



2021 AOK SUMMER CAMP ENROLLMENT

CAMPER INFORMATION

QUICK INFO

- ▶ This form must be completed and turned in at least one (1) day prior to attending camp.
- ▶ Enrollment will be limited to **35 campers**, with priority given to those currently enrolled in the 2020-21 After School program.
- ▶ Fees are **\$75 per week**, whether the child is present or not, regardless of reason of not attending.
- ▶ Families are required to commit to payment for **all 12 weeks** of camp.
- ▶ A **\$175** non-refundable activity fee is due at time of registration.
- ▶ Payments will be charged to a credit/debit card unless other arrangements are made with AOK management.
- ▶ Fees must be paid at least **1 week in advance** and are due on the last day of the week that the child attends camp.
- ▶ If payment is not received for two consecutive weeks, the child's spot in camp will be forfeited.
- ▶ Wolf Building participants and VolunTeens at Nathan's Place are kept separate, except on field trips.
- ▶ Financial assistance is available through the Missouri Department of Social Services.

CAMPER INFORMATION

NAME _____

What t-shirt size does your child wear?

CHILD 6/8 10/12 14/16

ADULT S M L XL

Will your child be attending Lamar Summer School this year?

YES NO

POLICY AGREEMENT

I give permission for my child to participate in Summer Camp activities such as group led enrichment, swimming, movies, field trips, bicycling, both on and off location. YES NO

I give About Our Kids, Inc. permission to communicate with the Lamar School District, medical professionals, counselors and other individuals as needed regarding the health and well-being of my child. YES NO

I give permission for my child to be included in pictures or other publicity connected with the camp, including the Lamar Democrat, Instagram, Facebook, and other social media platforms. YES NO

PROOF OF POOL PASS PURCHASE TO AOK IS **REQUIRED**. CHOOSE ONE OPTION BELOW.

I will purchase a pool pass (\$75 individual \$150 family) to Lamar Aquatic Park for my child. YES NO

I will send the \$3 daily Lamar Aquatic Park admission fee or my child will not be able to swim that day. YES NO

OPTIONAL

I have/plan to apply for financial assistance through the Missouri Department of Social Services. YES NO

AOK HQ

208A W. 10TH ST
LAMAR, MO 64759

WOLF BUILDING

801 E. 12TH ST
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NATHAN'S PLACE

1005 GULF ST
LAMAR, MO 64759

P 417.682.6002
F 417.681.0514



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR CHILD CARE REGULATION
 BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE
CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME		ADMISSION DATE	DISCHARGE DATE		
CHILD'S NAME		GENDER	BIRTHDATE		
ADDRESS (STREET, CITY, STATE, ZIP CODE)					
IDENTIFYING INFORMATION					
MOTHER'S/GUARDIAN'S NAME		HOME TELEPHONE NUMBER			
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>		CELL PHONE NUMBER			
E-MAIL ADDRESS					
EMPLOYER OR SCHOOL ATTEND		WORK/SCHOOL SCHEDULE			
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)		WORK TELEPHONE NUMBER			
FATHER'S/GUARDIAN'S NAME		HOME TELEPHONE NUMBER			
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>		CELL PHONE NUMBER			
E-MAIL ADDRESS					
EMPLOYER OR SCHOOL ATTEND		WORK/SCHOOL SCHEDULE			
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)		WORK TELEPHONE NUMBER			
EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.					
NAME		RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)		
ADDRESS (STREET, CITY, STATE, ZIP CODE)					
NAME		RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)		
ADDRESS (STREET, CITY, STATE, ZIP CODE)					
COMMENTS ON CHILD'S DEVELOPMENT (PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)					
RELATED CHILD					
<input type="checkbox"/> YES <input type="checkbox"/> NO		HOW IS CHILD RELATED TO CHILD CARE PROVIDER?			
CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED					
CACFP REQUIREMENT	CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND: <input type="checkbox"/> FULL TIME OR <input type="checkbox"/> PART TIME		WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES.
	MONDAY	<input type="checkbox"/>	AM PM	AM PM	
	TUESDAY	<input type="checkbox"/>	AM PM	AM PM	
	WEDNESDAY	<input type="checkbox"/>	AM PM	AM PM	
	THURSDAY	<input type="checkbox"/>	AM PM	AM PM	
	FRIDAY	<input type="checkbox"/>	AM PM	AM PM	
	SATURDAY	<input type="checkbox"/>	AM PM	AM PM	
	SUNDAY	<input type="checkbox"/>	AM PM	AM PM	

CACFP REQUIREMENT	CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY			
	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> MORNING SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> AFTERNOON SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK <input type="checkbox"/> NONE			
	CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY			
	NEW YEAR'S DAY (JANUARY)	MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	PRESIDENT'S DAY (FEBRUARY)	EASTER (MARCH/APRIL)
	MEMORIAL DAY (MAY)	INDEPENDENCE DAY (JULY)	LABOR DAY (SEPTEMBER)	COLUMBUS DAY (OCTOBER)
VETERANS DAY (NOVEMBER)	ELECTION DAY (NOVEMBER)	THANKSGIVING (NOVEMBER)	CHRISTMAS DAY (DECEMBER)	
AUTHORIZATION FOR EMERGENCY MEDICAL CARE				
<p>I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.</p> <p>IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE</p> <p style="text-align: center;">_____ DAY CARE PROVIDER OR HOME PROVIDER</p> <p>TO CONTACT THE FOLLOWING:</p>				
PHYSICIAN OR CLINIC				
NAME			TELEPHONE NUMBER	
PREFERRED HOSPITAL				
NAME			TELEPHONE NUMBER	
ACKNOWLEDGEMENTS				
A	I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN.		PARENT/GUARDIAN INITIALS	
B	I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOMES OR THE LICENSING RULES FOR GROUP CHILD CARE HOMES AND CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW.		PARENT/GUARDIAN INITIALS	
C	THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR, AND INDIVIDUAL NEEDS.		PARENT/GUARDIAN INITIALS	
D	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.		PARENT/GUARDIAN INITIALS	
E	I UNDERSTAND THAT, BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE-APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATIONS.		PARENT/GUARDIAN INITIALS	
F	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.		PARENT/GUARDIAN INITIALS	
G	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.		PARENT/GUARDIAN INITIALS	
H	I HAVE BEEN INFORMED AND HAVE RECEIVED A COPY OF THE FACILITY'S SAFE SLEEP POLICY WHEN ENROLLING A CHILD LESS THAN ONE (1) YEAR OF AGE.		PARENT/GUARDIAN INITIALS	
I	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.		PARENT/GUARDIAN INITIALS	
PARENT'S/GUARDIAN'S SIGNATURE ▶			DATE	
CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	

USDA Nondiscrimination Statement

For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

October 14, 2015



2021 AOK SUMMER CAMP ENROLLMENT

RELEASES

MEDICAL RELEASE

I hereby verify that the previously named camper is in normal health and is capable of safe participation in this day camp program. I assume all risks and hazards incidental to the conduct of and transportation to and from this program. I release About Our Kids, Inc. from all claims of liability for my child's participation in the day camp program. I hereby authorize AOK Summer Camp Staff to obtain medical treatment for my child if parent(s) and/or the emergency contacts cannot be reached.

SIGNATURE _____ DATE _____

PERMISSION TO LEAVE FACILITY

_____ CHILD'S NAME _____ has permission to leave the facility for the following activities and locations either by AOK bus or approved AOK staff vehicle from **May 24 to August 13, 2021:**

Please initial below:

- _____ Lamar Aquatic Park (admission/season pass required, provided by parent/guardian)
- _____ Lamar City Lake
- _____ Plaza Theatre (movie pass, if required, and snack money, provided by parent/guardian)
- _____ Lamar Summer School
- _____ Barton County Library, Lamar branch
- _____ Jeremy's Creek
- _____ Field trips outside of Lamar
- _____ Local businesses and industries for education and enrichment

I, _____ YOUR NAME _____, have read and agree to the parent manual/rules/guidelines in the enrollment packet.

SIGNATURE _____ DATE _____

AUTHORIZATION FOR IMMUNIZATION RECORD RELEASE

Please complete your application by reading and providing your written authorization by signing this form.

I, _____ YOUR NAME _____, will provide immunization records for _____ CHILD'S NAME _____ by the first day of camp to About Our Kids, Inc. I recognize that if the records are not provided, my child will not be able to attend.

SIGNATURE _____ DATE _____

AOK HQ

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RELEASES

PARENT/GUARDIAN COMMUNICATION

AOK will use the forms of social media and technology listed below to stay in contact and up to date with parents/guardians during Summer Camp 2021.

Remind is the official channel we use for communication. Please do not block us.

Text messaging rates may apply.

FACEBOOK USERNAME _____

INSTAGRAM USERNAME _____

SNAPCHAT USERNAME _____

EMAIL _____

MOBILE # _____

VOLUNTEEN/CAMPER _____

SIGNATURE _____ DATE _____

COVID-19 SAFETY PROCEDURES

AOK has implemented coronavirus screening protocols to evaluate children and employees daily for symptoms and potential past exposures to COVID-19.

PARENT DROP-OFF

- ▶ **PLEASE BRING YOUR CELL PHONE.**
- ▶ AOK staff will greet children at a sign-in station outside as they arrive. *Please observe 6 foot social distancing if you must wait.*
- ▶ Hand sanitizer will be provided so that children can clean their hands before they enter.
- ▶ Temperature will be taken on each child. Any child with a fever of **100.4°F or above** or other signs of illness will **not** be admitted to the facility.

PARENT PICK-UP

- ▶ **PLEASE BRING YOUR CELL PHONE.**
- ▶ Parent/guardian must **call or text 417.681.0559 with child's name.**
- ▶ AOK staff will meet parent at sign-in station and assist with electronic sign out documentation.

OTHER POLICY/PROCEDURE CHANGES

- ▶ Only staff and campers will be allowed in the buildings or on the playground.
- ▶ Campers will **not** be allowed to bring anything—except medication—from home (toys, electronics, extra clothes, etc.)
- ▶ All toys and surfaces will be disinfected daily by AOK staff.
- ▶ Any child or staff who have signs or symptoms will be separated from others and sent home as soon as possible.
- ▶ If a child or staff member are diagnosed with COVID-19, AOK will close all buildings indefinitely.

I have read and understand these policies.

SIGNATURE _____ DATE _____

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CREDIT/DEBIT CARD AGREEMENT

2021 AOK CREDIT/DEBIT CARD ON FILE AGREEMENT

AOK policy requires all AOK clients to keep a credit or debit card on file for payment purposes. Your credit/debit card information will be secure and can only be charged under the terms you specify below.

By providing us with your credit/debit card information, you authorize AOK to automatically charge your card on a weekly or bi-weekly basis.

Please circle how you prefer to be billed and date to start. Cards will be charged every **Monday** unless otherwise noted.

WEEKLY STARTING _____ **BI-WEEKLY** STARTING _____

If the credit/debit card information we have on file changes for any reason, you must notify AOK as soon as possible. If you have questions about a charge, please notify us within 10 days. After 30 days, all charges will be assumed to be correct.

We will maintain a clear record of all payments and charges. However, in the rare case that an overpayment occurs, your account will be credited on the upcoming invoice or if the balance is zero and you no longer bring your child to AOK, your credit/debit card will be reimbursed. An email or text receipt will be sent to you as well as a paid invoice from AOK showing your payment.

In the event of a declined charge, you will be asked for a new credit/debit card number and/or payment before your child can return to AOK.

I HAVE READ AND UNDERSTAND THE CREDIT/DEBIT CARD ON FILE AGREEMENT AND AUTHORIZE ABOUT OUR KIDS, INC, TO CHARGE MY CREDIT/DEBIT CARD AS STATED ABOVE.

VISA MASTERCARD DISCOVER OTHER _____

CARD NUMBER _____

EXPIRATION _____ SECURITY CODE _____ BILLING ZIP _____

NAME ON CARD _____

CHILD'S NAME _____

EMAIL ADDRESS / PHONE NUMBER (FOR RECEIPTS) _____

Billing Address on card (if different from our records):

CARDHOLDER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE _____ DATE _____

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PARENT INFORMATION & SUMMER CAMP POLICIES

GENERAL INFORMATION

- ▶ Summer Camp opens at **7:30am** (not before). Do not leave a child unattended before 7:30am.
- ▶ Children must be picked up by **5:30pm**. A late fee of **\$5 for every 5 minutes late after 5:30pm** will be charged.
- ▶ All children must attend scheduled activities, but participation is determined by the parent/guardian.
- ▶ Campers **must** have completed kindergarden to attend.
- ▶ Each child must bring their own towel, swimsuit, and any other swimming equipment for the duration of the summer. Items will be stored and laundered at AOK.
- ▶ Names must be marked on all personal items. AOK is **not** responsible for lost, broken or stolen items.

TUITION AND FEES

- ▶ Enrollment fees are **\$75 per week, \$900 for the summer**, regardless of attendance.
- ▶ A twelve week commitment is **required**.
- ▶ A **\$175 non-refundable activity fee** is due at time of registration.
- ▶ Tuition must be paid in full, in advance, weekly. A child may be dismissed from the program if payment is delinquent. AOK **will not** carry a balance and payment for the week will be due Monday morning.
- ▶ The **last** week of camp must be paid in advance. If an account carries a credit that balance may roll over to After School or a check will be mailed—parent/guardian's choice.
- ▶ State subsidies are welcome but not determined by AOK.
- ▶ Make checks out to AOK and put your child's first/last name in the memo.
- ▶ Credit/debit card information will be kept on file and processed on Mondays unless notified in advance.
- ▶ Parent/guardian is responsible for purchasing Lamar Aquatic Park swimming pass or sending \$3 on pool day. If we don't receive the fee, your child will not be swimming that day.
- ▶ Tuition statements are emailed weekly. Paper copies may be requested.
- ▶ End of year tax statements will be sent by January 31, 2022.

SNACKS AND MEALS

Breakfast is served at **8:30am**, lunch at **noon** and snack at **3:45pm**. **All meals are free** and are not calculated into daily fees. Participants may bring a water bottle, lunch or snack of their own.

DRESS CODE

- ▶ Tennis shoes are the best choice for daily activities. Sandals or flip flops are discouraged.
- ▶ Females must wear a one-piece swim suit or a colored t-shirt cover up.
- ▶ Shorts/skirts must reach the bottom of finger tips when hands are held straight down to the side.
- ▶ Tops must cover the belly button and be at least 1" across at the top of shoulder (no strapless, no ties).
- ▶ No clothing featuring profanity, tobacco, alcohol or drugs may be worn.

The goal of AOK is to strengthen the family unit; assist children to develop to their fullest potential; to deliver a positive program in a safe, supportive, educational, caring environment; and to assist children to accept and demonstrate the values of caring, honesty, responsibility and respect.

Please report any of your child's known allergies on the Parent Health Statement (required to be completed in person).

The Director will determine appropriate dress. Participants may be required to change clothing and/or leave.

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PARENT INFORMATION & SUMMER CAMP POLICIES

DISCIPLINE

Appropriate positive language and behavior are expected at AOK programs. AOK discipline includes time-out, positive reinforcement and withholding fun activities. Written behavior and accident report forms are available up on request. AOK reserves the right to dismiss any child from any AOK program at any time.

AOK reserves the right to contact school personnel and/or appropriate professionals when there is a negative behavior pattern or serious incident/offense.

RELEASE OF PARTICIPANTS

All children must be signed in and signed out by a parent/guardian each day using the electronic system, including off site activities/locations. Only persons designated by parent/guardian on the enrollment form will be allowed to pick up a child at a scheduled activity. The group leader may ask for identification if they don't know the person or if the child acts suspiciously. If there a legal document or custody order in place for your child, AOK must have a copy on file. Otherwise, parents/guardians have the right to pick up their child.

IN ACCORDANCE WITH STATE LAW, PARENTS/GUARDIANS OF PARTICIPANTS ARE WELCOME TO VISIT, ANNOUNCED OR UNANNOUNCED, EXCEPT WHEN A COURT ORDER OR DECREE THAT SPECIFIES DIFFERENTLY. (COPY MUST BE ON FILE WITH AOK)

TRANSPORTATION

Participants enrolled in AOK programs may be transported by bus or approved staff vehicle to and from Summer School and AOK activities only. Campers and VolunTeens may ride bicycles to any AOK activities as long as they are accompanied by AOK staff. AOK will only provide transportation to and from AOK-sponsored events.

If items are forgotten for swimming or other activities, AOK staff will not be responsible for taking the child to retrieve forgotten items. The child will participate in alternative activities that day, unless parent/guardian brings items to the center. (This includes VolunTeens)

MEDICATIONS

A child may not receive medication of any type from AOK staff unless required by a doctor to be given on a scheduled basis. Parents/guardians must fill out a medical authorization form with child's name, reason for medication, dosage and frequency. Medication must be provided in original container with pharmacy/doctor instructions and label. Unused medication must be taken home at the end of the prescription period.

IN ACCORDANCE WITH FEDERAL LAW AND US DEPT OF AGRICULTURE POLICY, ALL AOK PROGRAMS ARE PROHIBITED FROM DISCRIMINATION ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE OR DISABILITY. TO FILE A DISCRIMINATION COMPLAINT WRITE DIRECTOR OF CIVIL RIGHTS, ROOM 326-W WHITTEN BDG, 1400 INDEPENDENCE AVENUE SW, WASHINGTON DC, 20250-9610.

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ILLNESS

Please inform the Director if your child develops a contagious disease. Children having a fever of 100.4 degrees or more or suspected of being ill will be separated from the other children and the parent/guardian or emergency contact will be contacted immediately.

LEAVING THE PREMISES

If a child or VolunTeen leaves the premises for any reason without prior approval from staff or parents/guardians, the child will not be allowed to return to camp on that day.

RELEASE OF INFORMATION

AOK is allowed to share programming information with Lamar School District and the Lamar School District is allowed to share programming information with AOK.

ADDITIONAL GUIDELINES MAY BE WRITTEN, POSTED AND ENFORCED AT AOK ENTRY POINTS AT ANY TIME.

PLEASE SIGN AND RETURN BOTTOM PORTION OF THIS PAGE.

Each child **must** have a copy of this page signed by a parent/guardian on file.

2021 AOK SUMMER CAMP POLICY AGREEMENT

I, YOUR NAME, have read and understand the rules and guidelines for 2021 AOK Summer Camp.

If I have any questions, I may contact Jerod Morey, AOK Executive Director at **417.682.6002** or **jerod@aokyouth.org**.

CHILD'S NAME _____

SIGNATURE _____ DATE _____

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