



OUR KIDS OUR FUTURE SUMMER OUTDOOR EDUCATION PROGRAM

June 26 - July 21, 2023

APPLICATION FORM

**AGES 3-6
YEARS OLD**



Name _____ Age _____

Physical Address _____ Town _____ Postal Code _____

Home Phone _____ Cell Phone _____

Parent's email _____ Alternate email _____

My child is Indigenous _____ Treaty or Beneficiary Number _____

PARENT OR GUARDIAN INFORMATION

1st Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

2nd Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____

Telephone: _____ Cell Phone: _____

Child resides with: 1st Parent _____ 2nd Parent _____ Guardian _____ Both _____ Other _____

Name and phone number(s) of people allowed to pick up your child from the program:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

5. _____ Phone: _____

Please list any other information you'd like to include about your child:



Parent Authorization Form

Please print all information clearly

Name of Child: _____ Today's Date _____

We do not discriminate on the basis of race, color, sex, handicap, religion or national origin. SRFN reserves the right at its sole discretion to refuse an application or dismiss a child from the Program.

Parent/Guardian's Signature: I understand and accept these guidelines

Parent/Guardian's Signature: _____

I give SRFN permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at SRFN and can be used for promotional purposes without notification.

Parent/Guardian's Signature: _____

I give permission for SRFN to take my child in and around Fort Smith for programming and/or medical care. I understand that the program schedule can subject to change due to weather and/or scheduling conflicts without notice.

Parent/Guardian's Signature: _____

I authorize the Program Coordinator to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the child involved.

Parent/Guardian's Signature: _____

By signing below I agree to adhere to all the Policies and Procedures set by SRFN regarding the Our Kids Our Future Summer Outdoor Education Program

Parent/Guardian's Signature: _____



Student's Medical Information Form

Please print all information clearly

The medical background of each camper is required as part of the program's registration process. The Youth Program Coordinator must be advised in writing of any condition that would limit the camper's ability to participate in any program.

Child's Name _____ Date of Birth _____

Doctor's Name _____ Phone number _____

Medical conditions _____

List of past medical treatments _____

List all current medications regardless of whether it needs to be taken during the day or not:

Does your child have any phobias? Darkness ___ Open Water ___ Spiders ___ Heights ___

Other _____

Does your child have difficulty sleeping? _____ What time is their usual bedtime? _____

Does your child sleepwalk or have regular nightmares? _____

Will our staff need to administer any prescription medications during the day ? Yes/No

If yes, please request a medical dispensing form. Return the form and medication in a ziplock bag with your child's name on it .

Allergies: (Please put N/A if your child does not have an allergy)

Food _____

Medication _____

Insect _____

Other _____

Does your child require an Epi-pen? _____ If yes, you must provide the camp with an Epi-pen to be kept at camp during your child's enrollment. Epi-pen must be accompanied with a current prescription and a doctor's note.

Specific Activities to be restricted for health reasons: _____
