

**Summer BBCHSD BeeKeepers- Trailblazers**

**Student Information**

School Year: \_\_\_\_\_

Child's Name (first, middle, last)				Birthdate	
Street				Grade	
City	Zip	Phone	Billing Email		Gender <b>M F</b>
Please check to receive your invoice via email. ◊	Starting Date	Schedule <b>M T W Th F</b>	Drop-in	Please Note: In The event of any make-up school days, due to calamity days, Summer BeeKeepers will also be delayed.	
Program of School Year Attendance Central Chippewa Hilton Highland Dr			Shirt Size Youth-L Adult-S Adult-M Adult-L Adult-XL		

**Parent/Guardian 1**

Name (First, last)	Relationship to Student
Home Address	Employer
Home Phone ( )	Work Phone ( )
Cell Phone ( )	Email Address

**Parent/Guardian 2**

Name (First, last)	Relationship to Student
Home Address	Employer
Home Phone ( )	Work Phone ( )
Cell Phone ( )	Email Address

**Authorized Pick-up/Emergency Contact (Non-Parent)**

Name	Relationship	Daytime Phone
Name	Relationship	Daytime Phone
Name	Relationship	Daytime Phone

In Case of an Emergency: I hereby give my consent for First Aid, medication, treatment, and transportation to an emergency care facility.	
<b>YES</b>	<b>NO</b>

**First Aid Information**

Allergies/Dietary Restrictions	Medication (list any prescription medications taken)
Family Doctor	Phone ( )
Dentist	Phone ( )

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Team Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BBHCSD BeeKeepers**

**Health Questionnaire**

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

Student's Name	Date of Birth	Home Telephone
School	Grade	Teacher
Parent/Guardian Name		
Last School Attended	City	
Physician	Telephone	
How often does physician see your child?		
Dentist	Telephone	

**Child's Medical/Health Needs**

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**Child's Allergies/Treatment**

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**Child's Dietary Needs/Restrictions**

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**Child's Medication:** *A Medication Form Must Be Completed for EACH Medication Administered While in Program*

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\_\_\_\_\_  
Signature of Authorized Family Member/Guardian

\_\_\_\_\_  
Date

**STUDENT PHOTOGRAPH / IMAGE RELEASE POLICY**

It is the policy of the Brecksville-Broadview Heights City School District to **authorize** the Board of Education, its officials, employees, agents, etc., to consider a student’s photograph/image as “directory information” and to utilize, release, and/or publish a student’s photograph/image in all school publications, on the school district Internet site, and release images/photos/copies of student or student’s work to other publications. Typical uses include yearbooks, student awards and recognition and participation in student activities. *In the event that you do NOT authorize the Board of Education, its officials, employees, agents, etc., to consider YOUR student’s photograph/image as “directory information” please inform a staff member in writing.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR PARENT- STAFF E-MAIL COMMUNICATION**

I wish to communicate with my child’s teacher or other staff member via e-mail. I understand that the teacher/staff member will not respond to inquiries I make from any other e-mail address other than the one I provide. I agree that if the e-mail address(es) I have provided change for any reason, I will notify the teacher/staff member. I further agree to waive any claims, demands or actions against the District, including its employees and agents that may result from the use of e-mail as a means of communication between the District and me.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BEEKEEPERS DISCOVERY CAMP  
PARENTS DAY ACTIVITIES  
Thursday, August 8, 2019

Dear Parents,

Beekeepers Discovery Camp invites you to Parents Day at Camp. Last year we had a great turnout and the campers were excited about sharing their summer with you. We have many events planned for your enjoyment. We have performances by the campers, pictures of your camper's summer experiences, lunch, and exhibits to view.

At the end of the day we will have an ice cream and cake social. If your children attended Discovery Camp this year you are invited to join us in the fun.

We will start our Parents Day at 12:00 p.m. and it will last until 5:00 p.m. Please mark your calendar and ask for the time off from work, it will be a rewarding experience for your family to share.

The agenda for the day will be as follows:

12:00 – 2:00	Parents Arrive and have lunch with their campers
2:00 – 2:30	Parents view the different exhibit areas in small gym
2:30 – 3:30	Announcements and Camper Performances
3:30 – 5:00	Ice Cream & Cake Social

We hope that every parent will make a point to attend our Parents Day. This is a time for your campers to show you what they have been working on and enjoying this summer.

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**Detach here and turn in to camp**

RSVP: Please indicate if you will attend the Discovery Camp Parent's Day Yes or No

Number of family members attending \_\_\_\_\_

Family Name \_\_\_\_\_

## Summer BeeKeepers 2019 Drop-In Policy & Reservation Form

Drop-ins are available if the program has space and is approved by the Team Leader due to staffing requirements. **All families using the program on a drop-in basis are required to complete the bottom portion of this letter and return it by Friday, May 17<sup>th</sup>. I understand that I am responsible for payment regardless of cancellation.** Drop-ins are defined as less than 3 days per week and/or less than 7 weeks scheduled for Summer Camp.

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Please detach form here and turn in by May 17, 2019

### SUMMER DROP-IN SCHEDULE:

My child \_\_\_\_\_ will attend Summer BeeKeepers on the following dates (if space is available).

Please circle the appropriate dates.

#### JUNE

	Tues. 6/4	Wed. 6/5	Thurs. 6/6	Fri. 6/9
Mon. 6/10	Tues. 6/11	Wed. 6/12	Thurs. 6/13	Fri. 6/14
Mon. 6/17	Tues. 6/18	Wed. 6/19	Thurs. 6/20	Fri. 6/21
Mon. 6/24	Tues. 6/25	Wed. 6/26	Thurs. 6/27	Fri. 6/28

#### JULY

Mon. 7/1	Tues. 7/2	Wed. 7/3	Thurs. 7/4*	Fri. 7/5
Mon. 7/8	Tues. 7/9	Wed. 7/10	Thurs. 7/11	Fri. 7/12
Mon. 7/15	Tues. 7/16	Wed. 7/17	Thurs. 7/18	Fri. 7/19
Mon. 7/22	Tues. 7/23	Wed. 7/24	Thurs. 7/25	Fri. 7/26
Mon. 7/29	Tues. 7/30	Wed. 7/31		

#### AUGUST

			Thurs. 8/1	Fri. 8/2
Mon. 8/5	Tues. 8/6	Wed. 8/7	Thurs. 8/8	Fri. 8/9
Mon. 8/12	Tues. 8/13	Wed. 8/14	Thurs. 8/15	

\* Thursday 7/4 – BeeKeepers Closed

**I understand that I am responsible for payment regardless of cancellation.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## RECORD OF DISPENSING/ADMINISTRATION OF MEDICATION

Student Name: \_\_\_\_\_ Teacher/Grade \_\_\_\_\_  
                                 last                                first

Home Phone: \_\_\_\_\_ Emergency Phone No: \_\_\_\_\_

Physician Name \_\_\_\_\_ Date Verification Rec'd \_\_\_\_\_  
 Address \_\_\_\_\_ Physician/Parent order expires \_\_\_\_\_  
 Phone # \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_ Sunscreen and/or bug spray \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage \_\_\_\_\_

Signature of Persons Administering meds: \_\_\_\_\_

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

Date	Time	Initials	Date	Time	Initials	Date	Time	Initials

**BeeKeepers will no longer be offering sunscreen for all campers. Campers will need to bring continuous spray of at least SPF 50. Please be sure to label it and we ask that you keep it in your campers' bag. Thank you.**