



[Sign Up Now](#)

June 5th – July 23rd

Monday – Friday

6:00am – 6:00pm

*DON'T MISS
THE DEADLINE!*

May 5th, 2023

Summer Program Policy Agreement

_____ I understand that the summer program is in operation Monday - Friday from 6:00 Am - 6:00 PM

_____ I understand that the program starts June 5th and ends on July 23rd.

_____ I understand that tuition is \$35.00 per day or \$175.00 for the entire week.

_____ I understand that tuition fees are due every Friday for the upcoming week.

_____ I understand that if tuition is a week late my child is not able to attend the fieldtrip(s) that is schedule for that week.

_____ I understand that the same illness policy during the school year applies during summer camp. (Symptom free for 24 hours)

_____ I understand that Dobson Academy Program Staff reserve the right to suspend my child from summer camp if child exhibits poor behavior or harmful to others or self.

_____ I understand that Dobson Academy is not responsible for lost, damaged or stolen items brought from home.

_____ I understand that all procedures and polies regarding summer camp have been explained to my child.

Parents / Guardian's signature _____ Date _____

Childs Signature _____

Summer Program Policy Agreement

June 5th – July 23rd

6:00 am - 6:00 PM

Child's Name _____ Grade for next school year _____

Days my child is attending summer camp. (Please circle all that apply)

Monday, Tuesday, Wednesday, Thursday, and Friday

Parent's Name _____ Cell Phone Number _____

Parent's Name _____ Cell Phone Number _____

Parent's Signature _____ Date _____

Media Release

Photographs and /or videos may be used for the exclusive purpose of our program and family enrichment. Also, occasionally our special guest will use our pictures on their promotional sites.

Please initial one only

_____ I GIVE permission for my child (ren) name and / or picture to be printed or published during the year in any / all formats such as newsletters, award announcements, concert programs, yearbooks, press releases, media, social media productions, school website articles and other school publications.

_____ I DO NOT authorize photographs or video of my child (ren).



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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