## CAMP LELA Pickup Agreement

You the parent and any additional parties you indicated on the authorization for student pickup form shall abide by the following:

- 1. Each child must be picked up by no later than 6:00pm
- 2. You, the parent or additional parties indicated on the authorization for student pickup form shall pay \$2 (two dollars) per minute that you or said parties arrive for pickup after 6pm. Payment shall be due upon pickup. **NO EXCEPTIONS**.
- 3. If the child is picked up late on 3 (three) consecutive or non-consecutive occasions, your new mandatory pickup time for your child shall be no later than 5:45pm. The late fee will begin to accumulate from this assigned time. **NO EXCEPTIONS.**
- 4. If the child is continuously picked up late after the assigned mandatory pickup time is enforced, your child may be terminated without the opportunity for re-enrollment.

Please give us an opportunity to serve your child in the manner that is deserved. Late pickup's are an inconvenience to our staff and places them in a compromising position and we want to avoid that at all costs.

Parent Signature

Date

Witness Signature

Date



For film, photos, internet, as well as any other form of electronic or digital communication.

On various occasions, your child may be photographed while at Camp LELA. These photographs may be used by Camp LELA and/or its affiliated schools, in program planning and/or public relations. They also may be used in various types of advertising, or by public television, newspapers, magazines, electronic or digital communication. For this reason, we request that each parent sign the following release:

\_\_\_\_ No, I do not grant full permission

- \_\_\_\_Yes, I do grant full permission
- \_\_\_\_ Yes, I grant permission for internal use only

## For television, digital video display (DVD), Video Cassette viewing and

#### computer usage.

\*\*Occasionally our campers will enjoy an afternoon movie in which they will watch a rated G movie or an educational program. It is not a common practice or is it part of our quality curriculum to engage in TV. It is simply a treat to our children.

\_\_\_\_\_ No, I do not grant permission

\_\_\_\_\_ Yes, I do grant permission

Child's name	Age
Parent/Guardian's Signature	Date
Camp Director's Signature	Date

# CAMP LELA

## **Authorization for Student Pickup**

The names of at least two or more individuals, in addition to parents, who are authorized to pick up our child, must be on file in the camp office. If anyone else will be picking up your child, it is imperative that you notify the camp office in writing, using Lil' Einsteins Learning Academy Student Release Form on or **before** the day of occurrence.

#### CAMP LELA WILL NOT RELEASE A CHILD TO ANYONE WHO IS NOT AUTHORIZED IN WRITING TO PICK UP or WHO DOES NOT PROVIDE STATE ISSUED IDENTIFICATION.

Child's Name		Parent Name	
Home Phone		Work Phone	
Address		Cell Phone	
City	State_		Zip

Password for unusual pickup authorization (must be alphanumeric)

This password shall remain confidential. Only the parent and the Camp Director will know it. The password is used as a means of positively identifying a parent if they call the camp to authorize an unusual pickup. *The pickup person does not need to know the password; they just need to present a photo ID. If a photo ID is not available, the child will not be released.* 

Authorized for Pickup:	Mother	Y	Ν	Father	Y	Ν
1				2		
3				4		
5				6		

Are parents separated/divorced? Y / N Parental restrictions? Y / N \* Legal documentation required

After Hours: If a child has not been picked up by the end of camp hours (6pm), it is the responsibility Camp Director to attempt to contact the parents and every authorized pickup person listed on this from. If no contact can be made by 6:30 p.m. to arrange a pickup, legal authorities must be notified. If these authorities are also unable to make contact, the child must be cared for as directed by these authorities. The staff is not permitted to remove the child from campus to continue to provide care in their home or at any other location.

Parent Signature	Date
Parent Signature	Date
Witness	Date

# CAMP LELA

#### Parent Permission for Summer Camp Field Trip Emergency Evacuation

Our campers will participate in such field trips away from campus. These trips are carefully arranged and are supervised by an adequate number of adult counselors. You will always receive advanced notice of field trips that are not pre-planned and listed on the camp calendar. We have your permission to take your child, \_\_\_\_\_\_\_\_ on these field trips.

Parent Signature	Date
••••	ermission to evacuate the premises. Our emergency evacuation cated
Parent Signature	Date

### Emergency Contacts in Order of Preference: (\*please list additional contacts on back)

1			
Name	Relationship	Daytime Phone	Cell Phone
2			
Name	Relationship	Daytime Phone	Cell Phone
3			
Name	Relationship	Daytime Phone	Cell Phone
Authorization for Medical T	reatment of a Minor		
In the event of an emergency re	quiring a physician's care, do	you wish us to call your	family physician?
Y N If yes, please pro	vide the following:		
Name	Ph	ione	
Address			
	Sta	ate Zip	
Medical Insurance Informat	ion		
Carrier:	Employee	Insured	
Policy #	Group or	Identification #	
Phone			

I (we), authorize for emergency purposes only, and designated employee of the center to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision and the advice of any physician or surgeon licensed to practice medicine in the State of \_\_\_\_\_.

Date of Last Tetanus/Diphtheria Booster
Allergies to drugs or foods
Reaction to such allergies:
Current Medications: *Please list name of medication, dosage prescribed

Parent Signature

Date

Witness

Date