



McGaw YMCA CHILDREN'S CENTER EMERGENCY CONSENT AND RELEASE FORM

For office use only:

Child' Group:

PERSONAL INFORMATION

Child's Full Name (L,F): _____ Birth Date _____

Address: _____
Residing street address of child City State Zip code

Home Phone # (____) _____

Child resides with: ☐ Both parents ☐ Mother ☐ Father ☐ Other _____

In an emergency call first: _____
NAME RELATIONSHIP PHONE #

Parent/Guardian residing with child

Name: _____
Last First
Employment: _____
Company Name

Parent/Guardian residing with child

Name: _____
Last First
Employment: _____
Company Name

Dept./Position Phone # ext Dept./Position Phone # ext

If in school: _____
School Hours School Hours

Cell Phone _____ Cell Phone _____

Health care/ Insurance child is under _____

Policy Holder Name _____

Child's Physician: _____ Phone # _____

Child's Dentist _____ Phone # _____

EMERGENCY CONSENT

Please list names, addresses, relationship and phone numbers of any persons you would like to have on your permanent list, who have your consent for the Center to release your child from our care into their custody. These people may also be called in emergencies, if the Center is not able to contact the legal guardians or caregivers or adults, residing in the household at the numbers given previously:

Please list the name and relationship of other adults living in your household (grandparent, nanny, etc.):

Name	Relationship	Phone # if different
------	--------------	----------------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

You must completely fill out at least two Emergency Contacts in addition to those listed above and who do not live in your household. Anyone listed must have complete contact information.

1. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

3. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

4. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

I authorize the McGaw YMCA Child Care Center to release my child to the person(s) listed above to act on my behalf in an emergency in the event that I cannot be reached. These persons will show staff proper identification with matching addresses before my child will be released. It is my responsibility to keep all information current.

Parent/Legal Guardian Signature

Date

MEDICAL CONSENT

I, the parent/legal guardian of _____ give consent to have my child receive first aid by Center staff. I understand that the center staff receives training in the basics of first aid and CPR. I authorize the McGaw YMCA Child Care Center to secure emergency medical treatment for my child. I give consent for those listed as pick-up and emergency contacts to act on my behalf until I am available. I accept responsibility for any and all expenses incurred in securing emergency medical treatment for my child.

I authorize the McGaw YMCA Child Care Center, and its staff and agents, to administer medication (over the counter and prescribed) to my child as specified in the physician's written instructions. The McGaw YMCA Child Care Center has my permission to apply sunscreen, insect repellent, and diaper ointment (if applicable) to my child as specified by me in writing.

Parent/Legal Guardian

Signature _____ Date _____

CONSENT FORMS:

I authorize the McGaw YMCA to take pictures, movie, videos of my child for use in presentation and other advertising promotions, educational activities and curriculum purposes without compensation.

I authorize the McGaw YMCA Child Care Center, its staff, and agents, to take my child on walking trips, excursions, and field trips. I also give permission for my child to be transported in a school bus contracted by McGaw YMCA, or as a passenger in any vehicle owned or leased by the McGaw YMCA.

I give permission for my child to participate in physical activities such as gym and swimming. I understand that physical activities are a regular part of the program my child attends.

I have read the Parent Handbook and agree to abide by the policies and regulations therein. I have received a summary of DCFS licensing standards.

Parent/Legal Guardian

Signature _____ Date _____

Each year your child attends our programs; the information on this form must be reviewed for accuracy.

Signature lines provided below are designated for annual reviews of this form.

I have reviewed the information on this form and verify all information is still accurate:

Parent/Legal Guardian Signature

Date (2012/2013)

Parent/Legal Guardian Signature

Date (2013/2014)

Parent/Legal Guardian Signature

Date (2014/2015)



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Developmental History School Age 2012

In an effort to help us know and understand your child, we ask that you complete this form. It is important that you answer all of the questions. Staff that will be working directly with your child will be reviewing this information.

Child's Full Name (L,F): _____ Nickname _____

Date of Birth _____ Age _____ Grade in the Fall _____

Family Background

Marital status of parents:

☐ Married ☐ Divorced ☐ Separated ☐ Single Parent ☐ Domestic Partners

☐ Other _____

Child lives with:

☐ Both parents ☐ Mother ☐ Father ☐ Other _____

Language spoken at home _____

Is there a court order that limits either parent from visiting this child or from removing him/her from the Center?

Please Note: The Child Care Center cannot limit parent's access to their children without a notarized court order, which must be attached to this form and kept at the Center.

Are there any home factors that might help us understand your child's family life?

Consider issues such as recent move, births, illnesses, divorce, separation, or any unusual circumstances.

Child's Development and Personality

Does your child have Asthma or another chronic condition?
information.

If YES, please explain and give any pertinent

Does he/she have any allergies or sensitivities?

If YES, please explain and give any pertinent information

Does your child take any medications regularly?

If YES, please list medications. To administer, we must have a signed medical consent forms and doctor's prescription. For more information, please read information regarding medications in the Parent Handbook.

What outdoor activities does your child enjoy?

What do you enjoy most about your child?

Any situations in which your child tends to become tense, angry, scared, etc?

How does he or she show this?

In general how do you handle discipline?

Do you have any suggestions/hints for our staff, which may help us be successful with your child?

Experiences

What water or swimming experiences does your child have? For example: beach, pool, lake, water park

Please check your child's swimming ability:

- ☐ NON-SWIMMER (my child can not swim)
- ☐ SOME SWIMMING ABILITIES (my child can swim, but is not advanced)
- ☐ ADVANCED SWIMMER (my child is a proficient swimmer)

How comfortable is your child in the water?

Has he/she had previous organized group experience? When? Where?

What do you want your child to gain from his or her experience in the School Age program?

Please check all that apply and explain.

- | | | |
|---|--|--|
| <input type="checkbox"/> Make new friends | <input type="checkbox"/> A structured homework time | <input type="checkbox"/> Become less shy |
| <input type="checkbox"/> Gain a sense of belonging | <input type="checkbox"/> Experience new things | <input type="checkbox"/> Learn new skills |
| <input type="checkbox"/> Higher self-esteem | <input type="checkbox"/> Become more outgoing | <input type="checkbox"/> Learn to swim |
| <input type="checkbox"/> Opportunity for creativity | <input type="checkbox"/> Learn the core values of the YMCA, caring, honesty, respect & responsibility. | <input type="checkbox"/> Have a lot of fun |
| <input type="checkbox"/> Good adult role models | | <input type="checkbox"/> Learn to get along better with other children |
| | | <input type="checkbox"/> Other_____ |

If you have any other information that you would like to share with us about your child, please use the space below or attach additional documents.



McGaw YMCA Children's Center Topical Ointment Form

Child's Name: _____ DOB: _____

Parents will be responsible for providing topical ointments for their child. Topical ointments will be applied as instructed by a designated person in each classroom. Topical ointments will expire after one year and need to be sent home at that time.

Please apply the following topical ointment to my child:

☐ Insect Repellant

☐ Any Brand

☐ Specific Brand: _____

☐ Sunscreen

☐ Any Brand

☐ Specific Brand: _____

☐ Diaper Ointment

☐ Any Brand

☐ Specific Brand: _____

☐ Other

☐ Any Brand

☐ Specific Brand: _____

Please apply the ointment listed above: ☐ As needed
☐ Per Parent Request

Special instructions for applying ointments: _____

Parent Signature: _____ Date: _____



STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CERTIFICATE OF CHILD HEALTH EXAMINATION

Please Print

Student's Name				Birth Date			Sex	School			Grade Level /ID#				
Last		First		Middle		Month/Day/ Year									
Address Street City ZIP code				Parent/ Guardian			Telephone # Home			Work					
IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for <i>every</i> dose administered. The day and month is required if you cannot determine if the vaccine was given <i>after</i> the minimum interval or age. If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.															
VACCINE/DOSE	1		2		3		4		5		6				
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
Diphtheria, Tetanus and Pertussis (DTP or DTaP)															
Diphtheria and Tetanus (Pediatric DT or Td)															
Inactivated Polio (IPV)															
Oral Polio (OPV)															
Haemophilus influenzae type b (Hib)															
Hepatitis B (HB)															
Varicella (Chickenpox)										Comments					
Combined Measles, Mumps and Rubella (MMR)															
Measles (Rubeola)															
Rubella (3-day measles)															
Mumps															
Pneumococcal (not required for school entry)	<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23		
Check specific type (PCV7, PPV23)															
Other (Specify hepatitis A, meningococcal, etc.)															

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.

Signature		Title		Date	
Signature		Title		Date	
(If adding dates to the above immunization history section, put your initials by date(s) and sign here.)					
Signature		Title		Date	
(If adding dates to the above immunization history section, put your initials by date(s) and sign here.)					

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by physician. *(All <u>measles</u> cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)
*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature
2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.
Date of Disease Signature Title Date
3. Laboratory confirmation (check one) <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Varicella Lab Results Date MO DA YR (Attach copy of lab report, if available.)

VISION AND HEARING SCREENING DATA

Pre-school – annually beginning at age 3; School age – during school year at required grade levels

Date																	Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/ Contacts
Age/Grade																	
	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	
Vision																	
Hearing																	

Printed by Authority of the State of Illinois

(Complete Both Sides)

Student's Name				Birth Date		Sex	School		Grade Level/ ID #	
Last		First		Middle		Month/Day/ Year				
HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER										
ALLERGIES (Food, drug, insect, other)						MEDICATION (List all prescribed or taken on a regular basis.)				
Diagnosis of asthma?		Yes	No	Indicate Severity		Loss of function of one of paired organs? (eye/ear/kidney/testicle)		Yes	No	
Child wakes during the night coughing		Yes	No			Hospitalizations? When? What for?		Yes	No	
Birth defects?		Yes	No							
Developmental delay?		Yes	No							
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.		Yes	No			Surgery? (List all.) When? What for?		Yes	No	
Diabetes?		Yes	No			Serious injury or illness?		Yes	No	
Head injury/Concussion/Passed out?		Yes	No			TB skin test positive (past/present)?		Yes*	No	*If yes, refer to local health department.
Seizures? What are they like?		Yes	No			TB disease (past or present)?		Yes*	No	
Heart problem/Shortness of breath?		Yes	No			Tobacco use (type, frequency)?		Yes	No	
Heart murmur/High blood pressure?		Yes	No			Alcohol/Drug use?		Yes	No	
Dizziness or chest pain with exercise?		Yes	No			Family history of sudden death before age 50? (Cause?)		Yes	No	
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____						Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other				
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)						Other concerns?				
Ear/Hearing problems?		Yes	No			Information may be shared with appropriate personnel for health and educational purposes.				
Bone/Joint problem/injury/scoliosis?		Yes	No			Parent/Guardian Signature _____ Date _____				

Entire section below to be completed by MD/DO/APN/PA (*INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES)											
PHYSICAL EXAMINATION REQUIREMENTS				HEIGHT		WEIGHT		BMI		B/P	
DIABETES SCREENING BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>											
LEAD RISK QUESTIONNAIRE* Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date _____ Blood Test Result _____ (Blood test required in Chicago and other high risk zip codes.)											
TB SKIN TEST Recommended only for children in high-risk groups including children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adults in high-risk categories. See CDC guidelines. Date Read ____/____/____ Result _____ mm											
LAB TESTS *INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES			Date		Results				Date		Results
Hemoglobin * or Hematocrit *							Sickle Cell * (as indicated)				
Urinalysis							Other				
SYSTEM REVIEW		Normal	Comments/Follow-up/Needs					Normal	Comments/Follow-up/Needs		
Skin							Endocrine				
Ears							Gastrointestinal				
Eyes		Normal Yes <input type="checkbox"/> No <input type="checkbox"/> Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Objective screening Yes <input type="checkbox"/> No <input type="checkbox"/> Referred to Ophthalmologist/Optometrist Yes <input type="checkbox"/> No <input type="checkbox"/>		Result _____		Genito-Urinary			LMP	
Neurological											
Nose							Musculoskeletal				
Throat							Spinal examination				
Mouth/Dental							Nutritional status				
Cardiovascular/HTN							Mental Health				
Respiratory											
NEEDS/MODIFICATIONS required in the school setting							DIETARY Needs/Restrictions				
SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup											
MENTAL HEALTH/OTHER Is there anything else the school should know about this student? If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal											
EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe.											
On the basis of the examination on this day, I approve this child's participation in (If No or Modified, please attach explanation.) PHYSICAL EDUCATION Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/> INTERSCHOLASTIC SPORTS (for one year) Yes <input type="checkbox"/> No <input type="checkbox"/> Limited <input type="checkbox"/>											
Physician/Advanced Practice Nurse/Physician Assistant performing examination											
Print Name			Signature				Date				
Address						Phone					

(Complete both sides)

SAMPLE FORMAT: Distributed by CACFP for CACFP discretionary use only. Format may be modified and/or copied to meet specific CACFP recordkeeping needs. Do not return to ISBE.

**Child and Adult Care Food Program
MEDICAL EXCEPTION STATEMENT FOR FOOD SUBSTITUTION**

CHILD'S NAME	DATE
NAME OF DAY CARE CENTER/HOME AND ADDRESS	

Dear Parent/Guardian:

This day care center/home participates in the Child and Adult Care Food Program (CACFP) and must serve meals and snacks meeting the CACFP requirements. Food substitutions may be made only when supported by a physician's statement. Please ask your physician to complete and sign this form. Return the completed form to the day care center/home. If you have any questions, please contact me at _____.

Day Care Center/Home Phone Number

Sincerely,

Day Care Center/Home Contact Person

CACFP SPONSOR - KEEP COMPLETED FORM SIGNED BY PHYSICIAN ON FILE AT THE DAY CARE CENTER/HOME

COMPLETE ALL INFORMATION

1. Does child have a disability according to 7 CFR Part 15b.3 (*defined as "any person who has a physical or mental impairment which substantially limits one or more major life activities"*)?

☐ YES If yes, provide the following information and complete parts 3, 4 and 5.
☐ NO If no, go to part 2.

- a. What is the disability? _____
- b. How does the disability restrict the diet? _____
- c. What major life activity is affected? _____

2. Child has no disability but requires a special diet.
Provide the following information and complete parts 3, 4 and 5.

Identify medical problem which restricts the child's diet.

3. List food/type of food to be omitted.

4. List food/type of food to be substituted.

- 5.

Date

Signature of Physician



Summer Camp 2012 Late Pick-up Policy

Parents of members enrolled in **Camp Rainbow** and **Camp WaNaGo** will be charged **\$2.50 per minute / family** based on the **program pick-up times** listed below:

- **Camp Rainbow (M- F) - 12:00pm**
- **Camp Rainbow + Lunch Bunch (M-F) - 2:00pm**
- **Camp Wanago - 4:00pm**
- **Camp Wanago + PM - 6:15pm**
- If a parent or authorized pick-up person does not arrive or call by 5 minutes past the designated pick-up up time, staff will assume an emergency exists and will begin to call emergency contacts for your child.
- If no emergency contact can be reached within 1-hour past designated pick-up time, staff may contact the Evanston Police Department who will pick up the child.
- **Late fees will be due within two business days.**
- If a child is picked up late more than **three times in a two week period**, the parent(s) will be required to meet with the Director before the child may return to the program.
- Continued disregard for the pick-up time is cause for the child's termination from the program.

It is very important to have updated contact information in your child's file at all times. Any child who is not picked up will be under the supervision of an assigned teacher until the parent, emergency contact, or the authorities arrive. All information about the incident will be discussed directly with the parent or guardian and never with the child.

Child/Children's Name(s): _____

Parent/Guardian Signature: _____



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TRANSPORTATION AGREEMENT:

I _____ (parent's name) give McGaw YMCA Children's Center
permission to transport my child, _____ (child's name)
on a school bus for beach and field trips.

Parent's Signature _____

Date _____



Acknowledgement of On-Site Services

I, the undersigned parent of _____ acknowledge that
child's name
the vendors listed below provide food and/or services to the McGaw
YMCA Children's Center.

- Quality Catering for Kids -
provides catered lunches daily
- Fox River Foods -
provides snack and breakfast items weekly
- Renzo Dairy -
provides milk bi-weekly
- Anderson Pest Control Solution -
provides indoor and outdoor preventative pest control services
monthly
- A-1 Cleaning Services -
provides nightly cleaning services

Parent(s) Signature: _____

Date: _____



McGaw YMCA Children's Center Discipline and Guidance Policy

A positive guidance approach is used to help children develop positive self-esteem, build trust in the world around them and develop autonomy and pride in their work. A supportive, nurturing environment with caring adults is the first step in the development of inner control and appropriate behavior.

By allowing children to assume responsibility for their actions, they develop self-control and become aware of the rights of others. Consequences (logical and natural) developmentally related to the child's behavior might include reinforcing positive behavior, modeling appropriate behavior, and assisting children with finding words to describe how they are feeling.

There are four basic values/rules we teach regarding acceptable behavior. They are as follows:

1. We respect others and things through our words and actions.
2. We are responsible for our words and actions.
3. We are honest about our words and actions.
4. We are caring people.

The YMCA expects the cooperation of parents to ensure that the behavior management plan supports all the children in the program.

Procedure:

When a child demonstrates that he/she has not followed the rules regarding acceptable behavior, the following procedures will be set into motion:

A. Staff will remind the child of the behavior guidelines and rules.

1. Staff will allow the child to return to the activity

B. Should the negative behavior persist:

1. Staff will remind the child of the behavior guidelines and rules
2. Staff will redirect the child to a more appropriate behavior and stay with the child until the child has adjusted to the new situation.

C. Should the negative behavior persist:

1. Staff will remind the child of the behavior guidelines and rules.
2. Staff will take the child to a separate area, in the room, help the child with the words to describe what or how he/she was feeling and why.

D. Should the negative behavior persist:

1. Staff will remind the child of the behavior guidelines and rules.
2. Staff will notify Administrative staff
3. The incident will be documented and parents will be notified at pick-up time.

E. If negative behaviors disrupt the classroom environment on a regular basis a conference with the child's parents will be set involving the lead teacher, the child's parents, and administration, during this conference:

1. A strategy will be developed
2. A timeframe will be established

F. Early Childhood/School Age Specialists will be consulted and assist in persistent cases.

G. While we strive to provide what every child needs to succeed in-group care, we do not have the resources to implement or sustain a plan for managing extreme behavioral issues. It is a disservice to maintain a child in our program if we cannot meet the child's individual needs while maintaining a safe and productive environment for children and staff.

H. Early Childhood Director or School-Age Director will meet with parents in situations where the continuation of a child's enrollment is in question.

I. The following behaviors are not acceptable and may result in immediate termination:

1. Endangering the health and safety of children or staff
2. Continuous disruption of the program
3. Unacceptable behavior, use of profanity, or threats to other children or staff

J. Parents/caregivers are also expected to follow proper rules of conduct and may be prohibited from entering the premises if they exhibit violent or threatening behavior toward their own child, another child, another parent/caregiver, or YMCA staff.

If there is any concern regarding our ability to continue providing care for a child, meetings between teachers, administrative staff, and parents to discuss concerns and corrective action plans will precede any termination decision. No parent will suddenly find that his/her child is without care. Should the Center decide that care must be terminated, every effort will be made to assist families with finding alternative services.

Child(ren)'s Name _____

Parents signature _____ Date: _____

Child and Adult Care Food Program (CACFP) CACFP ANNUAL ENROLLMENT FORM

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE CENTERS, PRE-K PROGRAMS, AND LICENSED OUTSIDE SCHOOL HOURS PROGRAMS

This document does not have to be completed for children in At-Risk After-School Hour Programs, license-exempt Outside School Hours Programs, or emergency shelters.) It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. If parent does not complete Section 5, center staff should complete to the best of their ability (by observation) and initial the section. Review completed enrollment form and enter effective date in lower right section.

Parents: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete areas 1 through 6 below. Be sure to sign and date the document.

1 FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2 DAYS OF WEEK IN ATTENDANCE	3 TIMES CHILD NORMALLY ATTENDS DURING WEEK						4 MEALS RECEIVED		
		TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		
		AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER	
First Child	<input type="checkbox"/> Monday									
	<input type="checkbox"/> Tuesday									
Name	<input type="checkbox"/> Wednesday				<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours.					
	<input type="checkbox"/> Thursday									
Birth Date	<input type="checkbox"/> Friday									
	<input type="checkbox"/> Saturday									
Age	<input type="checkbox"/> Sunday									
Second Child	<input type="checkbox"/> Same Days as Above	<input type="checkbox"/> Same Times as Child Above								
	<input type="checkbox"/> Monday									
Name	<input type="checkbox"/> Tuesday				<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours.					
	<input type="checkbox"/> Wednesday									
Birth Date	<input type="checkbox"/> Thursday									
	<input type="checkbox"/> Friday									
Age	<input type="checkbox"/> Saturday									
	<input type="checkbox"/> Sunday									
Third Child	<input type="checkbox"/> Same Days as Above	<input type="checkbox"/> Same Times as Child Above								
	<input type="checkbox"/> Monday									
Name	<input type="checkbox"/> Tuesday				<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours.					
	<input type="checkbox"/> Wednesday									
Birth Date	<input type="checkbox"/> Thursday									
	<input type="checkbox"/> Friday									
Age	<input type="checkbox"/> Saturday									
	<input type="checkbox"/> Sunday									
Fourth Child	<input type="checkbox"/> Same Days as Above	<input type="checkbox"/> Same Times as Child Above								
	<input type="checkbox"/> Monday									
Name	<input type="checkbox"/> Tuesday				<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours.					
	<input type="checkbox"/> Wednesday									
Birth Date	<input type="checkbox"/> Thursday									
	<input type="checkbox"/> Friday									
Age	<input type="checkbox"/> Saturday									
	<input type="checkbox"/> Sunday									

This information is voluntary; please answer both questions.

5 ETHNIC/RACIAL CATEGORIES—

A. Ethnic data of child(ren)—
Mark only one.

☐ Hispanic or Latino ☐ Not Hispanic or Latino

B. Racial data of child(ren)—
Mark one or more that apply.

☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ American Indian or Alaska Native

6 SIGNATURE

Signature of Parent or Guardian

Date

Telephone Number of Parent or Guardian

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

CHILD CARE REPRESENTATIVE USE ONLY

Effective Date of This Enrollment Form

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.



2011 - 2012 Children's Center Calendar

August, 2011

10	Parent Orientation Night - Infant/Toddler
11	Parent Orientation Night - School's Out
17	Parent Orientation Night - Full Day Preschool
19	Last Day of Summer Camps
22 - 26	Staff Training and Building Clean-up Children's Center Closed
29	First Day of School's Out & Full Day Resumes
31	Parent Orientation Night - Part Day Preschool

September, 2011

5	Labor Day - Children's Center Closed
6	First Day of Part Day Preschool
7	Preschool Explorers Begins
29	District 65 Schools Closed No Part Day Preschool Full Day Preschool has Normal Day School's Out Holiday Program

October, 2011

5	District 65 Half-Day Dismissal Part Day Preschool 11:00am Dismissal Full Day Preschool has Normal Day ½ Day School's Out Holiday Program No Preschool Explorers
21	District 65 Parent Teacher Conferences No Part Day Preschool Full Day Preschool has Normal Day School's Out Holiday Program No Preschool Explorers

November, 2011

2	District 65 Half-Day Dismissal Part Day Preschool 11:00am Dismissal Full Day Preschool has Normal Day ½ Day School's Out Holiday Program No Preschool Explorers
11	Veteran's Day - District 65 Schools closed No Part Day Preschool Full Day Preschool has Normal Day School's Out Holiday Program
23	District 65 Schools closed No Part Day Preschool Full Day Preschool has Normal Day School's Out Holiday Program No Preschool Explorers
24-25	Thanksgiving Break Children's Center Closed

December, 2011

7	District 65 Half-Day Dismissal Part Day Preschool 11:00am Dismissal Full Day Preschool has Normal Day ½ Day School's Out Holiday Program No Preschool Explorers
23-26	Holiday Break Children's Center Closed
27 - 30	School's Out Vacation Camp (separate registration) No Part Day Preschool Full Day Preschool has Normal Day

January, 2012

2	New Year's Day Observed Children's Center Closed
3 - 6	School's Out Vacation Camp (separate registration) No Part Day Preschool Full Day Preschool has Normal Days No Preschool Explorers
9	School's Out Resumes
11	Part Day Preschool Resumes District 65 Half-Day Dismissal Part Day Preschool 11:00am Dismissal Full Day Preschool has Normal Day ½ Day School's Out Holiday Program No Preschool Explorers
16	Martin Luther King, Jr. Day Children's Center Closed

February, 2012

1	District 65 Half-Day Dismissal Part Day Preschool 11:00am Dismissal Full Day Preschool has Normal Day ½ Day School's Out Holiday Program
17	District 65 Parent Teacher Conferences No Part Day Preschool Full Day Preschool has Normal Day School's Out Holiday Program No Preschool Explorers
20	President's Day - District 65 Schools closed No Part Day Preschool Full Day Preschool has Normal Day School's Out Holiday Program No Preschool Explorers

March, 2012

5	Pulaski Day - District 65 Schools closed No Part Day Preschool Full Day Preschool has Normal Day School's Out Holiday Program No Preschool Explorers
16	Children's Center In-Service Training Children's Center Closed

April, 2012

2 - 6	School's Out Vacation Camp (separate registration) No Part Day Preschool Full Day Preschool has Normal Day No Preschool Explorers
11	District 65 Half-Day Dismissal Part Day Preschool 11:00am Dismissal Full Day Preschool has Normal Day ½ Day School's Out Holiday Program No Preschool Explorers

May, 2012

2	District 65 Half-Day Dismissal No Part Day Preschool Full Day Preschool has Normal Day ½ Day School's Out Holiday Program
25	Part Day Preschool and Explorers Programs End
28	Memorial Day Children's Center Closed

June, 2012

1	Last Day of School's Out
4 - 8	Summer Staff Training
11	Summer Day Camps begin

July, 2012

4	Celebration of Independence Day Children's Center Closed
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August, 2012

27 - 31	Closed for Staff Training and Building Clean-up
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Note: calendar subject to change

HOUSEHOLD ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS

Parents: Complete this application by following the instructions provided in the parent letter.

1 LIST EVERYONE IN HOUSEHOLD, CHILDREN AND ADULTS

List all household members, children's ages and mark box if no income.

NAME (First and Last)	AGES OF CHILDREN AT CENTER	CHECK IF NO INCOME
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

2 SNAP OR TANF CASE NUMBER

Provide a SNAP or TANF case number for any member (Child or Adult) of this same household. Do not use LINK card number. After completing, skip to **Number 5**.

3 FOSTER CHILD

☐ Check here if applying for a foster child. Complete a separate application for each foster child. A foster child is the legal responsibility of the welfare agency or court and resides in your home. List only the child's monthly personal-use income. Write "0" if child has no personal-use income. After completing, skip to **Number 5**.

\$ _____

4 HOUSEHOLD MEMBERS WITH INCOME—List only the names of individuals living in the household, related or non-related, and their gross income. If a person has a second job, list that income in the last column. After completing, go to **Number 5**.

NAMES (List Only Individuals With Income)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	Gross Income (Before Deductions)		Welfare, Child Support, Alimony		Retirement, Pensions, SSI, Social Security		Income Received From Savings, Investments, Trust Accounts, and Other Resources	
	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?
	\$	/	\$	/	\$	/	\$	/
	\$	/	\$	/	\$	/	\$	/
	\$	/	\$	/	\$	/	\$	/
	\$	/	\$	/	\$	/	\$	/

5 SOCIAL SECURITY NUMBER AND SIGNATURE—An adult household member must sign the application. If Number 4 is completed above, the adult signing the form must also list his or her social security number or mark the *I do not have a social security number* box.

I certify all information is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds. I understand the institution, Illinois State Board of Education, or Office of Inspector General, may verify this information on the application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Date Printed Name of Adult Household Member Signature of Adult Household Member

Home Telephone Number Work Telephone Number Home Address (Number, Street, City, Zip Code)

_____-_____-_____
Social Security Number
☐ I do not have a social security number.

6 ALL KIDS HEALTH INSURANCE PROGRAM—All Kids offers affordable health insurance for children, and your child(ren) may qualify. We may share your application information with All Kids unless you do not want us to. If you DO NOT want us to share this information, sign here.

Signature of Parent or Legal Guardian

CHILD CARE REPRESENTATIVE USE ONLY—ELIGIBILITY DETERMINATION—COMPLETE ALL FOUR SECTIONS

Follow the *Instructions for Institutions to Process Household Eligibility Applications*.

SECTION A

Mark one of the boxes below to show how you are going to determine eligibility.

- ☐ **SNAP/TANF Household**—The SNAP or TANF number meets the criteria for an acceptable case number. Complete Sections B, C, and D.

OR

- ☐ **Foster Child Income**—Compare the foster child's personal-use income to the Household Income Eligibility Guidelines. Complete Sections B, C, and D.

OR

- ☐ **Income Household**—Complete the information below and Sections B, C, and D.

Total Household Size _____

Total Household Income \$ _____ / _____
Example: \$100/week, or \$100/every 2 weeks

Compare total income to *Household Income Eligibility Guidelines*. When household incomes are listed for different pay periods, you must convert all income to yearly income by using the conversion table above.

CONVERSION TABLE	
To convert all income to yearly income use conversion calculations.	
Weekly Income x	52
Every 2 Weeks x	26
Twice a Month x	24
Monthly x	12

SECTION B

Based on the information provided this application will be:

- ☐ Approved Free ☐ Approved Reduced
☐ Denied—The meals will be claimed in the paid category.

Temporary Approval (Do not use for foster child)

This application reported zero income or a temporary reduction in income.

- ☐ Approved Free ☐ Approved Reduced
Temporary approval is good for 45 days and expires on _____ (date).
Re-evaluate income after that date.

SECTION C

Signature of Representative _____

Date Application reviewed _____

SECTION D

Effective Date _____

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

PRIVACY ACT STATEMENT: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the Child and Adult Care Food Program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

NON-DISCRIMINATION: In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call 800/795-3272 or 202/720-6382 (TTY). USDA is an equal opportunity provider and employer.

SUMMARY OF LICENSING STANDARDS FOR DAY CARE CENTERS

Introduction

The Department of Children and Family Services (DCFS) is responsible for licensing day care centers. When a day care center is licensed, it means that a DCFS licensing representative has inspected the facility and the facility was found to meet the minimum licensing requirements. A license is valid for three years. The day care center's license must be posted. It will indicate the maximum number of children allowed in the facility and the areas where children may receive care.

Licensed day care facilities are inspected annually by DCFS licensing staff. If a complaint has been received regarding a violation of the licensing standards of a day care center, a licensing representative will conduct a licensing complaint investigation to determine if the alleged violation should be substantiated or unsubstantiated. Individuals may contact the Day Care Information Line to learn of substantiated violations.

Day Care Information Line 1-877-746-0829

This statewide toll-free information line provides information to the public on the past history and record, including substantiated violations, of licensed day care homes, day care centers, and group day care homes. This number operates Monday through Friday from 8:30 a.m. to 5:00 p.m.

Summary of Licensing Standards for Day Care Centers

The following is a summary of the licensing standards for day care centers. It has been prepared for you so that you may monitor the care provided to your child. This is a summary and does not include all of the licensing standards for a day care center. State licensing standards are minimum standards. If you observe a violation of any of these standards, you are encouraged to discuss your concerns with the day care center operator. In most cases, parents and day care operators are able to resolve the parents' concerns and issues. If you believe the day care operator is not responding to your concerns and may not be meeting state licensing standards, you may make a complaint to the local DCFS Licensing Office or by calling the Child Abuse Hotline at 1-800-252-2873 and stating that you want to make a licensing complaint. A DCFS licensing representative will investigate your complaint and report the results back to you. The day care center is required to provide a copy of its own written policies regarding the operation of the facility to each staff person and to parents of enrolled children.

CFS 581
Rev. 12/2000

State of Illinois Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent

Date

Signature of Parent

Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.

This summary has been developed to assist parents in monitoring the care provided by the day care center.

For a complete copy of the Licensing Standards, write or call

*Department of Children and Family Services
Office of Child and Family Policy
406 East Monroe Street
Springfield, Illinois 62701
Telephone (217) 524-1983*

Licensing Standards for Day Care Centers may also be accessed through the DCFS web site: www.state.il.us/dcfs and following the links to Part 407, Licensing Standards for Day Care Centers. You may also contact your nearest DCFS office.

Staffing

- The day care center must have a qualified child care director on site at all times. The director must be at least 21 years old, have completed two years of college or have equivalent experience and credentials.
 - Early childhood teachers must be at least 19 years old, have two years of college or have equivalent experience and credentials.
 - School-age workers must be at least 19 years of age and at least five years older than the oldest child in their care. They must have completed one year of college or have the equivalent experience and credentials.
 - Early childhood assistants and school-age assistants must have a high school diploma or the equivalent and must work under direct supervision of an early childhood teacher or a school-age worker.
 - Student and youth aides must be at least 14 years of age, at least five years older than the oldest child in their care, and must work under direct supervision of an early childhood teacher or a school-age worker.
 - Student and youth aides are not generally counted for purposes of maintaining staff/child ratios.
 - The director and all child care staff must have 15 hours of in-service training annually.
 - All staff must have current medical reports on file and are subject to background checks for any record of criminal conviction or child abuse and neglect.
 - A person certified in first aid, including CPR and the Heimlich maneuver, must be present at all times.
-

Group Size and Staff Requirements:

AGE OF CHILDREN	STAFF/CHILD RATIO	MAXIMUM GROUP SIZE
Infants (6 weeks through 14 months)	1 to 4	12
Toddlers (15 through 23 months)	1 to 5	15
Two years	1 to 8	16
Three years	1 to 10	20
Four years	1 to 10	20
Five years (preschool)	1 to 20	20
School-age: Kindergartners present	1 to 20	30

- Exception: One early childhood teacher and an assistant may supervise a group of up to 30 children if all of the children are at least five years of age.
- Whenever children of different ages are combined, the staff/child ratio and maximum group size must be based on the age of the youngest child in the group.

General Program Requirements

- Parents must be allowed to visit the center without an appointment any time during normal hours of operation.
- Staff must demonstrate respect for each child enrolled regardless of gender, ability, cultural, ethnic or religious differences.
- There must be a balance of active and quiet activity. Daily indoor and outdoor activities are to be provided for children to make use of both large and small muscles.
- In pre-school programs where children receive care for less than three hours per day, outdoor activity is not required.
- Children may not be left unattended at any time.

- Exits must be unlocked and clear of equipment and debris.

- Drills for fire and tornado must be conducted. A floor plan must be posted in every room indicating the areas providing the most safety in the case of a tornado and the primary and secondary exit routes in case of fire.

- Smoking or the use of tobacco products in any form is prohibited in the child care center or in the presence of children while on the playground or on trips away from the center.

- Play materials must be durable and free from hazardous characteristics.

- The facility must be cleaned daily and kept in sanitary condition at all times.

- First-aid kits must be maintained and readily available for use.

Outdoor Play Area

- Play space must be fenced or otherwise enclosed or protected from traffic and other hazards. There must be a shaded area in summer to protect children from excessive sun exposure.

- All areas of the outdoor play space must be visible to staff at all times.

- Equipment must be free of sharp points or corners, splinters, protruding nails or bolts, loose or rusty parts, the potential for entrapment and/or other hazards.

- Protective surfaces must be provided under equipment from which a child might fall

- All swimming pools must be fenced or otherwise inaccessible to children.

- During hours of operation and at all times that children are present there must be a means for parents of enrolled children to have direct telephone contact with a center staff person.

Nutrition and Meals

- Menus must be posted.
- Meals and snacks must meet nutritional guidelines.
- Children in care two to five hours must be served a snack. Children in care five to 10 hours must be served a meal and two snacks or two meals and one snack. Children in care more than 10 hours must be served two meals and two snacks or one meal and three snacks.

Napping and Sleeping

- Children under six years of age who remain five or more hours must have the opportunity to rest or nap.
- Infants must sleep in safe, sturdy, freestanding cribs or portable cribs.
- Toddlers may use either stacking cots or full-size cribs.
- A cot or bed must be provided for each toddler or preschool child in attendance five or more hours. Each cot, bed or crib must be labeled with the name of the child.

Physical Space

- Infants and toddlers must be housed and cared for at ground level unless special approval has been granted from the Department.
- Indoor space must provide a safe, comfortable environment for the children. Floors and floor coverings must be washable and free from drafts and dampness.
- Toilets and lavatories must be readily accessible to the children.
- Hot and cold running water must be provided.
- Hazardous items must be inaccessible to children.
- Parents must be notified before pesticides are applied, unless in an emergency

Infants and Toddlers

- Infants and toddlers must be in separate space away from older children.
- A refrigerator and sink must be easily accessible.
- Toys and indoor equipment must be cleaned and disinfected daily. Safe, durable equipment and play materials must be provided.
- Either the day care center or the parent may provide food for infants not consuming table food. Feeding times and amounts consumed must be documented in writing.
- No food other than formula, milk, breast milk or water may be placed in a bottle for infant feeding. Microwaves are not to be used for bottle warming.
- Children who cannot turn over alone must be placed on their backs.
- The facility must have a clearly defined diaper changing area with the procedures for changing diapers clearly posted. A hand-washing sink must be accessible for hand washing.
- Staff changing diapers must wash their hands and the child's hands with soap and running water after diapering.
- Information about feeding, elimination and other important information must be recorded in writing and made available to parents when the child is picked up at the end of the day.

School-Age Children

- The facility must have a designated area for school-age children so they do not interfere with the care of younger children.
 - Clear definitions of responsibility and procedures are to be established among parent, day care center and school when children move to and from school.
 - A variety of developmentally appropriate activities and materials must be available for children. Opportunities must be provided to do homework, if requested.
-

Evening, Night and Weekend Care

- Family-like groups of mixed ages are allowed.
- Staff must be awake at all times and in the sleeping area whenever children are sleeping.
- Each child must have an individual cot, bed or crib.
- An evening meal and a bedtime snack must be served.
- Breakfast must be served to all children who have been at the facility throughout the night and are present between 6:30 a.m. and 8:30 a.m.

Enrollment and Discharge

- Parents must be provided the names, business address and telephone number of persons legally responsible for the program.
- Parents must be provided, in writing, information on the program, fees, arrival and departure policies explaining to the parents and guardians what actions the caregiver will take if children are not pick up at the agreed upon time, and the guidance and discipline policies.
- Parents must complete an enrollment application, which includes emergency numbers and persons authorized to pick up the child.
- A child may only be released to a parent or other responsible person designated by the parent.
- Daily arrival and departure logs must be kept by the center.

Guidance and Discipline

- Parents must be given a copy of the guidance and discipline policy.
 - The following are prohibited:
 - corporal punishment
 - threatened or actual withdrawal of food, rest or use of the bathroom
 - abusive or profane language
 - public or private humiliation
 - emotional abuse, including shaming, rejecting, terrorizing or isolating a child.
 - "Time-out" is to be limited to one minute per year of age. "Time-out" may not be used for children less than two years of age.
-

Transportation

- The driver must be 21 years of age and hold a driver's license that has been continuously valid for three years.
- Children must not be allowed to stand or sit on the floor of the vehicle. Age appropriate safety restraints must be used when transporting children in vehicles other than school buses.
- The driver must make sure that a responsible person is present to take charge of a child when delivered to his or her destination.

Health Requirements for Children

- A medical report indicating that the child has been appropriately immunized must be on file for each child. A tuberculin skin test is to be included in the initial exam unless waived by a physician.
- The medical report is valid for two years for infants and preschool children. Exams for school-age children are required consistent with the requirements of the public schools.
- Children aged one to six years must have either a lead risk assessment or a lead screening.
- Water must be freely available to all children.
- Children's hands must be washed with soap and water upon arrival at the center, before and after meals or using the toilet, after wiping or blowing their noses, after outdoor play and after coming into contact with any soiled objects.
- Prescription and non-prescription medication may be accepted only in its original container. The center must maintain a record of the dates, times administered, dosages, prescription number (if applicable) and the name of the person administering the medication.
- Medication must be kept in locked cabinets or other containers that are inaccessible to children.





FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EMAIL COMMUNICATION

We will do our best to provide you and your family up to date and accurate communications through our email distribution systems. In order to provide this information we need make sure that we have your accurate email in our system. These email address will also be used by administration to get in touch with you if necessary.

Please print clearly.

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

Parent/Guardian #1: _____

Email Address: _____

Parent/Guardian #2: _____

Email Address: _____

Please email Children's Center communications to:

- ☐ Parent #1
☐ Parent #2

The main contact in our computer system for my family should be:

- ☐ Parent #1
☐ Parent #2

Please make sure to keep all of your information accurate with the registration office.



FOR YOUTH DEVELOPMENT®
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ATTENTION PARENTS CAMP PAYMENT DUE DATES

Full payment for each session is due on the dates listed below. After the due date, camp fees are not refundable. Please be aware that due to the high demand for summer camp enrollment, non-payment may result in cancellation of your child's registration.

- **Weeks 1 & 2 - May 21, 2012**
- **Weeks 3 & 4 - June 4, 2012**
- **Weeks 5 & 6 - June 18, 2012**
- **Weeks 7 & 8 - July 2, 2012**
- **Weeks 9 - 11 - July 16, 2012**

Please note if you have signed up for the draft your payments will be automatically deducted as follows: **Weeks 1 - 3 on May 1, 2012; Weeks 4-7 on June 1, 2012; and Weeks 8-11 on July 1, 2012**