



## Mountain T.O.P Kaleidoscope at Camp Cumberland Pines

Please mail this form and payment to:  
PO Box 128 Altamont, TN 37301  
(Or drop it off at Mountain T.O.P. Camp Cumberland Pines)  
If you have any questions, contact us at (931) 692-3999

Please fill out ONE SHEET PER CHILD

### Circle the week your child is attending

Kaleidoscope is a weeklong, day camp for 6-11 year olds with special needs or an interest in the arts.

During the day children take part in different workshops based on visual and performing art, such as drawing, dance, painting and drama. On Friday, they display or perform what they have accomplished during the week, celebrating with friends and family.

June 25 – 29, 2018

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_

Parent/ Guardian's Name \_\_\_\_\_

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

Community \_\_\_\_\_ Phone number(s) \_\_\_\_\_

Physical Address \_\_\_\_\_

Directions to home:

\_\_\_\_\_  
\_\_\_\_\_

Are you home during the day? YES NO If no, when are you available?

Has your child been to Mountain T.O.P before? YES NO If Yes, when? \_\_\_\_\_

T-shirt size: Youth 6/8 Youth 10/12 Youth 14/16 Adult S Adult M Adult L

Cost: \$25

\*Minimum deposit with application is \$5.00\*

**PLEASE FILL OUT BOTH SIDES OF THIS FORM COMPLETELY**

During the camp week, we will be conducting surveys to measure our impact on the community. Should your child participate in the survey, he or she will be asked a short series of questions relating to Mountain T.O.P.'s Day Camp program.

We will make every effort to ensure your child's confidentiality. No personally identifiable information will be taken from your child, and any information collected will not be traced back to your child. Additionally, the responses of your child are combined with those of many others and will be summarized in a report to further protect your child's identity. Participation is voluntary, and the refusal to participate will involve no penalty or loss of benefits to which your child is otherwise entitled, and your child may discontinue participation at any time. There are no foreseeable risks or benefits to your child. Surveys will be completed at the beginning of the camp week and end of the camp week. We may contact you at a later time to conduct a brief follow up survey.

If you chose to not let your child take the survey, it does not affect the ability of your family to receive services from Mountain T.O.P. or other partner agencies. Results of this survey will be used to assess the Day Camp program and convey our impact on the community. **If you have any questions or concerns about the survey, call Julie at Mountain T.O.P. at (931)-692-3999.**

I have read the above and do NOT give my child permission to take the Day Camp survey.

I have read the above and give my child permission to take the Day Camp survey.

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

**PLEASE FILL OUT BOTH SIDES OF THIS FORM COMPLETELY**

# Mountain T.O.P. Child/Youth Permission Slip & Health Form

Full Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Gender: Male or Female

Special needs your child has that the volunteers and staff of Mountain T.O.P. need to be aware of:

\_\_\_\_\_

Allergies (hay fever, bee stings, foods, medicines, etc.):

\_\_\_\_\_

Has your child had a tetanus shot in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_

Medications currently being taken, if any:

Name \_\_\_\_\_ Reason \_\_\_\_\_

Name \_\_\_\_\_ Reason \_\_\_\_\_

In the event my child needs treatment from a doctor or hospital/clinic and I cannot be reached immediately, I give my permission for professional treatment by a doctor or hospital/clinic. I also give permission to the Mountain T.O.P. staff and volunteers to administer any current medications and necessary first aid.

Day Camp participants understand that photos and video may be taken during the course of the camp week that may be used by Mountain T.O.P. in the future promotion of our ministries and programs.

Also, my child has my permission to be at the Mountain T.O.P. camp during the week of \_\_\_\_\_, 2018. I understand that if I am requesting transportation, my child will be picked up at \_\_\_\_\_ (Location) between 9 am and 10:30 am and returned to same place no later than 4:30 pm, unless I send a note signed by me which states otherwise.

Please check any/all that apply:

I will be home when my child arrives.

My child may be left at my home if no adults are home at the time.

My child may be taken to the home of \_\_\_\_\_ if I am not at home.

Signature of Parent /Guardian: I, \_\_\_\_\_ consent for the above mentioned child to go to camp at Mountain T.O.P. the week of \_\_\_\_\_ 2018.

Emergency Phone Number \_\_\_\_\_