

2011 General Information

LOST & FOUND: Be sure to LABEL all clothing, swimsuits, towels, underwear, shoes & hats. “Lost-N-Found” is located at the front desk. However, all unclaimed items left after MCC Kids closes will be stored in the Office and are retrievable until Labor Day. We will donate items to local charity after Labor Day Weekend.

LATE PICK-UP FEE: Pick up time is the times when MCC Kids is actually over and your child must be signed out. Pick up time goes from the time camp ends to fifteen (15) minutes past that time. MCC Kids not picked up after the fifteen (15) minutes will automatically be placed in Continued Care and you will be charged the Continued Care daily fee. Continued Care has no “grace” period for pick up. MCC Kids in Continued Care must be picked up by the designated times or you may be charged a \$1.00/minute late fee.

POOL TOWELS/ BATH TOWELS: We will provide a towel to your MCC Kids for showering. You do not need to pack a towel. However, if you do bring one, please LABEL the towel.

LUNCH POLICY: MCC Kids may NOT pack their own lunch. Lunches and snacks are provided in all drop-off programs. The snack fees are included in the enrollment fee. Lunch is extra and usually group ordered at menu pricing. Continued Care also provides a snack.

PARENTS IN MCC KIDS AREA: Members may stay at the club after they drop off their MCC Kids, making it easy to observe the MCC Kids activities. Some children have a hard time when a Mom or Dad is right there watching and often would rather be with their own parent instead of the MCC Kids. For this reason we request that parents not be in the camp areas when camp is in session. Your cooperation is greatly appreciated. There may be times to observe your children and even participate in activities during specified camp days.

MCC Kids 2011 Authorization To Treat Minor

I, undersigned parent or legal guardian of the following minor(s):

1. **MCC Kids #1 Name:** _____
2. **MCC Kids #2 Name:** _____
3. **MCC Kids #3 Name:** _____

Do hereby authorized and consent to any x-ray examination, anesthetic, medical or surgical treatment rendered by any member of the medical or emergency department staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of The Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State Of Wisconsin.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care deemed advisable by the aforementioned physician in the exercise of his/her best judgement. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but none of the above treatment will be withheld if the undersigned cannot be reached.

Health Information: This information is important for our staff to provide the best possible care for your child. Please provide more detailed information on the back of this form necessary

List activities to be omitted:

List any problems with social or motor skills:

MCC Kids 1: _____

MCC Kids 1: _____

MCC Kids 2: _____

MCC Kids 2: _____

MCC Kids 3: _____

MCC Kids 3: _____

List any physical limitations:

List any recent family changes or traumatic events that
May have affected your children's behavior:

MCC Kids 1: _____

MCC Kids 1: _____

MCC Kids 2: _____

MCC Kids 2: _____

MCC Kids 3: _____

MCC Kids 3: _____

List any recent spells of convulsions, concussions or

Loss of consciousness:

List any allergies to food/drug:

MCC Kids 1: _____

MCC Kids 1: _____

MCC Kids 2: _____

MCC Kids 2: _____

MCC Kids 3: _____

MCC Kids 3: _____

List any special medications (insulin, Ritalin, etc.) that must be taken while at camp:

Camper 1: _____

Camper 2: _____

Camper 3: _____

Insurance Company under which my child(ren) is(are) covered: _____

Pediatrician to contact: _____ tel.#: _____

Date of last Tetanus shot: _____ Date of Hepatitis B Shot: _____

Parent Signature: _____ **Print Name** _____

Mem # : _____ **Date:** _____

MCC KIDS 2011 Enrollment Form

MOTHER'S NAME: _____
HOME ADDRESS: _____

_____ city _____ state _____ zip
HOME PHONE: _____ **BUSINESS:** _____
CELL: _____ **PAGER:** _____ **OTHER:** _____

FATHER'S NAME: _____
ADDRESS: _____
(if different from above) _____ street _____ city _____ state _____ zip
HOME PHONE: _____ **BUSINESS:** _____
CELL: _____ **PAGER:** _____ **OTHER:** _____

EMERGENCY CONTACT:

NAME: _____ **RELATIONSHIP:** _____
HOME PHONE: _____ **BUSINESS:** _____
CELL: _____ **PAGER:** _____ **OTHER:** _____

MCC KIDS # 1 NAME: _____ Please list the names of three MCC Friends with whom
Date of Birth: _____/_____/_____ Sex: F M your child would most want to be in MCC, despite, ages,
School Attending Sept. 2011: _____ grades and camp divisions. Please indicate the children's
Grade in Sept. 2011: _____ relationships, e.g. best school friend, cousin sister.
MCC Kids 2011 Group: _____ 1. _____ Relationship: _____
Enroll: (circle one) FULL-TIME BY-THE-DAY 2. _____ Relationship: _____
Shirt size _____ 3. _____ Relationship: _____

MCC KIDS # 2 NAME: _____ Please list the names of three MCC Friends with whom
Date of Birth: _____/_____/_____ Sex: F M your child would most want to be in MCC, despite, ages,
School Attending Sept. 2011: _____ grades and camp divisions. Please indicate the children's
Grade in Sept. 2011: _____ relationships, e.g. best school friend, cousin sister.
MCC Kids 2011 Group: _____ 1. _____ Relationship: _____
Enroll: (circle one) FULL-TIME BY-THE-DAY 2. _____ Relationship: _____
Shirt size _____ 3. _____ Relationship: _____

MCC KIDS # 3 NAME: _____ Please list the names of three MCC Friends with whom
Date of Birth: _____/_____/_____ Sex: F M your child would most want to be in MCC, despite, ages,
School Attending Sept. 2011: _____ grades and camp divisions. Please indicate the children's
Grade in Sept. 2011: _____ relationships, e.g. best school friend, cousin sister.
MCC Kids 2011 Group: _____ 1. _____ Relationship: _____
Enroll: (circle one) FULL-TIME BY-THE-DAY 2. _____ Relationship: _____
Shirt size _____

This form, and the Authorization to Treat a Minor form, must be turned in with the Parent/MCC Kids Contract.
Please contact the Front Desk with MCC Kids information changes, including change of address, phone, etc. All
enrolled MCC Kids names, addresses and phone numbers will be listed in a Directory for 2011 MCC Kids
Participants unless otherwise advised. Check here if you DO NOT want to be listed: _____

Parent Signature: _____ **Today's Date** _____