

**Room to Bloom Preschool & Learning Center
@ The Stillwater Area Community Services Center
2025 Junior Camp Registration Packet**

TO REGISTER YOUR CHILD:

- Complete a Junior Camp Summer Camp Registration Packet- **one per child.**
- Attach an annual **\$30.00 non-refundable registration fee per child and payment.**
- **Refer to the RTB Parent Handbook for all policies and procedures.**

**Junior Camp Program Hours:
9:00am-2:00pm, Monday – Friday**

Rates:
Annual Registration
per child- **\$30.00**
(This includes 1 shirt)

1 Day- **\$35.00**
Or
\$150.00 per week

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

Child T-Shirt Size: S M L XL
(circle)

One t-shirt is included in the registration
costs, additional t-shirts can be purchased for
\$15.00

- In-House Guests are included in the Summer Camp Rates unless stated otherwise.
- Junior Camp starts Monday, July 7, 2025, and runs until Friday, August 22, 2025
- Please pack your child a lunch, morning snack and afternoon snack daily.

PLEASE MARK THE BOX FOR THE DAYS YOU ARE SIGNING UP FOR

- IF DATE IS NOT SELECTED, WE CAN NOT PROVIDE CARE FOR THAT DAY.
- DATES CANNOT BE SWITCHED OR ADDED AFTER REGISTRATION IS CLOSED

	MON.	TUES.	WED.	THUR.	FRI.	TOTAL # OF DAYS
Week #1: July 7-11, 2025 Theme: Life's A Beach						
Week #2: July 14-18, 2025 Theme: Under The Sea						
Week #3: July 21-25, 2025 Theme: Space Voyagers						
Week #4: July 28-Aug.1, 2025 Theme: Down On The Farm						
Week #5: August 4-8, 2025 Theme: Animal Kingdom						
Week #6: August 11-15, 2025 Theme: Gardening						
Week #7: August 18-22, 2025 Theme: Camping Season						

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PAYMENT INFORMATION:

Weekly payments MUST be made in advance by 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: _____ Date: _____

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**

Please make all payments to the Main Office.

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

Child's Name: _____

(first)

(middle)

(last)

Circle: Male Female Date of Birth: _____

Home Address: _____

City: _____ Zip Code: _____

Mailing Address (if different from above): _____

City: _____ Zip Code: _____

Home Phone: () _____ - _____

1- Parent/Guardian: _____

(first)

(last)

Address (if different from above): _____

City: _____ Zip Code: _____

Employer: _____

Cell Phone Number: () _____ Work Number: () _____ - _____

Email Address: _____ @ _____

2- Parent/Guardian: _____

(first)

(last)

Address (if different from above): _____

City: _____ Zip Code: _____

Employer: _____

Cell Phone Number: () _____ Work Number: () _____ - _____

Email Address: _____ @ _____

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Family/Household

Family Status: ___ Married ___ Separated ___ Divorced ___ Single ___ Widow

If separated or divorced, who has legal custody? _____

Is the child's time divided between parents because of separation or divorce? Yes No

If so, how is it divided? _____.

NOTE: Court Orders are needed if a parent is denied access to the child

Does the child have any siblings: Yes No

If Yes, Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Consent to Release Information:

I/We give permission for my/our child to be released from the Stillwater Area Community Center's Room to Bloom Preschool & Learning Center Program to the people listed below. I/we further understand that the individuals listed below must show photo identification for a child to be released. It is required that parents/guardians notify staff in advance if someone other than themselves will be picking up their child.

Name: _____ Relationship to Child: _____

Home Phone #: () _____ - _____ Cell Phone #: () _____ - _____

Address: _____

City: _____ Zip Code: _____

Name: _____ Relationship to Child: _____

Home Phone #: () _____ - _____ Cell Phone #: () _____ - _____

Address: _____

City: _____ Zip Code: _____

Name: _____ Relationship to Child: _____

Home Phone #: () _____ - _____ Cell Phone #: () _____ - _____

Address: _____

City: _____ Zip Code: _____

Name: _____ Relationship to Child: _____

Home Phone #: () _____ - _____ Cell Phone #: () _____ - _____

Address: _____

City: _____ Zip Code: _____

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Medical Information

***Additional form must be complete for administration of emergency medication**

Child's Physician/Practice: _____

Phone #: () _____ - _____ Fax # () _____ - _____

Known Allergies: Yes No

Allergies Include: _____

Chronic or recurrent illness or disorders: _____

Name of medication and dosage child is presently taking: _____

Will any type of Emergency Medication need to be given during care? Yes No

If yes, when? _____

What should be done if your child has a problem related to the medical condition during program hours?
_____.

Are the Child's immunizations up to date: Yes No

If No, is there a written immunization schedule/plan with the physician? _____

Special Services

Is/Will the child be receiving any type of special services such as speech, OT, PT, etc. during program hours? Yes No

If Yes, please describe: _____

How Often?: _____

With Whom?: _____

Do you have any concerns about your child? _____

Bathroom Habits

Is your child toilet trained?: Yes No Partially/Needs Assistance

*Please note that all children who are not completely potty trained must wear pull ups. We DO NOT have a diaper changing station. Children **MUST** be familiar with using the potty and be **MOSTLY** self-sufficient, some assistance can be given.

Do you have any concerns about your child's restroom habits?: _____

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Education/Care

Does your child have any nursery school/preschool/in-home care experience: Yes No

If Yes, where? _____

Does your child appear to be left or right handed?: _____

What school district will your child be attending?: _____

Is there anything we should know about your child's play habits? With peers? Alone?: _____

What kind of activities do you find your child enjoys? _____

Photo Use/Consent

- YES, I/We give consent for my/our child's photograph without their name to be used on school related bulletin boards, our website and facebook page.
- NO, I/We Do NOT give consent for my/our child's photograph without their name to be used on school related bulletin boards, our website and facebook page.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Field Trips/Walks

- YES, I/We give consent for my/our child's to go on all school walking trips and I/We will be notified in advance with the date, location and all other pertinent information.
- NO, I/We DO NOT give consent for my/our child's to go on all school walking trips and I/We will be notified in advance with the date, location and all other pertinent information. I/We understand that alternate care within the center may not be available and I/We may need to make alternate care arrangements during these times.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ 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 Child Care 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: _____

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Payment Information

- Cash/Check/Credit Card due the first school day of the week/month.
- Make checks payable to: Stillwater Area Community Center or SACC, please indicate in the memo the dates in which you are paying for and the classroom your child is enrolled in.
- SACC offers an auto-withdrawal option for your tuition payments. If you are interested please see the Main Office.
- If making weekly or bi-weekly payments: payments must be made in advance by the Friday prior to each upcoming week.
- Any past due balance will be invoiced and a letter will be sent home but the last week of each month. If the balance is not paid in full by the listed date, care will be suspended until the account is brought current.
- If a check is returned for insufficient funds there will be an additional \$25.00 fee.
- If tuition is not paid within more than one week, you are subject to a 15% late fee.
- When paying with a credit card a 3.5% interest rate will be applied.

I/We understand the payment information as it is listed above.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Deposit Received: Yes _____ No _____ Date: _____

For Director of Childcare Use Only:

- Blue Card
- Medical Statement
- Immunization Record
- Individual Health Care Plan (if applicable)
- Field Trip Signature
- Photo Consent Signature
- Code of Conduct Recognition Signature
- Non-Medication Consent Form (Sunscreen/Bug Spray)
- Handbook Acknowledgement
- Restime/Naptime Agreement (Full Day Only)

Additional Notes: _____

