



## Summer Camp Information



Our Summer Camp begins June 3, 2013 and ends June 27, 2013. Our camp is open Monday-Thursday's from 8:30 a.m. to 12:00 p.m. Sixteen spots are available to children ages 3-5. Each week the activities will be centered around a particular theme.

**June 3-6** Beach & Water Week

**June 10-13** Super Hero Week

**June 17-20** Western Week

**June 24-27** Science Week



**Fees:** \$50 non-refundable registration fee to secure spot in program  
 \$120 a week, first and last week due at time of registration.

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### Things to Bring to Summer Camp:

- Change of clothes

### Things to Leave at Home:

- Backpacks
- Toys

## Policies & Information

### Sign-in & Sign-out

Arizona State licensing requires that each child be signed in and out daily using a full signature of the authorized person. No child will be released without prior authorization by the parent on the emergency contact sheet. Identification must be provided.



### Tuition

Summer Camp tuition is due every Monday for the current week. First and last week are paid at time of registration. Other tuition due dates are June 10 & June 17.

### Toileting/Clothing

By the time a child has entered preschool he/she is well on their way to independence. Successful toileting is a big part of that confidence and we want to do all we can to provide the support your child needs at this stage. A regular schedule with predictable breaks and gentle reminders are all part of our day, however, the rest is up to your child and you. To begin preschool at DV Early Learning Center your child must be completely potty trained. This is defined by little to no accidents. We ask that you send your child in comfortable clothes that he/she can manipulate on his/her own, avoiding difficult buttons, overalls and belts.

Additionally, because we encourage exploration and involvement, your child will get messy from time to time. We will do what we can to protect their clothing when possible, but some activities will certainly prove to be more fun without the worry of keeping clean! A change of clothes has been requested, but this will probably be reserved for such accidents as toileting or food spills. Life is messy sometime - so is real learning!

### Discipline

We view discipline as an opportunity to direct children to appropriate behaviors. Appropriate limits are set by our staff who firmly yet kindly enforce these limits. Accepting a child for who they are provides the foundation for teaching them acceptable ways to handle life's bumps. Occasionally, children will be separated from the group in order to regain control and discuss with a staff member their inappropriate behavior and a more suitable plan of action for next time, all the while, validating their feelings and reassuring the child that they are safe and loved.

## Parent Involvement



### Separation Anxiety

Rest assured that separation anxiety is normal! If your child is having difficulty, here are a few tips that may ease the transition...

- Encourage a Positive Attitude. Speak happily and positively about school and friends.
- Be consistent with attendance.
- Let your child know that you will be leaving and explain to him/her you will return.
- Give a Big Hug and quickly leave. We will be glad to help direct your child to an activity.

Please feel free to call and check on your child's progress. Most children calm within only a few minutes.

### Snacks

To encourage good eating habits, we will serve nutritious snacks for your child in the morning.



### Pest Control

A Pest Control visit is scheduled after hours the last week of each month. At that time a visible inspection is completed. In the event treatment is needed, the safest methods will be used to get rid of pest problems.

## Medical Information

### Health

- A current record of your child's immunizations is required for attendance in a public school.
- Please keep your child home if he/she is experiencing any of the following:
  - \*Fever of 100 ° or more within the last 24 hours.
  - \* Diarrhea or upset stomach in the last 24 hours.
  - \*Any undiagnosed rash
  - \*Discharge from eyes or ears
  - \*Profuse or discolored discharge from nose.
  - \*Children with a fever will be sent home and must be fever free (without the use of medication) for 24 hours before returning to school.



### Emergency

- If your child becomes ill during the day, we will contact you to come get your child.
- In the case of a medical emergency, we will also notify the school nurse and 911 when appropriate. If we are unable to contact any of the people on your child's emergency card, we will have the Fire Department transport your child to an emergency room.
- If your child contracts a contagious disease, (Pink Eye, Chicken Pox, Strep...) please let us know so we can notify other parents.

### TEMPE UNION HIGH SCHOOL DISTRICT

### Desert Vista High School



16440 S. 32nd Street  
Phoenix, AZ 85048

Phone: 480-706-7937  
Fax: 480-706-7976  
E-mail: [jcadwell@tempeunion.org](mailto:jcadwell@tempeunion.org)

### Licensing Information

Desert Vista Early Learning Center is regulated by the Arizona Department of Health Services:

150 N. 18th Avenue, Ste. 400  
Phoenix, AZ 85007-3244  
(602) 364-2539  
(602) 364-4678

<http://www.hs.state/az/us>

Inspection reports are available upon request.



## Summer Camp Registration Checklist 2013-2014

**\*To register your child the following must be submitted:**

- Registration Checklist Form
- Permission to Participate & Receive Emergency Care Form - Read and signed by BOTH parents (if applicable)
- TUHSD Photo/Audio/Video Release Form
- DV Early Learning Center Summer Camp Application
- Emergency Information and Immunization Record Card Form **complete** and signed, Copy of Immunization Record **complete**
- \$50 Registration fee (non-refundable)
- First and Last week Summer Camp tuition (\$240)

**\*I have read and understand all of the following policies:**

- Policies and Information (Sign-in/out, Tuition, Toiletry & Clothing, Discipline)
- Medical Information ( Health & Emergencies)
- Parent Involvement (Separation Anxiety, Snacks, Pest Control)

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Child's Name

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Parent Signature(s)

**If you would like to receive information via email – please provide your email address(es)**

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Name/ Email Address



## Permission to Participate and Receive Emergency Care

My child, \_\_\_\_\_ has permission to:

- Use all play equipment and participate in all program activities.
- Leave the classroom under the supervision of a staff member for the purpose of walking field trips around DVHS campus.
- Be included in evaluations, pictures and videos connected with the program.

I also grant permission for the staff at DVHS Early Learning Center or school nurse to obtain necessary emergency medical care for my child which may include, but not limited to:

- ❖ Attempt to contact parent or guardian
- ❖ Attempt to contact child's physician
- ❖ Call 911 or the emergency room
- ❖ Have child transported to an emergency room

- I understand that any emergency medical expenses incurred will be the responsibility of the child's family.
- DVHS Early Learning Center will not be held responsible for inaccurate information on child's emergency form.
- DVHS Early Learning Center will not be held responsible for a child who has not been signed-in upon arrival.

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Company and Policy Name & Phone Number



2013-2014

We carry liability insurance as required by the state.



**DESERT VISTA EARLY  
LEARNING CENTER**

Date: \_\_\_\_\_

**SUMMER CAMP APPLICATION FOR ADMISSION**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Marital Status of Parents:**

Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Single: \_\_\_\_\_ Blended Family: \_\_\_\_\_

Stepfather/Stepmother: \_\_\_\_\_ (How Long)

Custody/Visitation Arrangements: \_\_\_\_\_

Is child adopted - Age at adoption: \_\_\_\_\_



Link to fill this form is on line then you can print it:

[http://azdhs.gov/als/childcare/documents/providers/forms/emergency\\_info\\_immunization\\_card.pdf](http://azdhs.gov/als/childcare/documents/providers/forms/emergency_info_immunization_card.pdf) Otherwise print this and fill it out.



CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing**

**Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Father or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

<b>Health Care Provider*</b>	Name:	Contact Telephone Number:
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

**In case of injury or sudden illness, I request that this individual be called first:** \_\_\_\_\_

Does your child have insurance coverage?  No  Yes Name of Insurance Company: \_\_\_\_\_

The following individual(s) may NOT remove my child from the facility:

Name(s):
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Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Additional comments:
Other special instructions: