

SUMMER CAMP REGISTRATION FORM 2019

CHILD_

_____D.O.B.___/___ PHONE_

Weekly Tuition: \$176.40 per week or \$40.53 per day (when available)

Camp Week	Tuition Due
(please circle)	
Space Cadets	\$
6/17-6/21	
M T W Th F	
Fun with food	\$
6/24-6/28	
M T W Th F	
Wet & Wild	\$
7/01-7/05	Ψ
M T W Th F	
(Closed 07/04)	
Pirates	\$
07/08-07/12	Ψ
07/08-07/12 M T W Th F	
MIWINF	
Mad Scientist	\$
07/15-07/19	Ψ
M T W Th F	
Theatre	\$
07/22-07/26	
M T W Th F	
Under the big top	\$
07/29-08/02	
M T W Th F	
Bug's life	\$
8/07-08/11	Ŧ
M T W Th F	
Fairy Tales	\$
08/12-08/16	
M T W Th F	
8/19-08/23	NO CAMP
TOTAL DUE:	
IOTAL DUE.	

I understand that I am contracting summer camp care and agree to abide by the following terms and conditions: Bi-weekly payments of the contracted fee indicated below are due, on alternative Mondays that are listed below. The fee is due regardless of holidays, snow days or absences. If your tuition is late, but paid during the second week after the Pay Monday, the late fee will be \$10.00. If payment during the second week after the Pay Monday, the late fee will be \$20.00. If the bank returns a check, the parent is charged both the late fee and a \$10.00 returned check fee. If payment for contracted care is not received for two consecutive "Pay Mondays" and no arrangement for payment has been made with the Director, the child's contract will be cancelled and s/he will not be permitted to attend the program as of the second Pay Monday. Before the child may attend the program again, past due tuition must be paid in full and a new schedule arrangement must be made. Childcare financial assistance: \$ Total Tuition due for camp: \$_____ "Pay Mondays" for Summer Camp 2019 06/17/2019 07/01/2019 07/15/2019 07/29/2019 08/12/2019 By signing you are confirming you have read, understand and agree to follow the policies while your child/children attend/s the Center. The Center may amend the policies and procedures annually. The Champlain Islands Parent Child Center- South reserves the right to cancel this contract if our policies are not upheld. Parent/Guardian signature Date

Director signature

Date





SUMMER CAMP REGISTRATION FORM 2019 RELEASE and EMERGENCY FORM

CHILD'S FULL NAME:	DOB: HOME PHONE:			
HOME ADDRESS:	_			
CHILD'S DENTIST & PHONE NUMBER:				
CHILD'S PHYSICIAN & PHONE NUMBER:				
ALLERGIES:	_ MEDICATIONS:			
BRINGING AND PICKING UP CHILDREN I hereby allow my child to be brought and/or picked up by the following persons other than his or her parents. These are exclusively the only people guaranteed access to my children unless otherwise stated:				
Staff may withhold a child from a parent only if there is a co and if a copy of that court order is on file at the Center. PARENT/GUARDIAN'S FULL NAME:	urt order prohibiting release to that particular parent,			
(H) (C):	Email:			
PARENT/GUARDIAN'S FULL NAME:				
(H)(C): EMPLOYER:	Email:(W)			
PARENT/GUARDIAN with LEGAL CUSTODY				
EMERGENCY CONTACTS				
*CONTACTS MUST BE OTHER THAN PARENTS (W	e always try to contact parents first)			
PRIMARY EMERGENCY CONTACT FULL NAME:				
(H) (C): Relationship to child:	(W)			
SECONDARY EMERGENCYCONTACT FULL NAME:				
FULL NAME:	(W) om above)			
FULL NAME:	(W) om above)			





SUMMER CAMP REGISTRATION FORM 2019 PERMISSION FORM

CHILD'S NAME

Emergency

I hereby give permission for CIPCC-South to call South Hero Rescue Squad in the event of an emergency. Rescue personnel will transport my child to University of Vermont Medical Center in Burlington. If necessary the Champlain Islands Parent Child Center-South is authorized to seek treatment in my absence. I understand that all possible attempts to contact me will be made in an emergency.

Evacuation

I hereby give permission for CIPCC-South staff to transport my child to the designated emergency shelter in the event of an entire area evacuation. Children will be escorted to Folsom Educational Center in the case of a prolonged Center evacuation.

PARENT/GUARDIAN SIGNATURE

DATE

Topical non-prescription medications (please circle one)

I DO / DO NOT give permission for CIPCC-South staff to apply topical non-prescription medications such as Neosporin.

Spontaneous Walks (please circle one)

I DO / DO NOT give permission for my child to go on spontaneous walks in the community with CIPCC-South Staff. I understand that all safety precautions will be followed and I will be informed of such walks at the end of the day.

Photographs (please circle one)

I DO / DO NOT agree for my child's image to be published in Center materials such as program brochures, web pages, etc. to publicize the Center and our services. We also take photographs during our programs for curriculum documentation purposes that would not be published.

Water Activities (please circle one)

I DO / DO NOT give permission for my child to participate in water activities including sprinklers and water games.

Sunscreen

All children at CIPCC-South need to wear sunscreen while playing outdoors. We ask that each family supply a bottle of sunscreen.

I give the CIPCC-South staff permission to apply sunscreen to my child

PARENT/GUARDIAN SIGNATURE

DATE





SUMMER CAMP REGISTRATION FORM 2019

Child's Information					
First Name	MI	Last Name	Date of Birth		
Nickname / Preferred Name	(Gender:	_ .		
	-		Female		
Health Insurance Primary Health Insurance:	-	Health Inform			
Medicaid / Dr. Dynasaur Private None Other (please specify):		I would like to learn more about the following health topics: First Aid What to do when my child is sick Taking care of my child's teeth Other (please specify):			
I would like more information about health insurance:		I learn best by: Reading Going to a class and listening Doing hands-on activities Other (please specify):			
Medical Home		Dental Home			
Child's doctor:		Child's dentist:			
Date of child's last physical:		Date of child's last dental visit:			
Health Conditions		Medications			
Please list child's health conditions and symptoms:		Please list child's current medica Medications	tions: Needed on site? Yes No Yes No		
	-		Yes 🗌 No		
Special Needs					
Check any of the following which apply to your child: Autism Developmental Delay Emotional/Behavioral Disability Hearing Impairment / Deafness Impairment of Motor Function Visual Impairment / Blindness Other Health Impairment (please specify):	 	My child has/has had (please cho IEP Date: Completed at/by: IFSP Date: Completed at/by: Comprehensive Evaluation Date: Completed at/by:	······		
Please specify any concerns you ma	Please specify any concerns you may have about your child's behavior or development:				

