



Camp LEARN 2024 Registration Instructions- Electronic Submission

- 1) You will need to **download** the registration packet to your **COMPUTER**
(Forms cannot be filled out on cellphones.)
- 2) Complete all documents included in the packet. Do not forget to select the weeks you are signing up your child. Save documents to your computer.
- 3) Email the completed forms to: michele@learnresourcecenter.org.
- 4) Once Michele receives your registration packet, she will process it and send you an invoice for the required \$10 deposit for each week you sign up your child(ren) to attend.
- 5) If your child has any special needs, Michele will also forward you a Plan of Care form to be completed and returned.
- 6) You will receive an email confirming enrollment once registration is fully processed.

Registration Instructions-Hard Copy Submission

- 1) Print off the registration packet from our website.
- 2) Complete all forms and mail your packet to our office at
LEARN Resource Center, 610 Professional Park Drive, New Haven, IN 46774
- 3) See 4, 5 and 6 above.



Camp LEARN 2024 Registration Form

OFFICE ONLY	
Date Deposit Fees Paid: _____	
Amount Paid _____	
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check	
<input type="checkbox"/> Online	
Staff Initials _____	

****PLEASE PRINT LEGIBLY****

<p>Child #1</p> <p>Last Name _____</p> <p>First Name _____</p> <p>Street Address _____</p> <p>City _____ Zip _____</p> <p>Birthdate ____/____/____ Gender <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Age _____ Entering '24-'25 grade _____</p> <p>School attending _____</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Yes, Hispanic or Latino</p> <p><input type="checkbox"/> No, not Hispanic or Latino</p> <p>Race: Please check one or more</p> <p><input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> American Indian or Native Alaskan</p> <p><input type="checkbox"/> Other Race _____</p> <p>Shirt Size: Youth: <input type="checkbox"/>XS <input type="checkbox"/>S <input type="checkbox"/>M <input type="checkbox"/>L</p> <p style="padding-left: 40px;">Adult: <input type="checkbox"/>S <input type="checkbox"/>M <input type="checkbox"/>L <input type="checkbox"/>XL</p>	<p>Child #2</p> <p>Last Name _____</p> <p>First Name _____</p> <p>Street Address _____</p> <p>City _____ Zip _____</p> <p>Birthdate ____/____/____ Gender <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Age _____ Entering '24-'25 grade _____</p> <p>School attending _____</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Yes, Hispanic or Latino</p> <p><input type="checkbox"/> No, not Hispanic or Latino</p> <p>Race: Please check one or more</p> <p><input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> American Indian or Native Alaskan</p> <p><input type="checkbox"/> Other Race _____</p> <p>Shirt Size: Youth: <input type="checkbox"/>XS <input type="checkbox"/>S <input type="checkbox"/>M <input type="checkbox"/>L</p> <p style="padding-left: 40px;">Adult: <input type="checkbox"/>S <input type="checkbox"/>M <input type="checkbox"/>L <input type="checkbox"/>XL</p>
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Child lives with: Mother only Father only Both Parents Parent & Step-parent
 Legal Guardian Other _____

Please check all that apply: Free School Textbook Fees Reduced School Textbooks Fees
 SNAPS/Food Stamps Energy Assistance Hoosier Healthwise TANF (Cash Assistance)

Parent/Guardian #1 Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Employer: _____ Email _____

Parent/Guardian #2 Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Employer: _____ Email _____

EMERGENCY CONTACTS (List two local people who can be reached during program hours if a parent/guardian is not available).

Name: _____ Phone: _____ Relation: _____
Name: _____ Phone: _____ Relation: _____

Optional In addition to the above names listed, the following people have permission to pick up my child(ren):

Name: _____ Phone: _____ Relation: _____
Name: _____ Phone: _____ Relation: _____

Is there anyone to whom your child SHOULD NOT be released? _____

Is there a custody agreement in place? YES NO If yes, paperwork must be on file with LEARN

INSURANCE/MEDICAL INSURANCE INFORMATION

Insurance Company: _____ Policy Number: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Are there any special needs to consider? If so, a special needs **INTAKE FORM** is required with registration.

Child's Name: _____

- Allergies Asthma ADD or ADHD Autism Diabetes Epilepsy Hearing/Visually Impaired Learning Disabilities
 Physical Disabilities Behavior Management Plan IEP (Individual Education Plan) Other: _____

Medications: We prefer not to give any medication to children. Under very limited circumstances we will administer medication prescribed by a physician. Parents/guardians **must** provide a physician signed permission form **before** staff may administer any medication. A physician and parent medical permission forms, as well as the pharmacy label directions must match up. Please don't send medications with your child. Medications should be given directly to the Program or Site Director. Medication release forms are available at **LEARN Resource Center**.

I certify that I am the parent/legal guardian of this child(ren) and that I have authority to make the representations and grant the authorizations contained herein. I have read and fully understand the terms and conditions of participation in the Summer LEARN Program.

I acknowledge that I have access to the Summer LEARN Parent Handbook on the agency's website (learnresourcecenter.org) and agree to adhere to LEARN policies and procedures outlined in the Parent Handbook.

Parent's Signature

Date

**PAY ONLINE @ www.learnresourcecenter.org --OR--
RETURN FORM WITH CHECK/MONEYORDER PAYABLE TO:
LEARN Resource Center
610 Professional Park Drive
New Haven, IN 46774
(260) 749-9516**



Camp LEARN 2024 Program Consent Form

Child #1 Last Name: _____ First Name: _____

Child #2 Last Name: _____ First Name: _____

Child #3 Last Name: _____ First Name: _____

Emergency Medical Release

In case of a serious accident/injury/illness, I hereby authorize LEARN Resource Center staff to call "911" BEFORE notifying me or my physician. If an ambulance is necessary, I understand that LEARN Resource Center will not be held responsible for any costs this action may incur.

Child's Doctor _____ Preferred Hospital _____

Photo Release

I give LEARN Resource Center permission to publish in print, electronic, or video format the likeness or image of my child(ren). I release all claims against LEARN Resource Center with respect to copyright ownership and publication including any claim for compensation related to the use of the materials in publicity, illustration, advertising, and Web content.

Signature of Parent/Guardian

Date

Consent to Share Educational Records and Information

I authorize East Allen County Schools to release the following information related to my child. This information includes:

- Report card grades.
- Test scores (i.e., DIBELS, I-READ, I-LEARN)

All information will be kept confidential by the LEARN Resource Center. The information provided will be used to meet grant reporting requirements. I understand the personal records are protected by various federal and state laws and cannot be disclosed without this, my written consent, unless otherwise authorized.

I have read and fully understand the above statements.

Signature of Parent/Guardian

Date



We understand that families will take vacation time during the summer months and that children may participate in other summer programs. In order for LEARN to know how many children will attend each week of our program, we have changed how children will be signed up for Camp LEARN.

Please sign up your child(ren) by the week. There is no registration fee, only a \$10 deposit per week. Please use the calendar below to mark either attending the “Full Week” or the days for each program week your child(ren) will be attending program. You will be invoiced for the total deposit owed.

JUNE						
Full Week <input type="checkbox"/>	Week 1: Campfire	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Week 2: Time Travelers	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/>	Week 3: Circus Fun	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21
<input type="checkbox"/>	Week 4: Wild Kingdom	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28
JULY						
Full Week <input type="checkbox"/>	Week 5: Shipwrecked	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Closed 4	Closed 5
<input type="checkbox"/>	Week 6: The Great Outdoors	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
<input type="checkbox"/>	Week 7: Secret Agents	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19
<input type="checkbox"/>	Week 8: Wide World of Wacky Sports	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26