



# 2020-2021 Camp Fire Georgia Afterschool Enrollment Form

## PARTICIPANT INFORMATION

**Please Print**

Participant Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street Address City State Zip

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade 20-21 School Year \_\_\_\_\_ Sex: Male Female

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different from above) Street Address City State Zip

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different from above) Street Address City State Zip

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

If neither parent/guardian is available in emergency, notify: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

The parent/guardian is responsible for listing those who are authorized to pick up the child during online registration. If you need to make additions, deletions to authorized pick up, the parent/guardian listed above are responsible for emailing [info@campfirega.org](mailto:info@campfirega.org) to alter the authored pick up form. \_\_\_\_\_ (Initial)

I understand that it is my responsibility to notify Camp Fire Georgia immediately in the event that any of the above information changes. \_\_\_\_\_ (Initial)



**ALLERGIES** (lists all known allergies, attach additional sheet if needed)

**\*IF YOUR CHILD HAS A FOOD ALLERGY A DOCTORS NOTE MUST BE INCLUDED WITH THE REGISTRATION!\***

Allergies	Type of reaction	Estimated Date of last reaction
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Doctor Information**

Name of child's primary doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which Camp Fire should be aware to best assist the child:** \_\_\_\_\_

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**Use this space to provide any additional information about the medication(s) prescribed for long-terms continuous use and pre-existing illness, allergies, or health concerns.** \_\_\_\_\_

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**I understand that Camp Fire Georgia can terminate my child's enrollment in Camp Fire afterschool for any reason including but not limited to incidents of harassment, fighting, bullying, nonpayment, etc. \_\_\_\_\_ (Initial)**

I understand and certify that my child's participation in Camp Fire Programs and its activities is completely voluntary and I have familiarized myself with the programs and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent in Camp Fire Georgia events and program, and I acknowledge that although Camp Fire Georgia has taken safety measures to minimize the risk of injury to camp participants, Camp Fire Georgia cannot insure nor guarantee that participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I may not be notified if my child receives minor treatment or medicines. I further recognize and have instructed my child in the importance of knowing and abiding by the school and Camp Fire Georgia's rules, regulations and procedures for the safety of participants. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Fire Georgia to hospitalize, secure proper treatment for and to order injection and/or surgery for my child as named on this form. If my child is photographed in Camp Fire Georgia programs, I authorize Camp Fire Georgia to use the picture for publicity purposes. I have read and understood the above policy and agree to the terms outlined above as well as in the Camp Fire Georgia Program Handbook. Camp Fire Georgia is exempt from state licensing and carries liability insurance.

Parent Name (Print): \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Camp Fire Georgia Afterschool Payment Understanding and Agreement

### Parent/Guardian is to initial next to each showing you understand and agree to the following:

\_\_\_\_\_ Camp Fire After-school accepts payment in the form of credit/debit card and will be automatically withdrawn from my account.

Cash or check payments are not accepted.

\_\_\_\_\_ All participants must pay a \$10 yearly membership to be enrolled in the program.

\_\_\_\_\_ If tuition AND late fees are not paid by Monday of the current week, your child may not return until the balance is paid in full.

\_\_\_\_\_ One week's written notice is required for withdrawal.

If a child is withdrawn without notice, one week's tuition will be charged in lieu of notice.

\_\_\_\_\_ Late Pick-up Policy: Camp Fire closes at 5:45 pm for Big A and 6:00pm for Toccoa & Liberty Elementary.

A \$1.00 per minute late fee will be charged for late pick ups.

\_\_\_\_\_ A \$5 fee will be charged for students attending Camp Fire Primetime on early release days, registration for early release days will be

\_\_\_\_\_ A photo ID is required each day, all school year, in order for your child to be picked up at the end of each day.

\_\_\_\_\_ The afterschool parent handbook is available at [www.campfirega.org](http://www.campfirega.org), I have read, reviewed and agree to the conditions

**A \$10 annual membership fee is due at the time of registration and will ensure your child's spot for the 2020-2021. PLEASE NOTE SPACES ARE LIMITED!**

**This paperwork & the online registration must be completed before the child can attend.**

\_\_\_\_\_ I will pay the \$10 membership fee online at [www.campfirega.org](http://www.campfirega.org). I understand a spot will not be held for the child until the membership fee is paid.

**Registration forms can be returned to the address/email below:**

**Camp Fire Georgia/Camp Fire Afterschool  
92 Camp Toccoa Drive  
Toccoa, GA 30577**

**[info@camptoccoa.org](mailto:info@camptoccoa.org) / 706-886-2457**

**PLEASE DO NOT RETURN FORMS TO THE SCHOOLS!**



92 Camp Toccoa Drive Toccoa, GA 30577  
Office (706) 886-2457 [info@campfirega.org](mailto:info@campfirega.org)

2020-2021



## Camp Fire Afterschool

### COVID 19 Additional Information Agreement

Thank you for reading this Agreement carefully. It includes important information about Camp Fire afterschool activities and describes certain protection sought by Camp Fire Georgia if you, your child, or another family member becomes ill or suffers some other loss due to infection of COVID-19 that may have been caused from being at Camp Fire Afterschool or from being exposed by someone else who was at Camp Fire afterschool.

**In consideration of the services of Camp Fire Georgia, I, Parent, acknowledge and agree as follows:**

- As Camp Fire afterschool operates in the Stephens County School System, Camp Fire afterschool will be operating following the guidelines of the school district. See "RETURN-TO-SCHOOL PLAN IN RESPONSE TO COVID-19" on the Stephens County Schools website.
- Camp Fire afterschool employees are required to wear a cloth face covering.
- **Students enrolled in the Camp Fire afterschool program are required to have a cloth mask daily and will be required to properly (over the mouth and nose) wear their mask when social distancing is not possible. Example: homework help, needing assistance with shoe tying, when first aid is required, etc.**
- **Each Camp Fire afterschool student must bring their own water bottle, daily.**
- Parent / guardians are asked to wear a face covering when signing their child out from Camp Fire afterschool each day.
- Upon entering the Camp Fire afterschool, every student will be required to sanitize their hands using hand sanitizer (not exceeding 80 percent alcohol) and will continue to be required, at the instructor's discretion, to either use hand sanitizer or wash with soap and water periodically throughout their stay at afterschool.
- Students not feeling well will be required to have their temperature taken. Students with a temperature reading of 99.4 or above will be required to return home. This temperature will be measured with a forehead thermometer, and is equivalent to 100.4 oral temperature.
- If students present with any of these symptoms, the student should remain at home. If the student presents one or more of the following symptoms at while at Camp Fire, Camp Fire personnel will follow established protocols and contact parents.



### **Symptoms that may require a student to stay home and/or leave Camp Fire :**

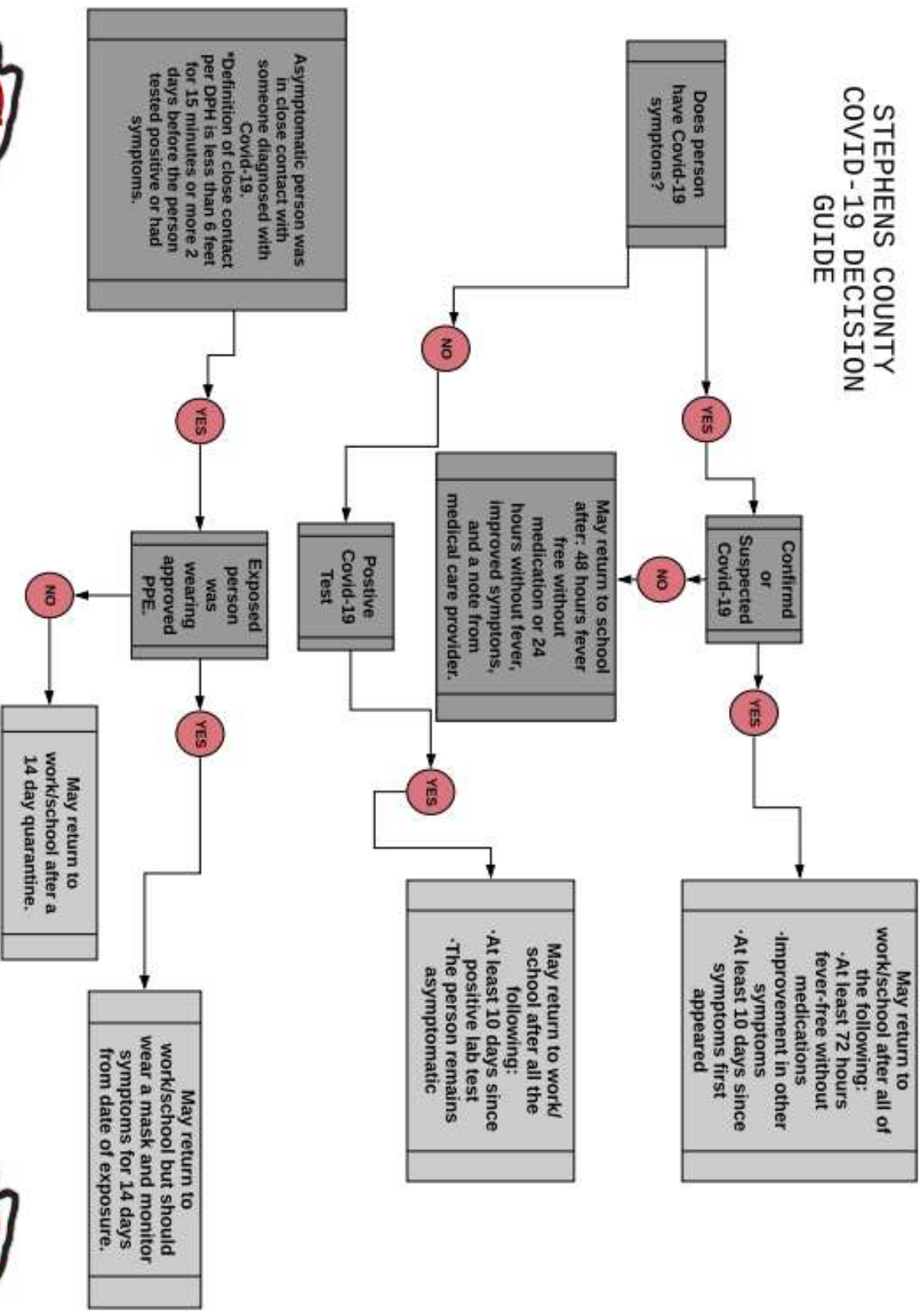
- a. Any one of the symptoms below:
    - Fever of 100.4F or greater ▪ Oral: 100.4F ▪ Axillary: 99.4F ▪ Ear: 100.9F ▪ Forehead/Temporal: 99.4F
    - Cough
    - Shortness of breath or difficulty breathing
    - Active vomiting or diarrhea
  - All students with the above symptoms will be isolated, required to put on their mask and proper adult supervision until the student is able to return home.
  - 3. It is the responsibility of the parent/guardian to promptly pick up the student from Camp Fire.
  - 4. In the case of a student who tests positive for COVID-19, parents are encouraged to notify the school principal of the student's health status.
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- Social distancing is an effective way to prevent potential infection. It is recommended that employees, students, parents, and visitors maintain a 6-foot distance and eliminate physical contact with others as much as possible. Non-essential or informal meetups, interactions, gatherings, and visiting should be avoided. To practice social distancing, we will, to the maximum extent possible, maintain a physical distance of six feet.
  - The maximum capacity for each restroom is posted on the door by Stephens County Schools. Camp Fire afterschool will not exceed the maximum capacity for each restroom.

### **COVID 19 Tuition Policy**

- Tuition is non-refundable. Should a child be required to miss Camp Fire Afterschool due to Covid-19, their account will be credited 50%, or \$20 per week, for up to 14 days. An email must be sent to [info@campfirega.org](mailto:info@campfirega.org) informing us the child will be quarantined due to exposure or a positive Covid-19 test of themselves or someone in the immediate household.



# STEPHENS COUNTY COVID-19 DECISION GUIDE



Jul 30, 2020



**AGREEMENTS OF RELEASE AND INDEMNITY: I, PARENT, FOR MYSELF AND, TO THE EXTENT ALLOWED BY LAW, ON BEHALF OF MY CHILD, AGREE TO RELEASE AND DISCHARGE (AGREEING TO MAKE NO CLAIM, AND NOT TO SUE) CAMP FIRE GEORGIA, AND THEIR RESPECTIVE STAFF, DIRECTORS, OFFICERS, EMPLOYEES, CONTRACTORS AND VOLUNTEERS (INDIVIDUALLY AND COLLECTIVELY REFERRED TO AS "RELEASED PARTIES") WITH RESPECT TO ANY AND ALL CLAIMS RELATED TO CONTRACTING THE CORONAVIRUS AND ANY LOSS, BODILY INJURY, OR DAMAGES ASSOCIATED FROM IT WHICH I OR MY CHILD MAY SUFFER, ARISING OUT OF OR IN ANY WAY RELATED BEING ENROLLED IN CAMP FIRE GEORGIA PROGRAMS, AND ON OR OFF THE CAMP FIRE GEORGIA/ CAMP FIRE AFTERSCHOOL PREMISES. I FURTHER AGREE TO INDEMNIFY (THAT IS DEFEND AND PAY, INCLUDING COSTS AND ATTORNEYS FEES) THE RELEASED PARTIES FROM CLAIMS BROUGHT BY OTHER MEMBERS OF MY, OR MY CHILD'S FAMILY, AND CLAIMS BROUGHT BY OTHERS, INCLUDING OTHER MEMBER, WHO CLAIM A LOSS CAUSED BY MY CHILD. THESE AGREEMENTS OF RELEASE AND INDEMNITY INCLUDE CLAIMS CAUSED OR CLAIMED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, BUT NOT THE GROSS NEGLIGENCE, OF A RELEASED PARTY. I UNDERSTAND THAT IN SIGNING THIS AGREEMENT I, FOR MYSELF AND FOR MY CHILD, TO THE MAXIMUM EXTENT ALLOWED BY LAW, SURRENDER THE RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST A RELEASED PARTY, FOR PERSONAL INJURY AND EVEN DEATH.**

This Agreement and Waiver of Liability does not supersede, circumvent, or cancel Camp Fire Georgia's Main Participation Agreement, but instead works together in conjunction with it.

I, Parent or legal guardian, have read and accept the terms and conditions of this Agreement, and acknowledge and agree that it shall, to the fullest extent allowed by law, be effective upon me and my child, and our respective heirs, personal representatives, estates and family members.

Camp Fire Afterschool Student Name \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

