

**PCJH Children, Youth & Family Ministries  
Student Information Packet 2011-2012**

\*\* Must be completed before your child begins CY&F program \*\*

Child	Last: _____ First: _____	
	DOB: _____	Age as of Sept 15, 2011: _____
	PHYSICAL Address: _____ Grade entering Sept, 2011: _____	
Child's Health	Physician: _____ School: _____	
	Physician Phone: _____ ALLERGIES: _____	
	Dentist: _____ Gender: _____	
	Dentist Phone: _____ Date Baptized: _____	
	Health Conditions/Information: _____	
	Social and Familial Conditions/Information: _____	
Parent/Guardian	Last: _____ First: _____	
	Relationship to Child: _____	
	MAILING Address: _____	
	<b><u>Home Telephone:</u></b> _____	
	Cell: _____	
	Email Address: _____	
	Work Telephone: _____	
	How may we best reach you during the hours that your child is at our facility? _____	
Parent/Guardian	Last: _____ First: _____	
	Relationship to Child: _____	
	MAILING Address: _____	
	Home Telephone: _____	
	Cell: _____	
	Email Address: _____	
	Work Telephone: _____	
	How may we best reach you during the hours that your child is at our facility? _____	
Individuals Authorized to Take Child from Facility	Last: _____ First: _____ Relationship: _____	
	Address: _____	
	Telephone: _____	
	Last: _____ First: _____ Relationship: _____	
	Address: _____	
	Telephone: _____	
	Last: _____ First: _____ Relationship: _____	
	Address: _____	
	Telephone: _____	
Emergency Contacts	Last: _____ First: _____ Relationship: _____	
	Address: _____	
	Telephone: _____	
	Last: _____ First: _____ Relationship: _____	
	Address: _____	
Insurance	Telephone: _____	
	Medical Insurance Company: _____	
	Medical Group # and Patient/User ID #: _____	
	Dental Insurance Company: _____	
Office Use Only	Dental Group # and Patient/User ID #: _____	
	Date of Enrollment: _____	Class: _____

**PCJH Children, Youth & Family Ministries**  
**Emergency Care Authorization and Transportation Permission**  
**Consent & Release 2011-2012**

STUDENT'S FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ CELL: \_\_\_\_\_

PARENT/GUARDIAN(S) NAME(S) \_\_\_\_\_ CELL/WORK/CONTACT PHONE #/S: \_\_\_\_\_

PARENT/GUARDIAN(S) NAME(S) \_\_\_\_\_ CELL/WORK/CONTACT PHONE #/S: \_\_\_\_\_

***PLEASE NOTE INFORMATION WE SHOULD KNOW ABOUT YOUR CHILD:***

PLEASE READ CAREFULLY AND SIGN BELOW:

I, \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_ born on \_\_\_\_\_. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect. As the parent or legal guardian, I certify and affirm that I have been completely and thoroughly informed that as a child attending a Children, Youth and Family (CYF) program, an entity of the Presbyterian Church of Jackson Hole, my child will participate in certain activities which carry with them a degree of risk and danger, INCLUDING BEING DRIVEN TO AND FROM THE PRESBYTERIAN CHURCH to various places associated with the CYF program within Teton County. I consent to my child's participation in these activities, including transportation from school to PCJH and from PCJH to another location of the CYF program (ie: for field trips or special recreational, educational or service project locations when applicable) and do hold harmless any individual, paid or volunteer, the organization and the Presbyterian Church of Jackson Hole as a whole. I acknowledge and understand that this PARENTAL AUTHORIZATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities. In consideration of my child being allowed to participate in these activities and to use the Presbyterian Church of Jackson Hole, equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Presbyterian Church of Jackson Hole, it's employees and volunteers from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use the Presbyterian Church of Jackson Hole, equipment and facilities. I understand that it is my obligation to inform the church of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while in the care of the Presbyterian Church of Jackson Hole. Should the need for medical attention arise the church will attempt to contact me as soon as practical under the circumstances.

In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the United States of America or any health care professional duly licensed to provide health care serviced in the United States of America for medical care and services deemed necessary by the doctor, its agents, servants, and employees. I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent. I acknowledge by signing this document, that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against the church or any individual on the basis of any claim from which I have released them herein. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions remain in full force and effect. I have fully informed myself to the contents of this PARENTAL AUTHORIZATION, CONSENT AND RELEASE by reading it before I signed it.

\_\_\_\_\_  
Parent - Signature

\_\_\_\_\_  
Parent - Printed Name

\_\_\_\_\_  
Date

Name of Child: \_\_\_\_\_

**PCJH Children, Youth & Family Ministries**  
**Student/Parent Handbook Receipt and Agreement Slip 2011-2012**

I have read and agree to abide by the Godly behavioral expectations between my family and J.O.Y. Summer Camp/PCJH. \_\_\_\_\_ (please initial)

I have read and agree to abide by all the policies and procedures outlined in the J.O.Y. Summer Camp Student/Parent Handbook while my child(ren) is in attendance. I understand that any violation of these policies and procedures may cause my child to be asked to leave the program. \_\_\_\_\_ (please initial)

Parent's Full Name (print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Child's Name (print): \_\_\_\_\_

**Photography and Video Permission 2011-2012**

Throughout the year, photographs and video may be taken to produce classroom materials such as bulletin boards, class books, church-wide promotional brochures and informational spots for our supporting congregation or for the intent of improving teaching practices. All students must have the following written parental permission to be photographed and/or videotaped to appear in any PCJH publications, displays or website.

I have checked and/or indicated below my directives regarding photographing and/or videotaping my child:

\_\_\_\_\_ I **DO** give the staff or volunteers at PCJH permission to photograph and/or videotape my child (ren), and to display such photos and/or videos in PCJH publications, displays or websites.

\_\_\_\_\_ I do **NOT** give the staff or volunteers at PCJH permission to photograph and/or videotape my child (ren), and to display such photos and/or videos in PCJH publications, displays or websites.

Parent's Printed Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Child's Name (print): \_\_\_\_\_

## Sunscreen Utilization Permission 2011-2012

Date: \_\_\_\_\_ Name of Child: \_\_\_\_\_

As the parent or guardian of the above named child, I give permission for the staff or volunteers of PCJH to provide a sunscreen product of SPF 15 or higher to my child to apply himself/herself, as specified below, when he or she will be engaging in outdoor activities especially during the months of June through August and between the daily times of 8 am to 5:30 pm. I understand that sunscreen may be applied to exposed skin, including but not limited to face, tops of the ears, nose, and bare shoulders, arms, and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

\_\_\_\_\_ Staff or volunteers may provide the sunscreen of their choice in keeping with applicable state standards.

\_\_\_\_\_ I will provide the sunscreen of my choice and inform leaders that it's in my child's backpack for use:  
\_\_\_\_\_

\_\_\_\_\_ For medical or other reasons, please don't apply sunscreen to the following area(s) of my child's body:  
\_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Volunteer Opportunities 2011-2012

At PCJH, we feel particularly called to partner home and congregation in this important work of passing on the faith. Part of doing so is providing opportunities where your child may see *you* actively serving in the life of the church, so they know God's work is important to *you*. Following are areas we have particular needs for diverse leadership and we encourage you to become involved:

Please 'check' areas in which you may feel called to pitch in:

- |  |   |
|--|---|
| _____ Reading  | _____ Mentoring in one-to-one relationships               |
| _____ Party Planning   | _____ Leading large groups                                |
| _____ Field Trips  | _____ Leading small groups/Sunday School                  |
| _____ Theatre/Drama  | _____ Administration                                      |
| _____ Art  | _____ Organizing  |
| _____ Food (Preparation of, or supplying snacks)                   | _____ Music   |
| _____ Cutting/preparing materials & supplies                       | _____ Sharing your story (faith, business, personal, etc) |
| _____ OTHER: What's your God given gift you'd like to share? _____ |   |



PCJH Children, Youth & Family Ministries

**CREDIT CARD AUTHORIZATION 2011-2012**

**\*\*\*Required for all attendees**

**of the Presbyterian Church of Jackson Hole Summer Day Camps\*\*\***

CREDIT CARD TYPE:    \_\_\_ Visa                                    \_\_\_ MasterCard    (Visa/MasterCard Only)

CREDIT CARD NUMBER:

EXPIRATION DATE:

CARD HOLDER NAME:

BILLING ADDRESS

CITY/STATE/ZIP:

PHONE:

FAX:

**All students who wish to participate in the Mid-Week Rendezvous will have to have completed registration packets BEFORE participating. Fees are due in full before students begin the program. We will follow the TCSD#1 school year calendar for holidays. The program will run from September 14, 2011 to May 30, 2012.**

- \$100.00 – Tuition for Non-Members of PCJH Elementary (K-5) Wednesday Rendezvous Students. After school pick-up to 6:10pm.
- \$45.00 – Tuition for Members of PCJH for Elementary (K-5) Wednesday Rendezvous Students. After school pick-up to 6:10pm.

Notes:

I, \_\_\_\_\_, authorize my credit card to be charged by the Presbyterian Church of Jackson Hole for the above amount and as applicable as stated in my Enrollment Application Form I am aware that I may request a copy of the charge slip/receipt and that this slip would act as my record of this transaction.

Signature: \_\_\_\_\_

Reviewed by Camp A/R Staff:

Date:

Notes: