



Summer Day Camp 2022

Registration Questions

These are the registration questions required for Camp Fire’s Summer Day Camp. The questions marked in **bold** require an answer for us to be able to register your child.

1. Has your child previously attended Camp Fire’s Before & After School programming?
 - a. Yes, Before & After School care
 - b. Yes, Summer Day Camp
 - c. Yes, Before & After School care and Summer Day Camp
 - d. No

2. **What are your child’s first and last names?**

3. Does your child have a preferred nickname?

4. **What is your child’s date of birth?** *(mm/dd/yyyy)*

5. **How does your child most comfortably identify?**
 - a. Female
 - b. Gender Non-Conforming
 - c. Genderqueer/Androgyny
 - d. Intersex
 - e. Male
 - f. Non-Binary
 - g. Transgender
 - h. Gender not listed here
 - i. Prefer not to Answer

6. **How does your child most comfortably racially identify?** *(Answer required but “prefer not to answer” is an acceptable response)*

7. **How does your child most comfortably ethnically identify?** *(Answer required but “prefer not to answer” is an acceptable response)*

8. What grade will your child be in during the 2022/23 school year?

- a. Kindergarten
- b. 1st
- c. 2nd
- d. 3rd
- e. 4th
- f. 5th
- g. 6th
- h. 7th

9. Does your child have an IEP,504 Plan or IFSP? If yes, is there anything we should know about it?

10. Does your child receive free/reduced lunch?

- a. Yes
- b. No

11. What is the primary language spoken at your home?

12. Does your child participate in an English language learner program?

- a. Yes
- b. No

13. Our Before & After School Registrars and Multi-Site Coordinators are available to communicate with families in Spanish as well as English. Please let us know which language you would prefer for calls/emails/notifications:

- a. English
- b. Spanish

14. What is your child's t-shirt size?

- a. Youth S (5-6)
- b. Youth M (8-9)
- c. Youth L (10-12)
- d. Youth XL (14)
- e. Adult S
- f. Adult M
- g. Adult L
- h. Adult XL

15. Sunscreen Authorization:

- a. I authorize Summer Day Camp staff to apply sunscreen to my child.
- b. I authorize my child to self-apply sunscreen
- c. I will provide sunscreen for Summer Day Camp staff to apply to my child.
- d. I will provide sunscreen for my child to self-apply.

16. If insured, what is the name of your child's health insurance provider?

17. If insured, what are the group and policy numbers for your child's health insurance?

18. What are your child's physician's first and last names?

19. What is your child's physician's phone number?

20. What is your child's dentist's practice name?

21. What is your child's dentist's phone number?

22. Per the Oregon Office of Child Care rules, all children joining Summer Day Camp must have all their vaccines up-to-date or have an exemption form from their doctor. We do not require documented proof of a child's vaccination status at enrollment, however, every family must agree to provide that documentation if Camp Fire requests it at any point during the summer.

- a. I certify that my child's DTaP, Hep A, Hep B, MMR, Polio, and Varicella vaccinations are up-to-date and that I will promptly provide proof of vaccination if it is requested by Camp Fire.
- b. I certify that my child is exempt from one or more of the DTaP, Hep A, Hep B, MMR, Polio, and Varicella vaccinations and that I will promptly provide proof of exemption from my doctor, as well as proof of vaccination for any vaccines not covered by the exemption, if it is requested by Camp Fire.

23. Does your child have any medical conditions or disabilities that Camp Fire staff need to be aware of?

24. Does your child have any allergies?

25. Does your child have any special food needs?

26. Please specify any triggers that may cause your child distress and steps the staff should follow in response:

27. What is your child's spark/passion?

28. Is there any additional information about your child that would be helpful for us to know in order to better support them while at Camp Fire's Summer Day Camp?

29. **May Camp Fire Columbia photograph/film your child during programming and use the images when promoting our services?**
 - a. Yes
 - b. No

30. **What are Guardian 1's first and last names?**

31. **What is Guardian 1's relationship to your child?**

32. **What is Guardian 1's email?**

33. **What is Guardian 1's phone number?**

34. **What is Guardian 1's work phone?**

35. **Who is Guardian 1's employer and what is their job title?**

36. **What is Guardian 1's address?**

37. **How does Guardian 1 most comfortably identify?**
 - a. Female
 - b. Gender Non-Conforming
 - c. Genderqueer/Androgyny
 - d. Intersex
 - e. Male
 - f. Non-Binary
 - g. Transgender
 - h. Gender not listed here
 - i. Prefer not to Answer

- 38. How does Guardian 1 most comfortably racially identify?** *(Answer required but “prefer not to answer” is an acceptable response)*
- 39. How does Guardian 1 most comfortably ethnically identify?** *(Answer required but “prefer not to answer” is an acceptable response)*
40. What are Guardian 2’s first and last names?
41. What is Guardian 2’s relationship to your child?
42. What is Guardian 2’s email?
43. What is Guardian 2’s phone number?
44. What is Guardian 2’s work phone?
45. Who is Guardian 2’s employer and what is their job title?
46. What is Guardian 2’s address?
47. How does Guardian 2 most comfortably identify? *(Answer required if completing Guardian 2)*
- a. Female
 - b. Gender Non-Conforming
 - c. Genderqueer/Androgyny
 - d. Intersex
 - e. Male
 - f. Non-Binary
 - g. Transgender
 - h. Gender not listed here
 - i. Prefer not to Answer
48. How does Guardian 2 most comfortably racially identify? *(Answer required if completing Guardian 2 but “prefer not to answer” is an acceptable response)*

49. How does Guardian 2 most comfortably ethnically identify? *(Answer required if completing Guardian 2 but "prefer not to answer" is an acceptable response)*
50. **What are emergency contact 1's first and last names?** *(Do not list Guardian 1 or 2)*
51. **What is emergency contact 1's relationship to your child?**
52. **What is emergency contact 1's cell phone number?**
53. **What are emergency contact 2's first and last names?** *(Do not list Guardian 1 or 2)*
54. **What is emergency contact 2's relationship to your child?**
55. **What is emergency contact 2's cell phone number?**
56. Is there anyone who is NOT AUTHORIZED to pick-up your child? *(Please list full names)*
57. Portland Day Camp families only – Does your child qualify for the PPS Grant? *(select any that apply)*
- a. My child, Guardian 1, and/or Guardian 2 identify as BIPOC.
 - b. My child is being raised in a single guardian household.
 - c. My child is in the foster system.
 - d. My child has developmental needs (documentation must be emailed to the PPS Registrar to confirm this selection).
 - e. My child is in an English language learning program.