select One*)
(DD) (MM) (YYYY)

Preferred Pronouns: _____

Home Address: _____

(City) (State) (Zip Code)

Primary Contact Number: (____) - ____ - ____ Email Address: _____

Emergency Contact's Name: _____ Relationship: _____
(First) (Last)

Emergency Contact's Number: (____) - ____ - ____

Medical Information

Physician's Name: _____ Physician's Contact Number: (____) - ____ - ____

Health Insurance Provider: _____ Policy Number: _____

Allergies (*please specify*): _____

Current Medications (*please list*): _____

Previous Hospitalizations/Medical Conditions: _____

Behavioral and Sensory Information: _____

Violent Tendencies or Behavioral Issues (*please provide details*): _____

Sensory Issues (*e.g., sensitivity to light, sound, touch, etc.*): _____

Therapies Received (*e.g., occupational therapy, speech therapy*): _____

Learning & Development

Diagnosis or Learning Disability (*if applicable*): _____

Strengths: _____

Weaknesses: _____

Current Individualized Education Program (IEP) or 504 Plan (*if applicable*): _____

Toilet Training

Toilet Training Status (*e.g., independent, needs assistance, not yet trained*): _____

Specific Toilet Training Requirements or Preferences: _____

Likes and Dislikes

Activities the Camper Enjoys: _____

Preferred Learning Style (*e.g., visual, auditory, kinesthetic*): _____

Food Preferences and Dislikes: _____

Preferred Reinforcers or Rewards: _____

Hobbies or Interests: _____

Family Information

Parent/ Guardian Full Name(s): _____

(First)

(Middle)

(Last)

(First)

(Middle)

(Last)

Relationship to Camper: _____ Cell Number: (____) - ____ - ____

Home Number: (____) - ____ - ____ Work Number: (____) - ____ - ____ Alt #: (____) - ____ - ____

Email Addresses: _____

Emergency Contacts (*other than parents/guardians*): _____

Additional Comments or Concerns: _____

Is there any additional information you would like to share about the 'campers' needs or preferences?

Consent and Agreement:

I, the undersigned, understand that the information provided in this form will be used for educational and programmatic purposes. I authorize the Roosevelt Academy to collect, store, and use this information to support the student's educational experience. I also acknowledge the responsibility to inform the academy promptly of any changes to this information.

Parent/Guardian Name (*Print*): _____

Signature: _____ Date: _____

Medical Authorization and Emergency Transport Consent:

1. Medication Administration: _____

I, the undersigned, grant The Roosevelt Academy staff permission to administer medication as prescribed by the child's physician. I will provide the necessary medication, dosage instructions, and any changes promptly. I understand that the academy will follow proper procedures for medication administration.

2. First Aid Authorization: _____

I authorize The Roosevelt Academy staff to provide basic first aid in case of minor injuries or illnesses. In the event of a more serious medical emergency, I understand that emergency medical services will be contacted immediately.

3. Transportation Consent: _____

I give permission for my child to be transported in The Roosevelt Academy vehicles or staff members' private vehicles for scheduled outings, field trips, or other academy-related activities. I understand that every effort will be made to ensure safe transportation.

4. Emergency Transport to Medical Facility: _____

In the event that I cannot be reached during a medical emergency, I authorize The Roosevelt Academy staff to transport my child to the nearest medical facility for necessary medical attention. I understand that every effort will be made to contact me or the emergency contacts listed in this form.

5. Emergency Contact Information: _____

Emergency Contact 1:

Name: _____

Relationship: _____

Contact Number: _____

Emergency Contact 2:

Name: _____

Relationship: _____

Contact Number: _____

Consent and Agreement:

I, the undersigned, acknowledge and agree to the above permissions regarding medication administration, first aid, and transportation for my child at The Roosevelt Academy.

Parent/Guardian Name (*Print*): _____

Signature: _____ Date: _____

Media Release Consent:

I, the undersigned, grant The Roosevelt Academy the right to use my child's:

Photograph/Image: Yes No

Voice: Yes No

for the purpose of decoration, publicizing, and promoting The Roosevelt Academy on its Facebook page, other social media platforms, official website, or for display within The Roosevelt Academy premises.

I understand that these materials may be used in various promotional materials, including but not limited to brochures, newsletters, presentations, and other marketing materials created by or for The Roosevelt Academy.

I acknowledge that the use of these materials is voluntary, and I will not receive any compensation for the use of my child's photograph, image, or voice.

Parent/Guardian Name (*Print*): _____

Signature: _____ Date: _____