



21st Century Kids of F.R.A.N.K.L.I.N.

Presents...

April Break Stay-Cation Spring Fever Camp

Daily Themes!

Monday - Frogs (Leaping into Stay-Cation)

Tuesday – Butterflies and Caterpillars

Wednesday – Earth Day Celebration

Thursday – National Poetry Month

Friday – April Fools’ Day (Part 2)



April 16th – April 20th

Per Day with Food Included: \$30

Monday thru Friday 8:00 AM – 5:00 PM

Per Day without Food: \$25

Location: Academy Hill School

For the Week with Food: \$135

Who is Eligible? – Students K-5 (Any School)

For the Week without Food: \$115

Please make a \$25 non-refundable deposit per child by April 12th to hold your student’s spot. Students must be pre-registered to attend. **Application attached!**

207-778-6960 | www.fectf.org | fectf@fectf.org

This is not a school sponsored event



The 21st Century Kids of F.R.A.N.K.L.I.N. Vacation Camp

JOIN US FOR THE 2018 APRIL BREAK CAMP

Dear Parents/Guardians: Please fill out the following information and return this form, along with a \$25 non-refundable deposit for each child registered, to your child's school or to the Franklin County Children's Task Force office located at 113 Church Street, Farmington. This enrollment form and deposit(s) are due by February 10th and are required for your child(ren) to participate in the 21st Century Kids of F.R.A.N.K.L.I.N. Vacation Camp. Cash and checks (made payable to Franklin County Children's Task Force or FCCTF) are accepted for payment. Thank you!

"Preparing children for today's world-one interaction at a time."

LIKE US ON FACEBOOK:



21st Century Kids of Franklin
After School Program

Participant's Name: _____ Date of Birth: ____/____/____ Gender: _____

Home Address: _____ City & Zip Code: _____

Mailing Address: _____ City & Zip Code: _____

Child's School: _____ Grade: _____

My Child will be attending camp on the following days:

All week: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

My Child will be bringing their own lunch _____ My Child will be getting lunch at camp _____

To be considered for the vacation camp, the below information is required

Parent/Guardian: _____ Relation to Student: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

BEST WAY TO CONTACT (circle one): **Email** **Text** **Phone Call**

In the case of an emergency and the parent or guardian cannot be reached, please notify:

Name: _____ Relationship to Family: _____

Home Address: _____ City _____ Zip Code: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Dismissal/Sign Out

My child may be picked up by the following adults, please list all names (for students' safety reasons, the program policy will allow students to be released only to the adults listed below): If someone whom is not listed is going to be picking up the student, please send a note with the student to the After School Program.

Adults #1 _____ Adult #2 _____

Adults #3 _____ Adult #4 _____

This Releases all 21st Century Kids of F.R.A.N.K.L.I.N. Vacation Camp Staff from the responsibility of looking after my child after s/he has left the 21st Century Kids of F.R.A.N.K.L.I.N. Vacation Camp

*** REMEMBER: Anyone who is picking up your child must provide a picture ID.**

- Please pick up your child on time. The program ends promptly at 5:00PM on regular program days.
- If there is a situation where none of the listed individuals can pick up your child, you are to write a note with the name and contact information for who may pick them up.
- Pick up after 5:00 pm will result in a fee of \$5.00 per 15 minutes late.

Health/Medical Information

For the safety and best care of your child, please check below for any of the following that apply to your child, and provide as many details as possible.

Medications: _____ Medical Conditions: _____

Recent Injuries: _____ Food Allergies: _____

Drug Allergies: _____ Other Conditions or Diagnoses: _____

Other: _____

Special Needs

Does your child require any special accommodations?

If so, please identify the name of the BHP and/or case manager who will be attending with your child.

Is your child able to participate in group activities without support?

Any Extra Comments, Concerns, or Suggestions for when your child is with us may be listed below:



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one interaction at a time."

The 21st Century Kids of F.R.A.N.K.L.I.N.

Parent/Guardian Release/Liability Form

Parents/ Legal Guardians, please read and sign the standard releases and permission forms that are required to attend the after school program. Thank you.

If you agree with ALL forms, please sign at the end. If you do not wish to agree, please mark below the release which you do not agree with. If I did not check "Do Not Agree" under any of the agreements listed below, I understand that this means the Franklin County Children's Task Force knows that I agree with all of the following statements:

For Emergency Treatment

I authorize the 21st Century Kids of F.R.A.N.K.L.I.N. After School Program and the 21st Century Kids of F.R.A.N.K.L.I.N. After School Program Staff to arrange for transportation in case of accident or acute illness of the participant. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant's health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to the 21st Century Kids of F.R.A.N.K.L.I.N. After School Program and in conjunction with any authorized event.

_____ I DO NOT AGREE

General Release of Liability

I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment hereon. I understand that this program includes physical activity and I also understand that any program or sport that includes such activity carries with it an inherent risk of physical injury. I further agree to hold harmless the 21st Century Kids of F.R.A.N.K.L.I.N. After School Program, their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, included but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of the 21st Century Kids of F.R.A.N.K.L.I.N. After School Program, its partners is binding on me and my heirs, personal representatives, and successors.

_____ I DO NOT AGREE

Photo/Media Release

I hereby consent to the use of my child's name, likeness and speech in any audio tape, video tape, film or photograph made in any 21st Century Kids of F.R.A.N.K.L.I.N. After School Program activity for the business or publicity purposes of the program and its partners. Publicity may include posts on our "21st Century Kids of Franklin After School Program" Facebook Page. We encourage you all to "like" us on Facebook to get the latest updates regarding the program. I understand that any participation offers no remuneration and that my child's name, likeness, and speech may be edited, produced, recorded for distribution throughout the United States and abroad. I expressly release the 21st Century Kids of F.R.A.N.K.L.I.N. After School Program and its licensees, assignees, affiliates and successors from any privacy, defamation, or other partners have arising out of broadcast, exhibition, publication, or promotion of this program.

_____ I DO NOT AGREE

***** If I did not check "Do Not Agree" below any of the agreements listed above, I understand that this means the Franklin County Children's Task Force knows that I agree with all of the statements listed above.**

Signature Parent/Guardian: _____ Date: _____