

P.A.C.K. is a non-profit corporation dedicated to providing services for disabled children in Pasco County

Founded 1997 by PAULA and BARRY COHEN



Pasco Association for Challenged Kids,
5355 Casa Nueva Drive
New Port Richey, FL 34655
Phone#/ Fax #: (727) 372-9516
E-mail; pascopack@verizon.net
www.pascopack.org

PACK 2008 REGISTRATION FORM

Phone: (727) 372-9516 Email: pascopack@verizon.net
Please fill out this form completely and mail back to address listed above.
Please enclose registration fee of \$70
Checks payable to PACK

****ALL NEW CAMPERS ARE TAKEN ON A TRIAL BASIS****

PACK CAMP 2008 WILL BEGIN ON MONDAY JUNE 23 AND RUN FOR FOUR WEEKS.
CAMP WILL BE CLOSED FRIDAY JULY 4 AND MONDAY JULY 7.
CAMPERS WHO ATTEND ALL FOUR WEEKS WILL PAY \$250. (\$30 DISCOUNT)

MY CHILD WILL ATTEND:

week one week two week three week four all four weeks
6/23 - 6/27 6/30 - 7/3 7/8 - 7/11 7/14 - 7/18 6/23 - 7/18

Rates: \$70.00 per week, due the first day of each week.

If child is registered to attend, \$70/ week rate applies regardless of how many days child attends camp.
First \$70 is non-refundable if child's place is NOT cancelled before two weeks of start date.

Child's Name: _____ Date of Birth: _____
Address: _____ Phone Number: _____

Mother's Name: _____ Father's Name: _____
Mother's Place of Business/Phone: _____
Father's Place of Business/Phone: _____
Emergency Contact: There MUST be one emergency contact listed other than parents:
Name: _____ Relationship to Child: _____
Phone Number: _____
Name of Child's School: _____
Type of Class/Teacher's Name: _____

Pasco Association for Challenged Kids is a 501(C) (3) not-for-profit corporation (F.E.I.D. #: 50-3456672). All donations are tax deductible. A copy of the official registration and financial information can be obtained from the Florida division of Consumer Services by calling toll free within the state 1.800.435.7352. Registration does not imply endorsement, approval, or recommendation by the state.

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Name of Siblings: _____

Names of Pets: _____

In order to better serve your child and his/her needs, we need to have as much information as possible- please be VERY specific!

Type of Disability: _____

Special Needs: Please list everything such as wheelchair, not potty trained needs help with feeding, temper tantrums, not verbal, aggressive, etc.

Any Allergies: _____

Any Special Diet/Food Info: _____

Any Seizures: _____

Medications: If your child has meds that need to be given during camp hours, please list:

Med: _____

Med: _____

How often/dose: _____

The medication must be in the original pharmacy bottle with doctor's name and directions on it!

Activities Your Child Likes: _____

Activities Your Child Does Not Like: _____

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Please list factors that affect your child, such as being out in the heat, lack of sleep, allergies, etc: _____

Please list areas your child does well in, such as leisure skills, playing with others, independent skills, etc.

Please list areas that may be problematic for your child, such as being aggressive if tired or hot, needs help with potty/eating, does not transition well to new activities, etc.

Is there any other information we should know that will help us with your child's daily needs?

Name of Child's Pediatrician: _____

Phone number: _____

Name of Child's Dentist: _____

Phone Number: _____

Hospital Preference: _____

Phone Number: _____

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Consent for Photos/Videos:

PACK is often in the newspaper and speaks to local groups to get funding. We would like to be able to photograph and videotape all our campers to help raise money. Please indicate below if you give your consent.

() Yes, I give permission to PACK to photograph and videotape my child.

Signature of Parent/Guardian _____

() No, I do not want my child photographed/Video taped.

Signature of Parent/Guardian _____

PACK 2008 HOLD HARMLESS AGREEMENT

I understand that the staff of the Pasco Association for Challenged Kids will provide the best possible care and supervision of my child during designated camp hours.

*I am giving a complete and honest history regarding my child, including any behaviors that may cause harm to him/her or others, as well as any medical or physical problems that may require special care and supervision.

*I understand that due to the behaviors of my child or others, it may be necessary for staff to use intervention techniques to prevent my child or others from being injured or injuring others. I hereby give my permission for such techniques to be used with my child if the staff believes it is necessary for the safety of my child or others (e.g., this may include removing child from his/her group if he/she becomes aggressive).

*I give my permission for the staff to call either 911 or take my child to the hospital I have indicated (if in Pasco County) for emergency medical attention if such a situation arises (staff will attempt to immediately contact parent/guardian if an emergency situation occurs).

*Lastly, I hereby hold the Pasco Association for Challenged Kids and River Ridge Presbyterian Church and their officers, directors, staff and volunteers harmless from damages or suit in the event of injury to my child during participation in PACK activities or any other activities related to the program.

NAME OF CHILD: _____

Signature of Parent/Guardian/Date: _____

THIS FORM MUST BE SIGNED AND DATED IN ORDER FOR YOUR CHILD TO ATTEND OUR PROGRAM!

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