



# Summer Camp

Open to Ages  
6-17!



WEEKS  
1-10

Week 1 (May 31-June 3 - It's A Jungle Out There

Week 2 (June 6-10) - Sci Fi

Week 3 (June 13-17) - Retro

Week 4 (June 20-24) - Walk the Plank

Week 5 (June 27-July 1) - Minions & Me

Week 6 (July 5-8) - Good Ol' USA

Week 7 (July 11-15) - Survivors R US

Week 8 (July 18-22) - Safety For All

Week 9 (July 25-29) - Rock Stars

Week 10 (Aug. 1-5) - Lazy Days of Summer

**Enroll Today-Limited Space Available!**

Visit [www.beucares.org](http://www.beucares.org) or call 462-2273 or

For more information or to sign up!



628 High School Drive  
 PO Box 1779  
 DeRidder, LA 70634  
 Ph: 337.462.2273 / Fax: 337.462.2268  
 www.beaucares.org



## SUMMER CAMP 2016 ENROLLMENT FORM

PARTICIPANT'S NAME: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Grade: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Due to limited space in our Summer Camp, please check week(s) you would like to register your child. We cannot guarantee availability when not pre-registered to attend.

| <b>IMPORTANT:</b><br>It is necessary to notify our office one week prior if your child is unable to attend any of the weeks registered.<br><i>or you will be charged for that week.</i> |                  |                         |      | 6 - 9 yr old<br>Child #1 | 6 - 9 yr old<br>Child #2 | 6 - 9 yr old<br>Child #3 | 10 & up |
|---|------------------|-------------------------|------|--------------------------|--------------------------|--------------------------|---------|
| Week 1  | May 31-June 3    | It's A Jungle Out There | \$76 | \$72                     | \$68                     | \$60                     |         |
| Week 2  | June 6-10        | Sci Fi                  | \$95 | \$90                     | \$85                     | \$60                     |         |
| Week 3  | June 13-17       | Retro                   | \$95 | \$90                     | \$85                     | \$60                     |         |
| Week 4  | June 20-24       | Walk The Plank          | \$95 | \$90                     | \$85                     | \$60                     |         |
| Week 5  | June 27- July    | 1 Minions & Me          | \$95 | \$90                     | \$85                     | \$60                     |         |
| Week 6  | July 5 - 8       | Good Ol' USA            | \$76 | \$72                     | \$68                     | \$60                     |         |
| Week 7  | July 11- July 15 | Survivors R US          | \$95 | \$90                     | \$85                     | \$60                     |         |
| Week 8  | July 18 - 22     | Safety For All          | \$95 | \$90                     | \$85                     | \$60                     |         |
| Week 9  | July 25 - 29     | Rock Stars              | \$95 | \$90                     | \$85                     | \$60                     |         |
| Week 10   | Aug. 1-5         | Lazy Days Of Summer     | \$95 | \$90                     | \$85                     | \$60                     |         |

Parent's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Please check date you can attend the mandatory Summer Camp Orientation (*New Participants*):  
 \_\_\_\_\_ May 16<sup>th</sup> @ 5:30PM      \_\_\_\_\_ May 23<sup>th</sup> @ 5:30PM

# BeauCARE PARTICIPANT REGISTRATION FORM



Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: M or F Grade \_\_\_\_\_ School \_\_\_\_\_

Optional Information: Circle one.

Race: Caucasian African American Native American Hispanic Other: \_\_\_\_\_

Allergies (to Food/Medication) \_\_\_\_\_

Special Needs/Medical Conditions \_\_\_\_\_

Current Medications \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Required if registering a minor:

Father's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Persons authorized to pick up child:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## MEDICAL RELEASE

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Health and/or Accident Insurance Provider \_\_\_\_\_ State \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

I hereby give permission for any and all medical attention to be administered to my child, \_\_\_\_\_, in the event of accident, injury, sickness, medical emergency, etc. under the direction of BeauCARE, Inc., its directors, employees, coaches, managers, and any other associated personnel including those of its affiliated organizations, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for as long as my child is a registered participant of BeauCARE, Inc.

\_\_\_\_\_  
Signature of Parent/Guardian

**BE IT KNOWN** that upon signature of this document, the above named participant or his/her legal guardian agrees that the participant is a registered participant of BeauCARE. Appearer consents to his/her or child's participation in all activities related to the BeauCARE Programs (i.e. After School for All, Summer Day Camp, Teen Pregnancy Prevention, & various sports programs, etc.).

Appearer consents to his/her child's name to appear along with a picture in a local advertising for BeauCARE, Inc., which may or may not include mention of specific program participation. This covers all types of nonprofit advertising including newspapers, television, radio stations, posters in businesses and/or civic areas, and any other forms of media that would benefit BeauCARE, Inc.

Appearer acknowledges that there are certain risks of bodily injury while participating in the various activities (i.e. Incrediball, Flag Football, Jump Rope Competitions, Various Program Field Trips, etc.) and appearer assumes that risk, realizing and acknowledging that participation in said activities is strictly voluntary. Appearer releases BeauCARE and any of its agents from any responsibility or liability for any injuries which the above named might sustain as a result of his/her or child's participation in any of the activities. Appearer further agrees to furnish health and accident insurance to cover injuries he/she or child might sustain while participating in said activities.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

**BeauCARE**  
**BEHAVIOR CONTRACT**

It is the goal of *BeauCARE* to provide a safe, fun, and positive recreation and learning environment for all participants. In order to obtain this goal, it is necessary to establish a set of guidelines of expected behavior. Unacceptable behavior will have specific consequences. All staff members and volunteer adult staff members are trained in Nonviolent Physical Crisis Intervention techniques and will use positive behavior management strategies to deter and diminish misconduct among participants. The following guidelines will apply:

- 1<sup>st</sup> Offense:** Verbal warning and possible removal of the participant from the activity.
- 2<sup>nd</sup> Offense:** Written incident report form completed for file and counseling by staff member.
- 3<sup>rd</sup> Offense:** Participant is removed to the Director's office and/or parents may be called for early pick-up.

**A zero-tolerance policy has been implemented for the following behaviors and will result in immediate suspension of the participant. The Executive Director reserves the right to permanently suspend any participant from the program for violating the zero-tolerance policy.**

**Zero-Tolerance Behaviors:**

- 1. Fighting or physical aggression of a severe nature
- 2. Possession of a weapon, including pocket knives
- 3. Possession of drugs, alcohol, or tobacco products
- 4. Leaving activity locations without staff consent
- 5. Destruction of BeauCARE property
- 6. Continuous use of profanity
- 7. Major disrespect to adults
- 8. Major disrespect to peers
- 9. Display of sexual behaviors/advances
- 10. Any threatening or dangerous behavior

**GENERAL RULES FOR PARTICIPANTS:**

- 1. If a participant leaves our facility, he/she will not be allowed to re-enter on the same day without a parent.
- 2. If a participant arrives at our facility prior to the arrival of staff members, *BeauCARE* will not be held responsible for the participant's welfare and safety.
- 3. Participants may not leave with anyone other than their parent/guardian without prior permission given from the parent/guardian to the *BeauCARE* staff.
- 4. Participants will help our staff maintain our equipment in good working order to include:
  - Keeping the area safe and clean
  - Reporting any problems with the equipment
  - Treating equipment with respect
  - Returning equipment to proper location following use
  - Reporting misuse of equipment/supplies to staff
- 5. **Proper attire will be worn at all times.** The following types of clothing are **prohibited** at *BeauCARE*:
  - Clothing with drug, alcohol, tobacco, or sexual advertisements, emblems, and logos;
  - Revealing clothing including halter tops, spaghetti straps, low cut shirts, mini skirts, midriff-baring tops, etc.
  - Gang-related clothing and accessories, including bandanas worn around the arms, legs, or head (tied in front), stockings worn on the head, one pant leg rolled to knee, combs in hair, etc.
  - Pants which are excessively loose, skin-tight, or low-cut, including "sagging" and very low cut jeans.
- 6. **If a participant's physical behavior escalates to a point where staff believe harm to self, other participants, staff, and/or others is imminent, Nonviolent Physical Crisis Intervention techniques may be used to physically intervene.**

*BeauCARE* is trying to establish an environment where the youth of our community can feel free to participate in activities of interest without fear of influence from social and/or moral standards that could be viewed as offensive. Failure to comply with these guidelines will result in the participant being asked to leave until the objectionable clothing and/or behavior has been changed. By signing this contract you and your parent/guardian are agreeing to all the terms and guidelines listed and agree to be accountable for any consequences.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Non-Discrimination Policy:** In accordance with Federal Law and U.S. Department of Agriculture policy, *BeauCARE* does not discriminate against any persons on the basis of race, color, national origin, sex, age, or disability. Any person(s) alleging discrimination has a right to file a complaint within 180 days of the alleged discriminatory action. All civil rights complaints should be forwarded immediately to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call 202-720-5964 (voice and TDD). The complaint should contain the name, address, and telephone number of the person filing the complaint, the specific location and name of the entity against whom the complaint is being filed, the nature of the incident or action that led the complainant to feel discrimination was a factor, the basis on which the complainant feels discrimination exists, and the date, names, titles, and business addresses of the persons who may have knowledge of the discriminatory action. "USDA is an equal opportunity provider and employer."

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## Youth Program Permission Slip

### 1. GENERAL:

The **BeauCARE Inc.** Youth Program is sponsoring visitations to various locations near the Agency during the Month. To ensure that parents are aware of the whereabouts of their child, a permission slip is required to be signed and kept on file at **BeauCARE**.

I hereby give my son/daughter \_\_\_\_\_ permission to participate in the below activity with the **BeauCARE** Youth Program. I agree that if my child violates any program or activity rules, the program staff/sponsors will notify me and that my child will need to be picked up. Furthermore, I give my full consent and permission to doctors or any other emergency medical personnel, at their discretion, medical aid, medicine or treatment to my child in the case of an emergency.

Is the child currently taking medication? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, explain \_\_\_\_\_

Does the child have any drug allergies or food reactions? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, explain \_\_\_\_\_

Photograph/Media consent NO \_\_\_\_\_ YES \_\_\_\_\_

### 2. PROGRAM INFORMATION: (Signature is consent for the activity)

#### Non-Vehicular Excursions

WALKING to the following:

West Park Play Grounds- play on the play grounds

West Park Tennis Court- Tennis

West Park Walking Trail-Walk on the trail

West Park Baseball Fields- Baseball/Batting Cage

West Park Basketball Court- Basketball/Dodge ball

Front of Recreation Room- 4 Square

Grass area near Basketball Court- Freeze tag/Flag Football/Team Competitions

Grass area (North end of facility) - Ladder Ball/Team Competitions/Croquet

Pinewood Elementary-Team Activities

X Other Location: BeauCARE Parking Lot-Team activities, snack, guest speakers

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

\_\_\_\_\_  
(Date)

I will be available at the following number during this event \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ # \_\_\_\_\_

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Thank you for enrolling in BeauCARE. We are pleased to provide a variety of community services to a diverse group of participants. Fees for our programs are significantly reduced through partnerships with outside funding sources. To illustrate to our funders we are best serving the needs of the local population, we are required to collect some personal information which we pledge to maintain confidentially. Please complete one form per family listing each child individually. For more than 3 children, please use a blank piece of paper. We accept enrollments throughout the year for anyone interested in BeauCARE programs.

**DEMOGRAPHIC INFORMATION**

|   |   |         |  |
|---|---|---------|--|
| Application Date:   |   |         |  |
| <b>CHILD #1</b>   | (Last)  | (First) | (Date of Birth) (Gender)<br>M F            |
| Race  | Does the child have a disability or special need? Y N |         | Does your child have an IEP at school? Y N |
| <b>CHILD #2</b>   | (Last)  | (First) | (Date of Birth) (Gender)<br>M F            |
| Race  | Does the child have a disability or special need? Y N |         | Does your child have an IEP at school? Y N |
| <b>CHILD #3</b>   | (Last)  | (First) | (Date of Birth) (Gender)<br>M F            |
| Race  | Does the child have a disability or special need? Y N |         | Does your child have an IEP at school? Y N |
| Address   | City  | State   | Zip Code                                   |
| Do you receive any of the following for your child(ren): <input type="checkbox"/> FITAP <input type="checkbox"/> CKSP <input type="checkbox"/> SNAP <input type="checkbox"/> LACHIP<br><input type="checkbox"/> MEDICAID <input type="checkbox"/> TANF <input type="checkbox"/> AFDC <input type="checkbox"/> Private Insurance |   |         |  |
| School Lunch Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> None   |   |         |  |
| Would you like a referral or information about any of these programs <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |         |  |
| As the guardian of above child(ren) are you: <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> foster parent<br><input type="checkbox"/> other (Please List)  |   |         |  |

**FAMILY INFORMATION**

|                |   |                                  |   |                                    |                                  |                                    |
|----------------|---|----------------------------------|---|------------------------------------|----------------------------------|------------------------------------|
|                | Parent/Guardian #1  |                                  |   | Parent/Guardian #2                 |                                  |                                    |
| Marital Status | <input type="checkbox"/> Divorced                             | <input type="checkbox"/> Married | <input type="checkbox"/> Remarried                            | <input type="checkbox"/> Divorced  | <input type="checkbox"/> Married | <input type="checkbox"/> Remarried |
|                | <input type="checkbox"/> Separated                            | <input type="checkbox"/> Single  | <input type="checkbox"/> Widowed                              | <input type="checkbox"/> Separated | <input type="checkbox"/> Single  | <input type="checkbox"/> Widowed   |
| Gender         | <input type="checkbox"/> Male <input type="checkbox"/> Female |                                  | <input type="checkbox"/> Male <input type="checkbox"/> Female |                                    |                                  |                                    |



"Assisting children, families, and communities in connecting to programs and resources that will improve their quality of life."





|                           |  |  |
|---------------------------|--|--|
| Parental Status           | <input type="checkbox"/> Single<br><input type="checkbox"/> Single living with a partner<br><input type="checkbox"/> Two Parent Family<br><input type="checkbox"/> Joint Custody<br><input type="checkbox"/> Other: _____  | <input type="checkbox"/> Single<br><input type="checkbox"/> Single living with a partner<br><input type="checkbox"/> Two Parent Family<br><input type="checkbox"/> Joint Custody<br><input type="checkbox"/> Other: _____  |
| Educational Level         | <input type="checkbox"/> Did not complete high school<br><input type="checkbox"/> High School graduate<br><input type="checkbox"/> GED<br><input type="checkbox"/> Some College<br><input type="checkbox"/> College graduate   | <input type="checkbox"/> Did not complete high school<br><input type="checkbox"/> High School graduate<br><input type="checkbox"/> GED<br><input type="checkbox"/> Some College<br><input type="checkbox"/> College graduate   |
| Employment                | <input type="checkbox"/> Work Full-time <input type="checkbox"/> Work Part-Time<br><input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker<br><input type="checkbox"/> Retired <input type="checkbox"/> Job Training<br><input type="checkbox"/> Receiving unemployment<br><input type="checkbox"/> Seeking employment        | <input type="checkbox"/> Work Full-time <input type="checkbox"/> Work Part-Time<br><input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker<br><input type="checkbox"/> Retired <input type="checkbox"/> Job Training<br><input type="checkbox"/> Receiving unemployment<br><input type="checkbox"/> Seeking employment        |
| Income Level:<br>(Yearly) | <input type="checkbox"/> 0-12,999 <input type="checkbox"/> 13,000 – 19,999<br><input type="checkbox"/> 20,000 – 25,999 <input type="checkbox"/> 26,000 – 30,999<br><input type="checkbox"/> 31,000 – 40,999 <input type="checkbox"/> 41,000 – 50,999<br><input type="checkbox"/> 51,000 – 75,000 <input type="checkbox"/> 75,001 and above | <input type="checkbox"/> 0-12,999 <input type="checkbox"/> 13,000 – 19,999<br><input type="checkbox"/> 20,000 – 25,999 <input type="checkbox"/> 26,000 – 30,999<br><input type="checkbox"/> 31,000 – 40,999 <input type="checkbox"/> 41,000 – 50,999<br><input type="checkbox"/> 51,000 – 75,000 <input type="checkbox"/> 75,001 and above |

**OTHER INFORMATION**

Does anyone in the home receive any of the following:

|                     |                              |                             |                          |                              |                             |
|---------------------|------------------------------|-----------------------------|--------------------------|------------------------------|-----------------------------|
| SSI                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Social Security Benefits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Scholarships/Grants | <input type="checkbox"/> Yes | <input type="checkbox"/> No | WIC                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Veterans Benefits   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                          |                              |                             |

Does each child have a Doctor?  Yes       No      Name of Doctors \_\_\_\_\_

Does each child have a Dentist?  Yes       No      Name of Dentists \_\_\_\_\_

# of children in the home : \_\_\_\_\_

Is a Parent in the home in the military?       Y       N

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



*"Assisting children, families, and communities in connecting to programs and resources that will improve their quality of life."*

