


**A NEW LEAF, INC. Day Camp Registration**


**Contact Information:**

Participant Last Name: _____		First: _____		M _____	
Participant Birthdate: ____ / ____ / ____		Nickname: _____		M _____ F _____ Age: _____	
Home Address: _____			City: _____		Zip: _____
Medicaid# _____		Hm Ph# _____		Best # to Call 1 <sup>st</sup> _____	
Parent/Guardian: _____		Cell#: _____		Wk# _____	
Parent /Guardian: _____		Cell# _____		Wk# _____	
Parent e-mail: _____			Parent email: _____		
Emergency Contact# _____			Relation to Participant: _____		
Parent/Guardian Address (if diff. from participant) _____					
Service Coordinator: _____		Ph# _____		Fax# _____	

**Medical Information:**

Diagnosis: _____		
Medications & Dosage: _____		
Known Drug/Food/Environmental Allergies: _____		Reaction _____ Seizures Y / N
Other Pertinent Information: _____		

**Releases...**

\_\_\_\_\_ (initial) I give permission for A New Leaf, Inc. to assist \_\_\_\_\_ in self-administration of physician ordered medications and certain over the counter medications. It is the policy of A New Leaf, Inc. to train participants to be independent and self-sufficient in the administration of their own medications. All prescription medications that the participant is taking must have the following information provided on it from the pharmacy: participant name, dosage, times taken per day, and physician's name. Any over the counter medications must be in their original packaging and must be accompanied by a note from the guardian giving permission and directions.

Please Print:

Current Prescribed Medications: \_\_\_\_\_

Non-Prescription Medications: \_\_\_\_\_

\_\_\_\_\_ (initial) I give permission for A New Leaf, Inc. to take \_\_\_\_\_ to a medical emergency room or hospital in the event of a minor medical emergency. All efforts will be made to first contact the participant's guardian/care provider, but if unsuccessful, we will proceed to the emergency location. If the event is of a serious medical nature, 911 will be called immediately. Any participant medical information that is needed by the facility providing medical care will be released upon request. I understand that A New Leaf, Inc. is not responsible for the cost or quality of any emergency medical care provided. A New Leaf, Inc. is only acting out of good faith and has no other responsibilities implied or assumed.

**Session/s Requested:** \_\_\_\_\_ AM 8:00-12:30 \_\_\_\_\_ PM 12:30-5:00 (\$10 registration fee **due by March 13th**)  
 Monday, March 23 – Friday, March 27, 2009 (1 week)

\_\_\_\_\_ AM 8:00-12:30 \_\_\_\_\_ PM 12:30-5:00 (\$25 registration fee **due by May 22nd**)  
 Monday, June 8 - Friday, August 28, 2009 (12 weeks)

\_\_\_\_\_ (initial) Cost is \$80/per week per session. In order to staff accordingly, we need a commitment for the spot for the 1 week during Spring Break and/or the 12 weeks during Summer. Payment is due at the beginning of each week, or you may pre-pay for as many weeks as you would like. ( 1:5 ratio, program capped at 15/session, acceptance will be honored on order of submittal and appropriateness of placement)

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

\_\_\_\_\_  
 Date

\*Registration Fee is Non-Refundable