

**PLEASE SAVE
 BEFORE
 BEGINNING**
 Fiddlehead prefers format of
LastName.FirstName

STUDENT INFORMATION:

Student's Name: _____ **Birth Date:** ____/____/____
Complete Address: _____
Contact Phone: _____

PARENT OR GUARDIAN INFORMATION (If Applicable):

Parent #1 Name: _____	Parent #2 Name: _____
Cell Phone: _____	Cell Phone: _____
Address, if different: _____ _____	Address, if different: _____ _____
Place of Employment: _____	Place of Employment: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____

In case of emergency, which parent should be contacted first? _____ **Which phone?** _____

ADDITIONAL EMERGENCY CONTACTS:

Name: _____ Phone: _____ Relationship to student: _____
 Name: _____ Phone: _____ Relationship to student: _____

Is any individual, other than the parents and guardians listed above, authorized to pick up the student? If so, please list any adults permitted to pick up student from Fiddlehead programming.

Is there any information about the student that you would like to share so to better accommodate their needs?

I, the parent of _____ certify that the above information is correct to the best of my knowledge. I understand that it is my responsibility to promptly inform Fiddlehead Center for the Arts – Scarborough of any changes to the above information.

Signature: _____ Date: _____

STUDENT INFORMATION:

Student's Name: _____ Birth Date: _____/_____/_____

Medical Information

Please fill out all medical questions to the best of your ability.

Fiddlehead must keep updated immunizations for all students. Please submit via email or fax (207)883-5720.

Health Care Providers

Name of primary care doctor(s) _____ Phone _____

Name of dentist/orthodontist _____ Phone _____

Allergy Information: Please list any/all allergies to food, medication or environmental factors.

If your child is CURRENTLY under treatment for a medical issue, please describe treatment below.

Health History Has the student had a history of or is prone to any of the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> Recent injury, illness or infectious disease | <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Frequent Headaches |
| <input type="checkbox"/> Chronic or recurring illness | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Mononucleosis (in last 12 months) | <input type="checkbox"/> Diarrhea or constipation |
| <input type="checkbox"/> Homesickness | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent Stomachaches |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Measles | <input type="checkbox"/> Wears glasses or contacts |
| <input type="checkbox"/> Seizure Disorder or Convulsions | <input type="checkbox"/> German Measles | <input type="checkbox"/> Treated for Head Lice |
| <input type="checkbox"/> Dizziness during or after exercise | <input type="checkbox"/> Mumps | <input type="checkbox"/> Been Hospitalized |
| <input type="checkbox"/> Chest pain during or after exercise | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Wears a Medic Alert ID |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Joint problems (knees, ankles) | |
| | <input type="checkbox"/> Fractures | |

Please provide explanation for any checked item(s). Do you believe that accommodations are required to better care for your student while at camp?

Social and Emotional Health

This information will allow Fiddlehead Staff to be better prepared to meet the diverse needs of our students.

1. Has your student ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?
2. Has your student ever been treated for emotional or behavioral difficulties?
3. Are there helpful accommodations that have aided your child in the past?
4. Please describe how your child interacts in a group setting:
5. Does your child have an active individual education plan (IEP), receive special education support or guidance from one-on-one aids during the school year?
6. What Have We Forgotten to Ask? Please provide in the space below any additional information about the student's behavior and physical, emotional or mental health that you think important for staff to be aware of or that may affect the student's ability to fully participate in the camp program.

Parent/Guardian Authorization for Health Care: This health history is correct and accurately reflects the health status of the student to whom it pertains. The person described has permission to participate in all activities at Fiddlehead except as noted by me and/or an examining physician. I give permission to the physician selected by Fiddlehead to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with Fiddlehead staff. I hereby waive and release Fiddlehead Center for the Arts-Scarborough and its staff from any and all liability for any injury or illness incurred.

Parent Signature _____ Date _____

PLEASE SAVE OFTEN

Student's Name: _____

RELEASE AND AGREEMENT STATEMENT

Release Statement: I acknowledge that there are natural hazards associated with activities in class, at camp or in the before and after care program and related activities in an indoor/outdoor setting. I hereby affirm that my child is in good health and physically capable of performing the required activities at Fiddlehead. I hereby release and forever discharge Fiddlehead Scarborough and it's instructors, officers, agents, employees and volunteers from all claim of liability for personal injury or loss or damage to personal property, which could arise out of the course of participating in this program. I also grant permission for emergency medical attention in case I am not able to be reached.

Liability Disclaimer
Agree _____
Disagree _____

Hours of Operation: I understand that summer camps, no school days, snow days and holiday camps full day schedule run from 8:30am-4:30pm with the program beginning at 9am and that doors open at 8:30am. My child will be dropped off after 8:30 and picked up by 4:30pm. If I am contracted for Extended Day, my child may be dropped off after 7:00am and will be picked up by 6:00pm. I understand that if I am more than 10 minutes late for pickup that I may be charged an additional fee. Half Day Programs are available Mornings 8:30am-12:30pm and Afternoons 12:30-4:30pm

Hours of Operation
Agree _____
Disagree _____

Cancellation Policy:

- I understand the registration deposit of \$100 per class or camp is nonrefundable.
- I understand that my child will not be allowed to attend any camp for which there is an outstanding balance.
- A 100% refund, less the \$100 registration fee, is granted for cancellation notices received 3 or more weeks prior to the first day of camp.
- Cancellations received less than 3 weeks prior to the start of camp will receive a 100% refund less the registration deposit ONLY if the student spot is able to be filled by someone on the waiting list.
- No refund is granted for students who withdraw once a camp has begun.
- We are unable to offer makeup classes or refunds for any camp days missed by the student for any reason. Makeup classes or refunds will only be offered only if Fiddlehead is forced to close.

Cancellation Policy
Agree _____
Disagree _____

Camper Code of Conduct: In order to maintain a safe, fun and productive class and camp environment, we expect students attending programs with us to understand the importance of abiding by the following code of conduct: Students are expected to follow the class or camp schedule, respect the counselors, teachers, director, and other students, ask a staff member for permission before leaving the room, treat others with respect, follow all safety rules set forth by the classroom teacher or camp staff and not use foul language. Fighting, hitting or bullying will not be tolerated and may result in the immediate expulsion from camp.

Camper Code of Conduct In order to maintain a safe, fun and productive camp environment, we require parents and students to read and understand the importance of abiding by the following code of conduct:

- will follow the class or camp schedule.
- will respect the counselors, teachers, director, and other students.
- will not use foul language.
- Before leaving the room, campers will ask a staff member for permission.
- will treat others with respect.
- will follow all safety rules set forth by the camp staff.
- Fighting, hitting or bullying will not be tolerated.

Camper Code of Conduct
Agree _____
Disagree _____

Fiddlehead Disciplinary Policy: Fiddlehead classes and camps are meant to be a fun, educational, and a recreational activity. For the benefit of all campers, it is important that children behave appropriately. If it becomes necessary to take disciplinary action against a student, the steps will be followed as outlined below:

- **FIRST OCCURRENCE** - The student will receive a verbal warning and an explanation as to why the behavior is inappropriate (whenever possible, this will be done in a secluded setting, away from other campers). The student’s parents will be notified of their behavior via phone call or when they arrive to pick up their child.
- **SECOND OCCURRENCE**- Staff will determine the appropriate consequence for the student’s behavior (examples may include a “time out” or exclusion from participating in an activity). A one day suspension may be given, if not more (with no refund) and specified to the parent/guardian that the next occurrence may result in the child’s continued expulsion without refund. In addition, a meeting may be setup with the parent/guardian and student to create a partnership to resolve any issues.
- **THIRD OCCURRENCE** – The third incident may result in immediate expulsion from class or camp without refund. The Fiddlehead Director will make final determination for expulsion and reserves the right to ban any child from summer camps following a first incident in cases of serious inappropriate behavior.

Disciplinary Policy
 Agree _____
 Disagree _____

(OPTIONAL) Photo Permission: I understand that the photograph(s) taken of me or my child or children by agents, employees or representatives of Fiddlehead Scarborough shall be used in connection with the organization’s dissemination of information on its academic and other programs to the general public. I hereby irrevocably authorize Fiddlehead Scarborough and its agents, employees or representatives to copy, exhibit, publish or distribute any and all such photographs of me or my child, or wherein I appear, including composite or artistic representations, and to use the said photographs in all forms and media for purposes of publicizing Fiddlehead programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my photograph(s) appears. I hereby hold harmless and release and forever discharge Fiddlehead and all of its agents, employees and representatives, and their successors, from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Photo Permission
 Agree _____
 Disagree _____

(Optional) Sunscreen Authorization: I authorize the application of sunscreen and insect repellent for my child by Fiddlehead staff. Note: Fiddlehead asks student to bring their own specific brands of sunscreen and insect repellent. Please label all items brought to camp. We will have a family brand sunscreen and insect repellent if students forget their own.

Sunscreen Authorization
 Agree _____
 Disagree _____

Do you have a specific brand of sunscreen or repellent that your student **must** use?
 Please note any adverse reactions of which you may be aware to sunscreen or insect repellents.

I, the parent of _____ certify that the above information is correct to the best of my knowledge. I understand that it is my responsibility to promptly inform Fiddlehead Center for the Arts – Scarborough of any changes to the above information.

Signature: _____

Date: _____





Fiddlehead Center for the Arts – Scarborough
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info@fiddleheadscarborough.org

**MEDICAL TREATMENT AND
AUTHORIZATION FORM**
(OPTIONAL FORM)

Medical Treatment and Medication Authorization Form (OPTIONAL FORM)

Student Information:

Name _____ Age _____

Note- This form is NOT necessary for those students who are not medically required to carry at all times and to self-administer emergency medications (such as epi pens and inhalers). As always, our staff will provide regular supervision of prescription medications and all medical needs for students.

Medication Notes:

- Students may not transport, carry, or self-administer any prescription or non-prescription medication (this includes Tylenol, Advil, cough medicine, etc.), with the exception of rescue medications.
- Students may carry and self-administer rescue inhalers and Epinephrine with annually updated physician orders, parent permission, and camp director approval.
- Annual written parental permission and physician orders must be provided for students who receive prescription medication at camp.
- All medication to be given at camp must be transported by an adult and arrive in the original labeled container.

Name of Medication: _____

Dosage Amount: _____

Frequency of dosage and medication schedule information: _____

Duration of treatment: _____

Possible side effects and adverse reactions (if any): _____

Other recommendations: