



Summer Camp 2018

Child's Name: _____

Age: _____ Grade Completed: _____

Please indicate which sessions you are attending and turn into the office.

Last week Deposit AND \$75 Registration Fee are required when registering.
(\$25 Registration Fee for additional siblings)

<input type="checkbox"/> Session I: \$495 (JUN 11- JUN 29) OR by the week	<input type="checkbox"/> Session II: \$495 (JUL 2- JUL 20) OR by the week	<input type="checkbox"/> Session III: \$495 (JUL 23- AUG 9) OR by the week
<input type="checkbox"/> Week 1 (June 11-15) <input type="checkbox"/> Week 2 (June 18-22) <input type="checkbox"/> Week 3 (June 25-29) (\$175/week)	<input type="checkbox"/> Week 4 (July 2-6) <small>Closed 7/4</small> <input type="checkbox"/> Week 5 (July 9-13) <input type="checkbox"/> Week 6 (July 16-20) (\$175/week)	<input type="checkbox"/> Week 7 (July 23-27) <input type="checkbox"/> Week 8 (July 30-8/3) <input type="checkbox"/> Week 9 (Aug 6-9) <small>Teacher work day 8/10</small> (\$175/week)

SUBTOTAL:	SUBTOTAL:	SUBTOTAL:
\$ _____	\$ _____	\$ _____

\$ _____ **TOTAL TUITION** (from Subtotals)

Last week Deposit \$ _____ + \$75 Registration Fee =

\$ _____ **TOTAL DUE** when Registering

The Balance Due for each session is due the 1st day of each session or the Monday of each week in advance.

Your account will be charged for ALL weeks registered for regardless of attendance.

ALL Fees are non-refundable

Signature of Parent(s) or Guardian(s)

Date

Welcome to Camp Explorer®

We are thrilled that you and your child have chosen to spend the summer with us! In order to offer a summer full of fun and excitement, we are sending this packet with all of the information you will need. Our hope is to answer any questions that you may have by providing this packet early. Please review it carefully with your camper and return your completed forms. If you have any questions please feel free to contact the Camp Explorer® office.

Daily trips will be from 8:30 AM – 4:30 PM (approx.) unless otherwise noted. A weekly schedule will be available every Friday that will indicate arrival and departure times, along with any changes to our camp schedule. It is the parent's responsibility to check the schedule daily as our buses will not wait for late arrivals. If the camper misses the bus he/she will not be permitted to remain at the preschool.

Every camper must wear a Camp Explorer® T-shirt to attend our field trips. In the event that a student arrives without one, Camp Explorer® will provide a new shirt and will bill your account.

Required Daily for Each Camper

All personal items to be marked with the camper's name!

*2 Camp Explorer® T-shirts

*Hat

*1 Gym Bag- large enough to hold all belongings
(Including lunches from home)

* Filled Water Bottle

Waterproof Sunscreen SPF 30 or above

(Sunscreen must be applied before arriving to camp every day, we will reapply at lunch)

*Nutritious, well-balanced Packed Lunch with drink

Full change of clothing stored in a sealed zip lock bag in camper's backpack

We have many activities planned and strongly recommended that campers do not bring any money. All activities that would require things like arcade tokens, etc. are included in the tuition. The probability of lost or broken items is very high. Personal items (shirts, towels, game boys, iPods, cameras, etc.) are brought to the school at your own risk.

Suggested Items

Extra Water Bottle

Spare Bathing Suit and Towel

Water Shoes or Flip Flops

Hours of Operation

Creative Child Learning Center/Camp Explorer® is open Monday thru Friday, 7:00 AM - 6:00 PM

We will be closed Wednesday, July 4th prior for the holiday.

Teacher Work Day – August 10 (No Camp)

Mother's Name: _____ Mother's Cell Phone #: _____

Mother's Occupation: _____ Mother's Work Phone #: _____

Mother's Driver License Number _____

Father's Name: _____ Father's Cell Phone #: _____

Father's Occupation: _____ Father's Work Phone #: _____

Father's Driver License Number _____

Mother's E-mail Address _____

Father's E-mail Address _____

Insurance Company

Contract/Policy Number

Persons Permitted To Remove Child From Preschool Facility:

			Legal Custody
Mother	Yes []	No []	Yes [] No []
Father	Yes []	No []	Yes [] No []
Guardian	Yes []	No []	Yes [] No []

Other persons authorized by the parent(s) or guardian(s) to pick up the child from the center without prior notification. If the parents/guardians cannot be reached, the following persons may be contacted in case of illness, injury, or emergency. It is the parent's responsibility to keep this list current.

Name Phone Relationship

Name Phone Relationship

Name Phone Relationship

Every parent and authorized person to pick up the child is screened by **Raptor™ Technologies**, a registered sex offender database in all 50 states.

Guidance Policy Agreement

At Camp Explorer® we believe that self-discipline and character develop as a result of loving guidance and mutual respect. However, at times it becomes necessary to provide effective guidance to a camper in order to discourage behavior which is deemed destructive or unacceptable. We adhere to the regulations outlined in the State of Florida Child Care Licensing and Enforcement Standards Booklet, which states:

- Discipline is not to be severe, humiliating or frightening.
- Discipline shall not be associated with food or toileting.
- Spanking or any form of physical punishment is prohibited.

Our guidance policy includes teaching appropriate communication between campers, redirecting a camper from aggressive activities, or reassigning a camper to another group temporarily. If further guidance actions are necessary a parent or guardian will be notified.

The implementation of our guidance policy is to ensure a cooperative, fair, safe, and secure environment for our campers. Please review and discuss this agreement with your child.

Listed below are examples of destructive or unacceptable behavior:

- Intentional destructive damage of school and/or field trip location equipment or property.
- Inappropriate behavior on camp bus, to include but not limited to, excessive unsafe movement, failure to respond to camp counselors directions, or argument against wearing safety belt.
- Intentional physical abuse of fellow camper or camp counselor.
- Verbal abuse or inappropriate language to fellow camper or camp counselor.
- Intentional disregard for camp safety rules, to include but not limited to, respecting fellow campers and their property, respecting camp counselors, or staying with assigned group.

Unacceptable behavior will result in the following action being taken:

- **First Incident** – teacher conference with camper.
- **Second Incident** – administrative conference with camper and parent phone call.
- **Third Incident** – administrative conference with camper and parent.
- **Fourth Incident** – suspension/expulsion from camp dependent on severity of incident.

All Prepaid Tuitions and Deposits are non-refundable if suspension or expulsion occur.

Signature of Parent(s) or Guardian(s)

Date

2018 – Camp Explorer® Acknowledgements

I understand that campers will only view movies that have a rating of “G” or “PG.” We will make every effort to screen movies prior to viewing by campers. By my initials I give permission for my child to view these movies.

_____ (INITIAL)

I understand that I must put sunscreen on my child every day before coming to camp. The campers will be reminded to reapply sunscreen at lunch time. _____ (INITIAL)

I understand that I **must** provide a lunch each day. I may pack a lunch and drink in an insulated lunch box with an ice pack. _____ (INITIAL)

I understand that my child must arrive by the assigned departure time posted each day. Campers may not remain at the preschool during field trips. _____ (INITIAL)

I understand that Gameboys, Nintendo DS, PSP’s, iPods, Headphones, etc. should be kept home and not brought to camp. Campers will have enough activities to keep them busy. _____ (INITIAL)

I understand that all belongings should be labeled to help prevent being lost. I also understand that it is the camper’s responsibility to keep track of his or her belongings. In the event that any items are lost, Camp Explorer® **will not** be held responsible. _____ (INITIAL)

I acknowledge receipt of these policies and understand my responsibilities as the guardian of:

Print Camper’s Name

Signature of Parent(s) or Guardian(s)

Date

Health & Safety

Every child registered at Creative Child Learning Center® is required to have a copy of his/her State of Florida DCF Student Health Examination Form and Immunization Record, due the first day of enrollment, on file. It is the parents' responsibility to keep it updated.

Please keep your child home if:

- Running a fever - 100°F or above
- Has diarrhea/vomiting.
- Generally not feeling like him/herself
- Has any discharge from the nose, eyes or ears.
- Has symptoms of possible communicable disease

Parents are required to inform the school of all illnesses or injuries the child may have sustained prior to arriving at the center. If your child has a communicable disease, please notify us at once. A doctor's note clearing the child from being contagious is required in order to accept him/her back to school. While at school, if the child becomes ill with one of the following:

- fever 100°F or above
- rash
- suspected pink eye
- discharge from the nose, eyes, or ears — or any other sign or symptom of illness
- 2 diarrheas within the day
- vomiting
- lice or nits

he/she will be isolated and the parents contacted to make arrangements to pick up the child immediately (within 1 hour).

Children MUST be symptom free for 36 hrs. before returning to school.
A Doctor's Note WILL NOT override this policy.

Medications may be administered at the school for the length of time indicated by the physician. Bottles must be labeled with the child's name and dosage and are to be kept in a locked cabinet in the office. Medications are not to be sent in the child's lunch box or backpack. The medication permission form (#5) must be fully completed and signed in the office prior to the medication being dispensed. There will be NO exceptions. Our medication policy is as follows:

- Medications will be given one time during the day
- Prescription medicines must be in original containers with child's name and dosage on the label
- Non-prescription medicines must be accompanied by a doctor's note along with the correct dosage

Safety Procedures

1. If an accident/incident occurs at the school, a #4 form is filled out by the staff member who witnessed the accident/incident providing details. The #4 form is then signed by the staff member, a director, and the parent and kept on file at the school. A copy will also be given to the parent .
2. We follow the Broward County School District for closures due to inclement weather or other emergencies. Our emergency management plans are on file and in each classroom.
3. Our staff has been trained by SecureEd, former Secret Service agents, on an emergency and critical incident response plan customized for our school.

Signature of Parent(s) or Guardian(s)

Date

2018 AUTHORIZATION FOR MEDICATION

No medication shall be given by any child care personnel without the signed permission of parent or guardian. Please complete this form.

Name of child: _____ Date: _____

Name of medication or prescription #: Sunscreen (if specific type is needed, please specify)

Amount of medication to be given: _____ - _____

Time medication to be given: Applied daily after lunch

Signature of Parent(s) or Guardian(s)

Date

Alternative Nutrition Plan

Agreement

State of Florida / Governing Policies

Florida State Legislature - Chapter 74-113
Broward County Ordinance 78-36

If lunch and snacks are furnished by the child's parents, there shall be a written agreement signed by the parents and kept on file at the facility. The agreement shall define the responsibility of the parent and the operator for meeting the child's nutritional needs. Lunches shall include the protein, grain, fruit, and dairy groups.

Agreement

Date: _____

Dear Parent:

In accordance with the Broward County Child Care Ordinance\Family Child Care Ordinance, parents and the child care facility/home are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility/home. Please read the following carefully, sign, and return as soon as possible to Creative Child Learning Center®.

The facility agrees to provide a nutritious: (Director checks whose which apply)

- Breakfast
- Mid-Morning Snack
- Lunch
- Mid-Afternoon Snack
- Evening Snack
- No meals or snacks

The Parent agrees to provide a nutritious: (Parent checks whose which apply)

- Breakfast
- Mid-Morning Snack
- Lunch
- Mid-Afternoon Snack
- Evening Snack
- No meals or snacks

Meals provided by parents shall consist of the following:

- | | | |
|----|--------------------------|----------------------|
| A. | Meat/Poultry/Fish | 2 ounces |
| | or cheese | 2 ounces |
| | or eggs | 1 egg |
| | or peanut butter | 4 tablespoons |
| | or dried beans or peas | 1/2 cup |
| B. | Fruits (2 or more) | 1/2 cup |
| | or vegetables | 1/2 cup |
| | or fruits and vegetables | 3/4 cup total amount |
| C. | Bread | 1 slice |
| D. | Butter | 1 teaspoon |
| E. | Milk | 1 cup – 8 oz. |
- If the parent does not provide milk for lunch (either from home or through catering company,) milk will be provided by CCLC with parental consent.

Note: Milk is Not supplied by Camp Explorer for After School and Summer Camp

Signature of Parent(s) or Guardian(s)

Date

Permission for Food-related Activities and Special Occasion Food Consumption

Pursuant to 65C-22.005 (1)©2., E.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking, projects, gardening, school wide celebrations, and birthdays.

I _____ give _____ (or) decline _____ permission for my

Signature of Parent(s) or Guardian(s)

child _____ to participate in food related activities and special occasions wherein

Child's Name

food is consumed.

Please check all that apply:

_____ My child **DOES NOT** have a food allergy or dietary restriction. He or she **may** participate in activities.

_____ My child **DOES NOT** have a food allergy or dietary restriction. He or she **may not** participate in activities.

_____ My child **DOES** have a food allergy or dietary restriction. He or she **may** participate in activities, but may not eat or handle the following items (please list below):

_____ My child **DOES** have a food allergy or dietary restriction. He or she **may not** participate in activities.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

Signature of Parent(s) or Guardian(s)

Date

Physical Activity Participation Statement

7-5.02(g)(5)(e) There shall be a written policy on physical activity participation signed by each child's parent and maintained on file at the facility, which describes the types and duration of physical activities (indoor and outdoor) provided, and recommended footwear and appropriate clothing.

At Creative Child Learning Center, children are exposed to many different types of physical activities. We feel it is important for our children to stay healthy and be active. Therefore, we offer playground twice a day, music and movement, various physical activities in the classroom, splash days (during summer) and rainy day activities. Children are required to wear closed toed shoes while at school.

_____ Please allow my child to participate in all activities.

_____ My child may NOT participate in _____
_____.

I understand that it is my responsibility to update the form in the event my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

Signature of Parent(s) or Guardian(s)

Date

Dear Parent,

In order to comply with the Broward Child Care Code, Ordinance No. 89-21 Sec. 7-6.04, please provide us the following information. Creative Child Learning Center®/Camp Explorer® shall have written instructions from the parents for the center to follow in arranging for immediate treatment for your child in an emergency situation.

Below you will find the necessary form that will need to be filled out for our records. If you have any questions concerning this matter please feel free to contact us. Thank you in advance for your cooperation.

Sincerely,

Endeavor Schools, *Owners*
Creative Child Learning Center®, Inc.

-
1. By my signature below, I give Creative Child Learning Center® authorization to seek emergency medical treatment, call 911, and/or transport my child to the hospital. _____
 2. By my signature below, I give any health facility or physician permission to provide medical treatment for my child as necessary in an emergency situation which may arise at Creative Child Learning Center®. _____
 3. By my signature below, I will take full responsibility for payment of all medical services which might be rendered due to any emergency situation that may arise at Creative Child Learning Center, Inc®. _____

Signature of Parent(s) or Guardian(s)

Date

Summer Camp Tuition Agreement

Please read and initial in the space provided Creative Child Learning Center's® tuition agreement. It is intended to fully inform you as to our standard operating procedures in regard to registration, weekly payments, late charges, vacation credits, and summer policies.

Summer Camp is from June 11-August 9 _____ (INITIAL)
(Following the Broward County school district's end date and prior to the fall start date)

- A \$75.00 registration fee and 1 week deposit will be due at the time of registration. The non-refundable tuition deposit and registration fee includes processing of application, field trip deposits, insurance, and supplies. As a result, no refunds will be given. _____ (INITIAL)
- Tuition payments will be drafted on the first Monday of each current session. If attending weekly it will be drafted on Monday each week. _____ (INITIAL)
- In the event of a declined payment, a \$35.00 fee will be charged. _____ (INITIAL)
- In the event your account has a balance on Friday, your child's space and deposit will be forfeited until the balance is paid in full. _____ (INITIAL)
- The hours of operation are 7:00 AM - 6:00 PM. If you are late, a staff member will be required to stay late and care for your child. A fee of \$2.00 per minute past 6:00 will be charged. This fee will also apply for dismissal times for our part-time programs. If the school is not contacted by 7:00 PM, we are required by law to contact local police and Child Licensing and Enforcement. _____ (INITIAL)

My signature and initials certify that I have read, understand, and agree to comply with the policies outlined in the Creative Child tuition agreement.

Signature of Parent(s) or Guardian(s)

Date

Camp Explorer®

2018 Field Trip Authorization Form

Student Name: _____ Telephone: _____

I authorize my child to be transported by school van or bus with Creative Child Learning Center® for Camp Explorer® field trips.

Emergency Contact Information

In case of an emergency, I may be reached at:

_____ Telephone: _____

In the event that I cannot be reached, please contact:

Name of Person or
Establishment: _____ Telephone: _____

Health or Accident Insurance

My child is covered by twenty-four (24) hour family insurance:

_____ Insurance Company

_____ Policy Number

Or, I have attached a photocopy of my family insurance identification card.

_____ I DO NOT have insurance, however, I will pay all medical bills for the emergency care of my child.

Signature of Parent(s) or Guardian(s)

Date

Creative Child Learning Center Davie License # 46761
Creative Child Learning Center Weston License # 46760
Creative Child Learning Center Coral Springs License # 46762

Parent Handbook,
Know Your Child's Day Care Brochure,
and Influenza Virus Brochure Statement

On, ____ / ____ / ____

I,

(Name of Parent or Legal Guardian)

received a copy of the **Parent Handbook**,
"Know Your Child's Day Care Center" (Chapter 402.3125, F.S.),
and the **"Influenza Virus 'The Flu' A Guide For Parents."**

(Signature of Parent or Legal Guardian)

(Name of Child)

This information is for the child care file.

Acknowledgements

I acknowledge that I have read and understand the following from the Parent Handbook:

1. Drop Off / Pick Up Policy (page 7 of the Parent Handbook) _____ (INITIAL)
2. Alt. Nutrition Plan (page 12 of the Parent Handbook) _____ (INITIAL)
3. Television Practices (page 8 of the Parent Handbook) _____ (INITIAL)
4. School Wide Safety Rules (page 8 of the Parent Handbook) _____ (INITIAL)
5. Birthday Party Guidelines (page 10 of the Parent Handbook) _____ (INITIAL)
4. Acknowledgement of Look & See Webcam (page 10 of the Parent Handbook) _____ (INITIAL)
6. Photography / Video Release (page 9 of the Parent Handbook)
My child may be photographed/videoed in the normal course of classroom activities/events.
I do_____/do not_____ want my child's photograph/video image used in company promotional materials, website, and social media. _____ (INITIAL)
7. Alternative Nutrition Plan (page 12 of the Parent Handbook)
NOTE: Milk is NOT supplied by Camp Explorer® for After School and Summer Camp children.
_____ (INITIAL)
8. Release of Child From Preschool Facility (page 14 of the Parent Handbook) _____ (INITIAL)
9. Assessments (page 7 of the Parent Handbook) CCLC conducts formal and informal assessments throughout the year. _____ (INITIAL)

I hereby certify that I have read and agree to comply with all of the above from the Creative Child Learning Center's® Parent Handbook as well as all school regulations as specified in Creative Child Learning Center's® Camp Explorer® Registration Packet.

Signature of Parent(s) or Guardian(s)

Date