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***Peace Place Saturday Morning Camp***

A grant from Montana Lifespan Respite partly funds the Peace Place Saturday Morning Camp.

Please note:

This is by reservation only; limited spaces are available. If your child cannot attend, notify us immediately, and we can open the spot to another child.

You will be notified via Brightwheels if we need to cancel the camp on a given day for any reason. If we have to cancel, we will reschedule for another day as soon as possible.

Children may go outside to play in the winter months and dress accordingly.

Children are permitted to bring slippers to wear inside.

Please leave all personal toys and stuffed animals at home unless cleared by a Senior Team member.

Hours: 9 am to noon.

We ask that you respect the staff times and drop off and pick up within the hours stated above.

The parent will provide the following:

A light snack and water bottle ( no soda is permitted, and peanut products are permitted)

If your child has toileting accidents, a change of clothes is required

If not toilet trained, please provide diapers and wipes.

Each child should have a labeled bag with all their necessary items.

Parent Agreement

I agree and understand if my child is to be absent from Peace Place, I will give prior notice to the program. If I fail to provide prior notice and the child is absent for a session, it may cause my child to release their spot in current and future weekend camp programs.

Int.\_\_\_\_\_\_\_\_\_

Peace Place Camp Waiver and Release of Liability Form I, at this moment, allow my child(ren) to participate in the Peace Place Camp Program. Participation in any physical activity program exposes the participants to certain risks and dangers.

Accidents and injuries are always possible; foreseeing and protecting participants from all conceivable dangers is impossible. At this moment, I affirm that my child(ren) has/has no conditions that would make it unsafe for him/her/them to participate in the camps program(s) selected.

***Medical Consent***: I understand that Peace Place will make every effort to contact me in case of an emergency. I give my permission for Peace Place to administer any medications needed and to provide and arrange for and consent to any necessary medical treatment for my child(ren) while at Peace Place, including onsite and offsite emergency care. I accept responsibility for the costs of all such medical treatment. \_\_\_I accept \_\_\_\_I decline medical care for my child(ren)

***Photography Release:*** In consideration of the child(ren)’s participation at Peace Place Programs, and without any further consideration from the Peace Place Programs, I at this moment grant permission to the Peace Place, staff, and affiliates to utilize my child(ren)’s appearance, performance, or voice in any manner and media throughout the world for promotion, reporting or publication. Peace Place may use my child(ren)’s likeness, voice, and biographical material in connection with the publication, promotion, exhibition, and distribution of such material. I understand that no royalty, fee, or other compensation shall become payable to me because of the release and use of any photograph. \_\_\_I accept \_\_\_I decline photography release for my child(ren)

By signing this Waiver and Release of Liability, with full appreciation of the risk involved, on my behalf and behalf of my child(ren), I at this moment voluntarily release and forever discharge Peace Place, its trustees, officers, employees, agents, insurers, and contractors from any legal or financial responsibility for any personal injury, disability, illness, damage, medical expense or death, arising from or related to my child(ren)’s participation in Summer Camp. I agree, for myself and my child(ren), not to make any legal or equitable claim on Peace Place or any of its trustees, officers, employees, agents, insurers, or contractors concerning any injury my child(ren) or I may suffer, whether or not it arises through the negligence, omission, default or other action of anyone affiliated with the Peace Place, including other campers. I further agree that if any such claim is made, I will indemnify and defend Peace Place concerning any such claim, injury, or damage. Name of Camper(s)/Age(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| Child Name: | | | | |
| Parent/ Guardian Name: | | | | |
| Phone Number:  Cell:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Address: | | | | |
| Email: | | | | |
| Emergency Contact and Authorized Release. | | | | |
| Name: | Phone number | | relationship | |
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| Child Information | | | | |
| Medical/Diagnosis:  Triggers/ Fears  Preferred objects/reinforcers | | | | |
| Medications (note we do not dispense medicines during the program): | | | | |
| Allergies (food, medication, other) | | | | |
| Toilet trained: | | | | |
| Verbal: Alternate methods of communication | | | | |
| Other Special instructions: | | | | |

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| Please check off the date(s) your child will be joining us:   * 11/16/24 * 12/21/24 * 1/4/25 * 2/1/25 * 3/8/25 |