

Room to Bloom Preschool & Learning Center
at the Stillwater Area Community Center
2024 Junior Camp Registration Packet

TO REGISTER

- ✓ Complete a Junior Camp Registration Packet- **one per child.**
- ✓ Attach an annual **\$30.00 non-refundable registration fee per child and payment.**
- ✓ Sign and return "Parent's Statement of Understanding and Agreement" with completed registration.
- ✓ **Refer to the Handbook for all policies and procedures (this can be found on our website).**

REGISTRATION INFORMATION

(Must be completed by Parent/Guardian & returned with payment)

Jr. Camp Hours:

9:00am-2:00pm, Monday - Friday

T-Shirt Size: child S M L
(circle)

1 T-Shirt is included in registration fee, additional T-Shirts are \$10.00.

CHECK DAYS AND WEEKS THAT APPLY

If date is NOT marked, we can NOT provide care for that day.
Dates can NOT be switched unless enrollment allows.

| | MON | TUES | WED | THUR | FRI |
|--|-----|------|-----|---------------|-----|
| <u>Week #1</u> July 1- July 5 | | | | CLOSED | |
| <u>Week #2</u> July 8- July 12 | | | | | |
| <u>Week #3</u> July 15- July 19 | | | | | |
| <u>Week #4</u> July 22- July 26 | | | | | |
| <u>Week #5</u> July 29- August 2 | | | | | |
| <u>Week #6</u> August 5- August 9 | | | | | |
| <u>Week #7</u> August 12- August 16 | | | | | |
| <u>Week #8</u> August 19- August 23 | | | | | |

FEES

Annual Registration per child- \$30.00
(This includes 1 T-Shirt)

- 1 Day- \$30.00**
- 2 Days- \$60.00**
- 3 Days- \$90.00**
- 4 Days- \$120.00**
- 5 Days- \$135.00**

20% Second Child Discount applies to all fees.
EXCEPT registration.

Time of Arrival: _____

Time of Departure: _____

PAYMENT INFORMATION:

Weekly payments **MUST** be made in advance by the Friday prior to each upcoming week. If payment is not made your child's spot will be released to a child on the wait-list. **YOU WILL BE RESPONSIBLE FOR PAYMENT ON THE DAYS YOU HAVE SELECTED WHETHER YOUR CHILD IS IN ATTENDANCE OR NOT.**

Sign To Acknowledging Payment Policy: _____

Please make sure to send your child with a packed, ready to eat lunch and a morning snack. (Please make sure that the lunch includes nothing that would need to be heated/cooked).

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Payment Information Continued:

Payments can be made in the form of CASH, CHECK, OR CHARGE.

Auto-Withdrawal options are also available. Please See Main Office for Auto-Withdrawal Forms

Make checks payable to the: **Stillwater Area Community Center or SACC**

When paying with a credit card, a 3.5% interest rate will be applied.

ENROLLMENT INFORMATION

CHILD INFORMATION:

Child's Name: _____ Male Female
Age: _____ Date of Birth: _____ / _____ / _____ Grade: _____
Home Address: _____
City: _____ Zip Code: _____ Home Phone: _____
Siblings Names: _____ Ages: _____ Enrolled in program: Y/N
School District Enrolled In: _____

PARENT/GUARDIAN INFORMATION:

(1)Parent/Guardian: _____
Address: _____
City: _____ Zip Code: _____ Home Phone: _____
Employer: _____ Work Phone: _____
Cell Phone: _____ E-mail: _____

(2)Parent/Guardian: _____
Address: _____
City: _____ Zip Code: _____ Home Phone: _____
Employer: _____ Work Phone: _____
Cell Phone: _____ E-mail: _____

PARENT'S MARITAL STATUS: Married Separated Divorced Single Widowed
If separated or divorced who has legal custody? _____
Is the child's time divided between parents because of divorce or separation? Yes No
If so, how is it divided? _____

***Court Orders are needed if a parent/guardian is denied access to the child/ren.**

MEDICAL

Additional forms must be completed for administration of medication

1. Known Allergies: _____
2. In case of an allergic reaction what action should be taken? _____
3. Chronic or recurrent illness or disorders: _____
4. Name of medications and dosage child is presently taking: _____
5. Will medication need to be given during program hours? If yes, when: _____
6. What should be done if your child has a problem related to the medical condition during program hours? _____
7. Date of last tetanus shot: _____/_____/_____
8. Does your child have any disabilities? Hearing Speech Vision Seizures Other
- Describe other: _____
9. Physical handicaps: _____
10. Services received through school: _____

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EMERGENCY

In an emergency, person to contact first: ___Father ___Mother ___Guardian

In the event that I cannot be reached to make arrangements for emergency medical attention, I/We being the parent(s)/legal guardian(s) of the above named minor do hereby appoint Room to Bloom Preschool and Learning Center staff to act on my behalf in authorizing emergency medical, dental, or surgical care and hospitalization in my/our absence for above named minor.

Parent/Guardian Signature #1 _____ Date: ___/___/___

Parent/Guardian Signature #2 _____ Date: ___/___/___

Child's Physician: _____ Phone #: _____

Family Dentist: _____ Phone#: _____

Specialist Requested: _____ Phone #: _____

(for pre-existing medical problem)

Name of Insurance Company: _____ Policy #: _____

Local Emergency Contacts (If Parents cannot be reached)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

CONSENT TO RELEASE INFORMATION

I give permission for my child to be released from the Room to Bloom Preschool and Learning Center Junior Camp to the following people. I further understand that the people listed below must show identification for a child to be released. It is required that parents notify staff in advance if someone other than themselves is picking up their child.

1. Name: _____ Relationship to child: _____

Home #: _____ Work#: _____ Cell#: _____

Address: _____

2. Name: _____ Relationship to child: _____

Home #: _____ Work#: _____ Cell#: _____

Address: _____

3. Name: _____ Relationship to child: _____

Home #: _____ Work#: _____ Cell#: _____

Address: _____

4. Name: _____ Relationship to child: _____

Home #: _____ Work#: _____ Cell#: _____

Address: _____

5. Name: _____ Relationship to child: _____

Home #: _____ Work#: _____ Cell#: _____

Address: _____

6. Name: _____ Relationship to child: _____

Home #: _____ Work#: _____ Cell#: _____

Address: _____

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PARENT'S STATEMENT OF UNDERSTANDING AND AGREEMENT

- I understand that I am enrolling my child for the current Junior Camp Summer Program. I will submit the completed registration packet with all required forms and the registration fee. I will ensure this information is kept accurate as outlined in the Handbook.
- I agree to adhere to all policies, procedures, and guidelines printed in Room to Bloom Preschool & Learning Center Preschool Handbook and give my child permission to participate fully in the program. I have attached the annual \$30.00 non-refundable registration fee.
- I understand that the program is open according to the official center calendar of the Stillwater Area Community Center, and is open during vacation, inclement weather days, for the summer program, and closed for certain Holidays/Staff Development Days as stated in the Handbook.
- If a medical emergency arises the program staff will first attempt to contact me. If I cannot be reached, the staff will contact the emergency numbers indicated on the registration packet. If the emergency is such that immediate hospital attention is necessary, 911 will be notified and an ambulance or other emergency vehicle may take my child to the hospital.
- I must pay all fees on time. I am responsible for payment of weekly fees that may be reserved for the entire week/camp by the Friday before the week of camp and no later than Monday of the week of camp. If fees are not submitted on time, camp/care will not be available for the following week.
- If my payments are past due I will be subject to a 10% late fee as stated in the Handbook.
- If my childcare payments are past due my child may be discharged from the program.
- I must give the Room to Bloom Preschool and Learning Center a 2-week written notice prior to the time I may choose to withdraw my child from the program.
- Children must be picked up by 2pm, the close of program. There is a late fee of \$5.00 per child for the first 5-15 minutes the parent/guardian is late in picking up. Each additional minute is \$1.00/minute per child.
- Children are entitled to a pleasant and harmonious environment at the program. Children cannot be served who display chronic disruptive behavior.
- Room to Bloom is not responsible for items brought to the Junior Camp. Please clearly label all of your child's items.
 - Please see the main office for any medication questions, only emergency medication can be given with proper paperwork filled out by the child's doctor, parent and childcare director. All medication must be in the original, labeled container and submitted to the program director only.
 - In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child.
- I have provided information on my child's special needs (allergies, diet, disabilities, and/or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of emergency.
- I am responsible for any Health/Accident costs.
- I must notify Room to Bloom staff if my child is going to be absent from the program. There will be no refunds.
- Please do not send a child to the program if they are ill and unable to participate according to the Exclusion Criteria (please see handbook).
- I understand that the Room to Bloom staff and volunteers cannot transport my child any time at the program.
- The Room to Bloom staff will assume full responsibility for my child from the time s/he is signed in until my child is signed out.
- I understand that I am not to leave my child at the program unless a program staff member or program volunteer is there to receive and supervise my child.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on the Consent to Release portion of the Registration Packet and present photo identification.
- I understand that Room to Bloom is mandated by state law to report suspected cases of child abuse or neglect to the appropriate authorities.
- I give Room to Bloom Junior Camp Program, in the event that emergency shelter is needed, permission to take my child to the Stillwater Stewart's Shop.
- I give Room to Bloom Staff permission to take my child videos/photographs/appear in media coverage approved by the SACC Director.
- I give permission for my child to participate in all off-site activities and trips by walking.
- I will send sunscreen labeled with my child's name daily and give permission for application throughout the day.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING AND AGREEMENT TO THE ABOVE

Parent/Guardian Signature: _____ **Date:** _____

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Code of Conduct

It is our policy here at Room to Bloom Preschool & Learning Center that we provide a safe, learning environment. It is our jobs as childcare providers and educators to make sure each & every child in our care has the ability to develop the skills to effectively communicate and express themselves in a safe and productive way. If an occurrence arises where your child needs to be removed from the program/classroom for being unsafe towards themselves, another child or staff member, you as a parent will be contacted and will have 90 minutes to make arrangements to pick up your child from care.

It is because we provide childcare & education in a group setting, we must be concerned for the welfare and safety of all children and staff. If needed, we will intervene when a particular child or parent’s behavior threatens the safety of, or becomes abusive towards, the other children, parents or center staff.

The Center Director along with the Childcare Director, will evaluate the severity of the issue or behaviors and will determine the most appropriate plan to follow.

If the behavior/issue has reached the point of a child being dismissed from the program for the day, the child will be asked to stay home for the following day and may not return to school after the 24 hours of dismissal day.

We will exhaust all resources and services but be advised that disenrollment or termination of services could result, with or without notice.

I/We have read and understand Room to Bloom Preschool & Learning Center’s Code of Conduct Policy.

Signature of Parent/Guardian: _____ Date: _____
Signature of Parent/Guardian: _____ Date: _____

Please note that Physical violence or bullying toward another camper or staff member will result in immediate dismissal from the camp program for the remainder of the summer.