



Summer PAALS Reading Camp Application

Camper Information

Application Date _____
Camper Name _____
Date of Birth _____ Age _____ Gender Male Female
T-Shirt Size _____
Street Address/P.O Box _____
City _____ State _____ Zip Code _____
E-Mail _____

Parent / Legal Guardian Information

Name _____
Relationship to Applicant _____
Street Address/P.O Box _____
City _____ State _____ Zip Code _____
Phone Numbers Home _____ Work _____ Cell _____
E-Mail _____

Emergency Contacts

Name	Phone #'s	Relationship to Applicant
	Cell: Home: Work:	
	Cell: Home: Work:	

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.



Fee Agreement

I agree to pay the \$225.00 camp fee by the first day of my selected camp week to cover the cost of supplies.

If full payment is received by May 17, 2023, the fee for camp is \$215.00. (Initial) _____

IMPORTANT INFORMATION

Registration: The registration form and a deposit of \$125.00 is due by June 01, 2023. The balance of \$100.00 is due no later than June 9, 2023. Please fill out all forms completely. Send forms and payments to:

PAALS
Attn: Summer PAALS
221 N. Grampain Hills Rd.
Columbia, SC 29224,

Fee Payment:

- I have paid with a Credit Card or Check via mail
- I have paid with a Credit Card by calling PAALS at (803) 788-7063.
- My check # _____ in the amount of \$ _____ is enclosed

For Questions: Contact PAALS at 788-7063

Parent or Guardian Signature _____

Date _____

Current Reading level of camp participant: _____

Reason for attending the Reading Camp: _____

Goals during Reading Camp: _____

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Camper Health History

This section must be completed by the parent, legal guardian or other authorized representative.

Camper Name _____
Last
First
Middle Initial

Date of Birth _____ Age _____ Gender Male Female

Physician Name _____

Relationship to Applicant _____

Street Address/P.O Box _____

City _____ State _____ Zip Code _____

Phone Number _____

Medications: If medications need to be administered please list below.
 All medications received for the Summer Camp Program must be in their original containers, properly labeled as to person's name, medication, dosage and times of administration. Any non-prescription (over the counter) medications must have a written order from a medical doctor.

Oral Medication	Mg./Tablet	# Tablets/Dose	Medication	Special Instructions

Please check all that apply:

Swallows whole Crush meds Uses oral syringe (please send) Uses medicine spoon (please send)

Please indicate current or past needs in the following systems/areas:

System/Area	Y	N	Comments
Hearing			
Vision			
Sensation			
Speech/Communication			
Heart			
Breathing			
Digestion			
Circulation			

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System/Area	Y	N	Comments
Pulmonary			
Muscular			
Balance			
Bone/Joint			
Allergies			
Learning Disabilities			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Illness/Injury

Children sustaining minor injuries such as scratches, scrapes, insect bites, etc. will be cared for. Parents are notified for more serious injuries or illnesses, including bumps and/or injuries to the head area, even if the child appears to be fine. If immediate medical attention is deemed necessary, I authorize staff to call 911 for medical assistance and do hereby authorize qualified medical personnel to provide care for my child. Staff does not hospitalize unless necessary. Parents/guardians understand that they will be responsible for any and all medical costs incurred. My child is covered by (name of family insurance) _____, policy number _____.

Describe the applicant's abilities/difficulties in the following areas (included assistance required or equipment needed):

Psycho/Social Function (i.e. unusual behavior, leisure interests, support systems, companion animals, fears, or concerns, etc.) _____

Physical Function (i.e. Mobility skills such as walking, transfer, riding) _____

This Health History is correct so far as I know and the person herein described has permission to engage in all prescribed activities except as noted below: _____

Describe special needs and/or limitations that would prevent full participation in program activities: _____

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Acknowledgements and Signature

Participation: Participants must remain with their group and will be encouraged to participate in all activities, including outdoor and indoor games, crafts, and other planned activities.

Drop off/pickup at Palmetto Animal Assisted Life Services. 221, N. Grampian Hills Road, Columbia, S.C. Drop off at 8:45am and pickup at 1:15pm.

Daily Sign-In, Sign-Out and Communication with Parents: When participants arrive or leave the sites, parents or an authorized person must sign the participant in each morning and then sign them out when picking them up in the afternoon. Only those authorized on the registration form are allowed to pick up participants from the camp. So make sure you list all those you would call upon if an emergency arose and help was needed.

Late supervision fee: \$5.00 will be charged for each fifteen minute period the participant is not picked-up after 1:15pm.

What to Wear and Bring: Participants should wear play clothing and also bring caps, sunscreen and water bottles. Please remember to clearly write the camper's name on each item they bring to the camp, including snacks and any medicine that needs to be given.

What Not to Wear or Bring: Children will be playing and doing crafts, so do not wear expensive clothing or open toed shoes. Also, personal items such as jewelry, cell phones, trading cards, hand held games, etc. should not be brought to camp. The School, PAALS staff, and other participants and parents are not responsible for missing items or items that are accidentally damaged while participating at the camp.

Discipline Procedures: Staff will make every effort to handle discipline problems constructively and positively. Most problems are simply handled by 'talking' with the child and possible usage of a short 'time-out'. Serious behavior problems which affect other participants, the staff or the overall program will be documented and discussed with parents. When warranted, parents must pick up their child immediately if called by staff. In addition, serious behavior problems, or continuation of problems, could result in the child being dismissed from the program. If non-parents are picking up a child, details of the problem will be discussed with them and they will be expected to inform the parents.

Furthermore, counselors will never use any form of corporal punishment – physical and or bodily force – when disciplining a child. Physical force includes, but is not limited to, spanking, slapping, shaking, etc. Other examples of discipline never used in PAALS programs include: depriving of food, water, or bathroom usage; unsupervised isolation; improperly restricting movement; or unusually long 'timeouts'.

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Palmetto Animal Assisted Life Services
221 N. Grampian Hills Rd.
Columbia, SC 29224
(803) 788-7063

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Photo Release:

____ I do give my...

____ I do not give my...

...consent to and authorize the use and reproduction by PAALS, and local media the use of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

I am enrolling (camper name) _____ in the Summer PAALS Program and agree to abide by these guidelines and others as set forth by the PAALS Staff. I fully understand that children’s play activities are always susceptible to a certain amount of risk, and therefore, I agree to not hold PAALS, the PAALS Staff and other participants and their parents or guardians liable for accidents and injuries resulting during my child’s participation in Summer PAALS camp.

By my signature below, I acknowledge that I have read and understood all of the information provided in this application and that I have answered the questions accurately to the best of my knowledge.

Parent or Guardian Signature _____

Date _____

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