# Cedar Grove Neighborhood Association Sponsors

**Global-STEAM Camp - June 12 - July 6, 2023 (10:00am - 3:00pm)**

**Student Registration Form Required - Grades 1st-5th**

**Parent Orientation – June 7, 2023 (6:00pm -7:00pm)**

**Location: Cedar Grove Community Center - 919-245-2640**

Participant Name: _____ _____ _____ _____
Last First Middle Grade 2023-2024

Age: _____ Birthday_____ Gender: Male _____ Female_____

Participant Address: _____

Parent/Guardians' Name: _____
Home Phone_____ Work Phone _____ Cell Phone_____

Emergency Contact Person: _____
Home Phone_____ Work Phone _____ Cell Phone_____

Person or persons whom your child may be released to in your absence:

Name_____ Phone # _____
Name_____ Phone # _____
How will your child be arriving to the Cedar Grove Community Center? _____
Does your child have any special needs that you are aware of? _____
_____
Does your child have any allergies? _____

_____ I hereby authorize any pictures taken of my child be used for promotional material at Cedar Grove Community Center.

_____ I do not authorize any pictures taken of my child to be used for promotional material at Cedar Grove Community Center.

_____ I have attached my **required registration fee of $75.00 due by May12, 2023**. Make check payable to **Cedar Grove Neighborhood Association, CGNA**.

**No registration will be accepted after the deadline date, May 12, 2023.**

**Registration fee is non-refundable. Is your child attending another camp? _____**

The Discipline Policy is used as a guideline. CGNA reserves the right to act in the best interest of the participants when it is appropriate. The safety of all children and staff are the highest priority of CGNA. The CGNA, Community Center Program Policies will be discussed at the Parent Orientation on June 7, 2023. A parent must be present at the orientation and sign accepting the Discipline Policy and agreeing to support the required program policies.

_____ _____
Parent/Guardian Signature Date

_____ _____
CGNA Representative Signature Date

# Medical History

Participants Name: _____

Age: _____ Birthday _____ Telephone # _____

Address: _____

Parent/Guardian Names: _____

Address_____

Is your child allergic to anything? Yes No
If yes, what? _____

Is your child on any medication? Yes No
If yes, what? _____

Is your child currently under a doctor's care? Yes No
If yes, why? _____

Has your child had any previous hospitalizations or operations? Yes No _____
If yes, state when and for what? **Does your child have a history of** significant previous illness or current illness: Yes No

| | | | |
|---|---|---|---|
| Diabetes: Yes No | | Convulsions: | Yes No |
| Seizures: Yes No | | Asthma: | Yes No |

If others, list. _____

| | |
|---|---|
| Does your child have any physical disabilities? | Yes No |
| Is your child allergic to bee sting? | Yes No |
| Does your child have any mental disabilities? | Yes No |

If yes, Please describe: _____

_____The information I have provided is **accurate and complete** to the best of my knowledge.
_____I hereby give my permission for my child to engage in all prescribed program activities.
_____I hereby give my permission to the physician selected by the Program Director to order routine Tests, **x-rays,** and treatment for my child in the event that **I cannot be reached in an emergency.**
_____ I hereby give permission to the physician selected by the Program Director to hospitalize, to secure proper treatment for, to order injections and/or anesthesia and/or authorize surgery for my child as named above on this application in the event **I cannot be reached in an emergency**.

**____ I have attached my $75.00 registration fee. Check # _____ Cash_____ Received _____**

_____ _____
Parent/Guardian Signature _____ Date Paid _____
CGNA Signature _____ _____

All applicants are expected to attend and participate in the Summer Camp experience. The registration fee is non-refundable. Please note that we will use the funds to purchase materials and provide contracts for teachers and staff.