



**First Baptist Church of Clarendon
Child Development Center**

1306 North Highland Street
Arlington, VA 22201
703.522.6477

13 February 2012

Thank you for choosing to enroll your child in the First Baptist Church of Clarendon Child Development Center 2012 Spring Break Camp!

Your registration packet includes:

- Registration Form
- Permission Form
- Insurance Form
- Medical Form
- Food Policies Form
- Electronic Attendance System Form
- Daily Activities Schedule
- DROP and Give me 20 Program Description
- Boot Camp, Yoga and Fit Choice Program Descriptions
- Tee Shirt Size Form

Your completed registration form must be returned no later than the close of business Monday, 12 March accompanied by the non-refundable registration fee. Tuition must be paid in full by the close of business Monday, 26 March 2012 or your camper's reservation will be canceled

The stated purpose of the FBCC CDC 2012 Spring Break Camp is to provide children aged Kindergarten through Grade 4 a variety of developmentally appropriate care, supervision and activities in safe and stimulating on and off campus environments and I have vested much thought and time into scheduling on campus activities and off campus events to engage your child's interest and encourage their participation and benefit.

Please feel free to contact me if I can answer any questions or be of any assistance as you and your child prepare for the FBCC CDC 2012 Spring Break Camp.

Thank you!

Tyrone (Mr. Rudy) Boardley
FBCC CDC 2012 Spring Break Camp Coordinator

2012 SPRING DAY CAMP REGISTRATION FORM
FIRST BAPTIST CHURCH OF CLARENDON
1306 N. HIGHLAND ST.
ARLINGTON, VA 22201
(703) 522-6477

CHILD'S NAME _____ BIRTHDATE _____ Grade completed _____
mo/day/yr K,1,2,3,4

ADDRESS _____ PHONE _____

FAMILY INFORMATION:

Mother's Name _____ Home Phone _____ Work Phone _____

Place of Business _____

Father's Name _____ Home Phone _____ Work Phone _____

Place of Business _____

Name, address, and telephone numbers(home and work) of TWO emergency contacts if parents cannot be reached:

(1) _____

(2) _____

ENROLLMENT: Please enroll my child for the following:

TUITION FEE: \$50.00 per day/Bring lunch

PLEASE ENROLL MY CHILD FOR THE FOLLOWING DAYS:

(Please check one)

___ Monday (only) April 2

___ Tuesday (only) April 3

___ Wednesday (only) April 4

___ Thursday (only) April 5

___ Monday -Thursday April 2 thru April 5

I HAVE READ THE DAY CAMP POLICIES CAREFULLY AND ACCEPT THEM AS TERMS OF ENROLLMENT FOR MY CHILD. I ACCEPT RESPONSIBILITY FOR PAYMENT FOR WEEKS INDICATED ABOVE.

PARENT SIGNATURE

**FIRST BAPTIST CHURCH OF CLARENDON
CHILD DEVELOPMENT CENTER**

SPRING BREAK CAMP PERMISSION FORM

FOR ILLNESS

The Child Development Center agrees to notify the parent or guardian whenever this child becomes ill, and the parent or guardian agrees to pick the child up thereafter as soon as possible.

FOR MEDICAL ATTENTION

The Center has my permission to take my child to the nearest hospital in an emergency when I cannot be reached. Also, I give permission to emergency room doctors to diagnose and treat my child to the best of their ability.

FOR FIELD TRIPS

My child has permission to attend field trips planned by the Child Development Center. If there is any exception I will notify the teacher or the Director prior to the trip.

AUTHORIZATION FOR PICKING UP OF CHILDREN

The following are authorized to pick up my child (or children)

The following person(s) are NOT authorized to pick up my child (children)

WAIVER OF LIABILITY

I understand that the children are supervised at all times and that every precaution is taken to prevent accidents at all times. I relieve the staff and the First Baptist Church of Clarendon of any liability in the event of an accident or injury on the premises or while my child is attending any activity

Name of Child _____

Parent's Signature _____ Date _____

EMERGENCY INFORMATION

Home Phone _____

Work Phones:

Mother _____ **Father** _____

Emergency contact:

Phone

Name Address

Phone

Name Address

Physician: _____

Name

Phone

Insurance: _____ **Policy #** _____

Policy holder: _____

Allergies?: If yes, what action is to be taken in case of an allergy attack?

**FIRST BAPTIST CHURCH OF CLARENDON
CHILD DEVELOPMENT CENTER**

DAY CAMP PERMISSION/INSURANCE FORM

FOR ILLNESS

The Child Development Center agrees to notify the parent or guardian whenever this child becomes ill, and the parent or guardian agrees to pick the child up thereafter as soon as possible.

FOR MEDICAL ATTENTION

If my child becomes ill or sustains injury during a CDC event, including transit, I give my permission for those in charge to administer first aid. I also consent to an x-ray examination, anesthetic, medical or surgical diagnosis, and treatment and hospital care, and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision, and upon the advice of a duly licensed physician and/or surgeon. I understand that every attempt will be made to reach me and/or those authorized to be reached in the case of an emergency prior to diagnosis and/or treatment.

FOR FIELD TRIPS

My child has permission to attend field trips planned by and under the direct supervision of the Child Development Center staff. If there is any exception I will notify the teacher or the Director prior to the trip.

AUTHORIZATION FOR PICKING UP OF CHILDREN

The following are authorized to pick up my child (or children)

Names: _____ Phone: _____

The following person(s) are NOT authorized to pick up my child (children)

WAIVER OF LIABILITY

I understand that the children are supervised at all times and that every precaution is taken to prevent accidents at all times. I relieve the staff and the First Baptist Church of Clarendon of any liability in the event of an accident or injury on the premises or while my child is attending any FBCC/CDC activity.

Name of Child _____

Parent's Signature _____ Date _____

(OVER)

EMERGENCY INFORMATION

Home Phone _____

2012 SPRING BREAK CAMP



First Baptist Church of Clarendon Child Development Center

1306 North Highland Street
Arlington, VA 22201
703.522.6477

STATEMENT OF PURPOSE: The purpose of the First Baptist Church of Clarendon Child Development Center 2012 Spring Break Camp program is to provide children aged Kindergarten through Grade 4 a variety of developmentally appropriate care, supervision and activities in safe and stimulating on and off campus environments.

POLICIES

ARRIVAL AND DEPARTURE: The FBCC Child Development Center opens at 6:45 AM and closes at 6:00 PM. The Spring Break Camp program is offered from 8:00 AM to 6:00 PM. Spring Break Campers must be 'keyed' in at the electronic attendance kiosk upon arrival and 'keyed' out at the electronic attendance kiosk upon departure. (Please refer to the electronic attendance system letter in the registration packet for further instructions.) Once the camper's attendance has been electronically documented, it is necessary for an adult to accompany the camper into the building and to their meeting space. The FBCC CDC Spring Break Camp assumes no responsibility for children dropped off at an outside entrance.

CLOTHING: Campers are required to wear a CDC tee shirt each day because of off campus field trips. Campers should wear clothing that is comfortable for both indoor and outdoor play. Campers should wear tennis shoes for all Spring Break Camp on and off campus activities. Open-toed shoes (sandals, flip flops, etc.) are not permitted. All outer wear and layers of clothing that may be removed should be labeled with the camper's full name.

FEES and TUITION POLICIES

REGISTRATION FEE: A non-refundable \$50.00 registration fee must accompany registration paperwork.

FEES: The fee for the Spring Break Camp is \$200.00.

RETURNED CHECK FEE: There is a \$30.00 returned check fee for checks returned by the bank. Any check returned by the bank must be paid in cash, plus the \$30.00 returned check fee.

LATE PICK-UP FEES: The first 10 minutes after 6:00 PM that a camper is not picked up, an \$8.00 fee will be incurred and a \$2.00 fee will be incurred for every minute thereafter.

FOOD: Please refer to the 2012 Spring Break Food Policies document included in the registration packet.

HEALTH REQUIREMENTS: There will be a morning health and wellness inspection each day as the camper arrives prior to their joining the larger group of campers. If the result of the morning health and wellness inspection reveals signs of illness, the camper will not be admitted to Spring Break Camp.

FIELD TRIPS: The Spring Break Camp Coordinator has planned several interesting off campus field trips for the campers. (Please refer to schedule included in your registration packet for all details.) The completed permission form included in the registration packet acts as your permission for your camper to participate.

2012 SPRING BREAK CAMP FOOD POLICIES

The FBCC CDC Spring Break Camp participants are generally away from the CDC at lunchtime. Therefore, it is necessary for the parent to pack a lunch each day. The lunch* should be packed in a disposable container (plastic or paper bag) and labeled with the child's first and last name. Perishable/frozen foods should not be packed due to lack of refrigeration. Should a child lose his/her lunch it should be brought to the attention of one of the Camp Leaders and arrangements for lunch that day will be made. The Spring Break Camp will provide morning and afternoon time snack foods and beverages. Children will be encouraged by staff and parents to eat the lunch prepared for them and not to share. All unused food that has been opened will be discarded after lunch. Food, such as chips, snack cakes, etc., that are not opened will be returned at the end of the day.

*** NUT POLICY**

FBCC CDC is aware of the tremendous risk children and adults who are allergic to nuts can face from even the smallest taste of peanut butter or a piece of nut, consequences that may be life threatening and require immediate intervention with medication, hospitalization or even life support. In an effort to eliminate the possibility of such an occurrence the FBCC CDC is a **NUT FREE ZONE**.

To this end, the following guidelines are implemented with your assistance and adherence.

1. Please do not allow your child to bring any food items into the school. Consume all foods before entering the building. Parents choosing to bring their food for their child to eat at mealtime are asked to honor the ***no nut policy*** as well.
2. Please keep this policy in mind when on occasion, you are asked to plan, pack and provide your child's food for the day in conjunction with a special event on or off the school campus. *We ask that no foods containing nuts or nut products be brought into the school or to an off campus event of the school under any circumstances.*
3. We ask that when supplying food items for special events that you use the FBCC CDC **no nut policy** as a guide in your selections of contributions.

Your understanding and support in helping us in making the FBCC CDC a "NUT FREE ZONE" is greatly appreciated. The FBCC CDC continues to work toward an inclusive environment that supports and acknowledges the right of each person to be fully included in all activities that are offered by the school.

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization**

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: _____ Current Grade: _____
 Student's Name: _____
 Student's Date of Birth: ____/____/____ Last First Middle
 Sex: _____ State or Country of Birth: _____ Main Language Spoken: _____
 Student's Address: _____ City: _____ State: _____ Zip: _____
 Name of Mother or Legal Guardian: _____ Phone: _____-_____-_____- Work or Cell: _____-_____-_____-
 Name of Father or Legal Guardian: _____ Phone: _____-_____-_____- Work or Cell: _____-_____-_____-
 Emergency Contact: _____ Phone: _____-_____-_____- Work or Cell: _____-_____-_____-

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example, feeding tube, hospitalizations, oxygen support, hearing aid, etc.):

List all prescription, over-the-counter, and herbal medications your child takes regularly:

Check here if you want to discuss confidential information with the school nurse or other school authority. Yes No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance: None FAMIS Plus (Medicaid) FAMIS Private/Commercial/Employer sponsored

I, _____ (do __) (do not __) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: _____ Date: ____/____/____

Signature of person completing this form: _____ Date: ____/____/____

Signature of Interpreter: _____ Date: ____/____/____

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM**

Part II - Certification of Immunization

Section I

**To be completed by a physician or his designee, registered nurse, or health department official.
See Section II for conditional enrollment and exemptions.**

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.
Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: _____ Date of Birth: |__|_|_|_|_|
Last *First* *Middle* *Mo.* *Day* *Yr.*

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
	1	2	3	4	5
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)					
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)					
*Tdap booster (6 th grade entry)					
*Poliomyelitis (IPV, OPV)					
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age					
*Pneumococcal (PCV conjugate) *only for children <2 years of age					
Measles, Mumps, Rubella (MMR vaccine)					
*Measles (Rubeola)			Serological Confirmation of Measles Immunity:		
*Rubella			Serological Confirmation of Rubella Immunity:		
*Mumps					
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used					
*Varicella Vaccine			Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine					
Meningococcal Vaccine					
Human Papillomavirus Vaccine					
Other					
Other					

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Minimum requirements are listed in Section III).

Signature of Medical Provider or Health Department Official: _____ **Date (Mo., Day, Yr.):** ___/___/___

Student's Name: _____ Date of Birth: |__|_|_|_|_|

Section II
Conditional Enrollment and Exemptions

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

DTP/DTaP/Tdap:[__]; DT/Td:[__]; OPV/IPV:[__]; Hib:[__]; Pneum:[__]; Measles:[__]; Rubella:[__]; Mumps:[__]; HBV:[__]; Varicella:[__]

This contraindication is permanent: [__], or temporary [__] and expected to preclude immunizations until: Date (Mo., Day, Yr.): |__|_|_|_|_|.

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.):|__|_|_|_|_|

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on _____.

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.):|__|_|_|_|_|

Section III
Requirements

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at <http://www.vdh.virginia.gov/epidemiology/immunization>

**Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).
(requirements are subject to change.)**

Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth

Student's Name: _____ Date of Birth: ____/____/____ Sex: M F

Health Assessment	Date of Assessment: ____/____/____ Weight: _____ lbs. Height: _____ ft. _____ in. Body Mass Index (BMI): _____ BP _____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided TB Risk Assessment: <input type="checkbox"/> No Risk <input type="checkbox"/> Positive/Referred Mantoux results: _____ mm	Physical Examination 1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> </tr> <tr> <td>HEENT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Neurological</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Skin</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lungs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Abdomen</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Genital</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Heart</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Extremities</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Urinary</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		1	2	3		1	2	3		1	2	3	HEENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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EPSDT Screens Required for Head Start – include specific results and date: Blood Lead: _____ Hct/Hgb _____																																																		

Developmental Screen	Assessed for:	Assessment Method:	<i>Within normal</i>	<i>Concern identified:</i>	<i>Referred for Evaluation</i>
	Emotional/Social				
	Problem Solving				
	Language/Communication				
	Fine Motor Skills				
	Gross Motor Skills				

Hearing Screen	<input type="checkbox"/> Screened at 20dB: Indicate Pass (P) or Refer (R) in each box. <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:10%;"></td> <td style="width:15%; text-align:center;">1000</td> <td style="width:15%; text-align:center;">2000</td> <td style="width:15%; text-align:center;">4000</td> </tr> <tr> <td style="text-align:center;">R</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align:center;">L</td> <td></td> <td></td> <td></td> </tr> </table>		1000	2000	4000	R				L				<input type="checkbox"/> Referred to Audiologist/ENT <input type="checkbox"/> Unable to test – needs rescreen <input type="checkbox"/> Permanent Hearing Loss Previously identified: ___Left ___Right <input type="checkbox"/> Hearing aid or other assistive device
		1000	2000	4000										
	R													
L														
<input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Refer														

Vision Screen	<input type="checkbox"/> With Corrective Lenses (check if yes)				
	Stereopsis	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Not tested	
	Distance	Both	R	L	Test used:
		20/	20/	20/	
<input type="checkbox"/> Pass <input type="checkbox"/> Referred to eye doctor <input type="checkbox"/> Unable to test – needs rescreen					

Dental Screen	<input type="checkbox"/> Problem Identified: Referred for treatment <input type="checkbox"/> No Problem: Referred for prevention <input type="checkbox"/> No Referral: Already receiving dental care
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Recommendations to (Pre) School, Child Care, or Early Intervention Personnel	Summary of Findings (check one): <input type="checkbox"/> Well child; no conditions identified of concern to school program activities <input type="checkbox"/> Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here): _____ _____ _____ _____
	___ Allergy <input type="checkbox"/> food: _____ <input type="checkbox"/> insect: _____ <input type="checkbox"/> medicine: _____ <input type="checkbox"/> other: _____ Type of allergic reaction: <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction Response required: <input type="checkbox"/> none <input type="checkbox"/> epi pen <input type="checkbox"/> other: _____
	___ Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)
	___ Restricted Activity Specify: _____
	___ Developmental Evaluation <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____
	___ Medication. Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school.
	___ Special Diet Specify: _____
	___ Special Needs Specify: _____
	___ Other Comments: _____

Health Care Professional's Certification (Write legibly or stamp):			
Name : _____	Signature: _____	Date: ____/____/____	
Practice/Clinic Name: _____	Address: _____		
Phone: _____	Fax: _____	Email: _____	

WEEK OF APRIL 2, 2012

Monday, April 2

8:00	Boot Camp
9:45	<i>Gathering and Morning Meeting</i>
10:00	POWER TOTS YOGA CLASS
11:00	CREATIVE DESIGN: arts and crafts
12:00	LUNCH
1:00	FIELD TRIP: movie
4:30	Fit Choice
5:00	'Reading is in the Air'
5:30	'Choice is in the Air': board games, crafts, art
6:00	Dismissal

Tuesday, April 3

8:00	Boot Camp
8:45	<i>Gathering and Morning Meeting</i>
10:00	FIELD TRIP: Air and Space Museum
2:00	Yoga-Snack-Journaling
3:00	MAGIC UP-CLOSE
5:00	'Reading is in the Air'
5:30	'Choice is in the Air': board games, crafts, art
6:00	Dismissal

Wednesday, April 4

8:00	Boot Camp
8:45	<i>Gathering and Morning Meeting</i>
10:00	FIELD TRIP: Natural History and/or American History Museum
2:00	Yoga-Snack-Journaling
3:00	"African Music"
4:00	Fit Choice
5:00	'Reading is in the Air'
5:30	'Choice is in the Air': board games, crafts, art
6:00	Dismissal

Thursday, April 5

8:00	Boot Camp
8:45	<i>Gathering and Morning Meeting</i>
10:00	FIELD TRIP: SPY MUSEUM
2:00	Yoga-Snack-Journaling
3:00	Cooking class with TINY CHEFS
4:00	Fit Choice
5:00	'Reading is in the Air'
5:30	'Choice is in the Air': board games, crafts, art
6:00	Dismissal

DROP and give me 20!

Children enrolled in the FBCC CDC Spring Break Camp will as part of their experience participate in the "DROP and give me 20" reading program.

The goal of the program is for your child to select 3 times in the course of each of the 4 days of camp that they will "DROP" what they are doing for 20 minutes and read a book they have selected. The book selected must be approved by one of the camp leaders to determine the suitability of the content and appropriateness of the level of reading to the reader. Before beginning to read, your child will let the camp leader know that this is the time they are choosing, and show the camp leader where in the book they are beginning their reading. At the end of the reading period your child will show the camp leader where they ended their reading. The camp leader will document the number of minutes your child read and ask your child to summarize what they read.

At the end of the camp, based on the number of minutes your child has read, your child will be awarded tokens with which they can 'purchase' a book.

(PLEASE NOTE: The DROP and give me 20! program is offered in addition to 30 minutes of daily 'reading is in the air'.)

BOOT CAMP, YOGA and FIT CHOICE

The percentage of overweight and obese children has more than doubled over the past 30 years. Although many factors contribute to this epidemic, children are becoming more sedentary. In other words, rather than moving, they are sitting around a lot more than they used to, not to mention need to.

According to the Kaiser Family Foundation, the average child is watching about 3 hours of television a day. And the average child spends 5½ hours per day on all screen media combined (TV, videos and DVDs, computer time outside of schoolwork, and video games).

The FBCC CDC is committed to limiting the amount of time spent in sedentary activities, especially watching TV or playing video games for children enrolled in the Spring Break Camp.

During the Spring Break Camp, through a daily Boot Camp Program, Yoga and the Fit Choice program the children will be introduced to and invited to participate in a variety of activities so that they can work on three elements of exercise:

- endurance
- strength
- flexibility

Endurance is developed when kids regularly engage in aerobic activity. During aerobic exercise, the heart beats faster and a person breathes harder. When done regularly and for continuous periods of time, aerobic activity strengthens the heart and improves the body's ability to deliver oxygen to all its cells.

Improving children's strength does not mean lifting weights and children do not need a formal weight-training program to be strong. Push-ups, stomach crunches, pull-ups, and other exercises help tone and strengthen muscles.

Stretching exercises help improve children's flexibility, allowing muscles and joints to bend and move easily through their full range of motion. Stretching to prevent injury prior to and following exercise as well as yoga ensure this element of exercise is addressed.

Children enrolled in the Spring Break Camp will participate in a daily morning Boot Camp. The Boot Camp Program will incorporate endurance training, strengthening and conditioning as well as coordination, agility, timing, eye-hand coordination and depth perception as children rotate through a series of stations.

Building on the skills introduced in Yoga class that will be offered by POWER TOTS, children enrolled in the FBCC CDC Spring Break Camp will practice the exercise element of stretching as part of their daily afternoon routine.

The Fit Choice program will incorporate endurance, coordination, agility, timing, eye-hand coordination and depth perception through the use of Wii and fitness DVDs.

Besides enjoying the health benefits of regular exercise, kids who are physically fit sleep better and are better able to handle physical and emotional challenges — from running to catch a bus to taking a test.

Children who are active will:

- have stronger muscles and bones
- have a leaner body because exercise helps control body fat
- be less likely to become overweight
- decrease the risk of developing type 2 diabetes
- possibly lower blood pressure and blood cholesterol levels
- have a better outlook on life

MOVE!

Rudy

2012 SPRING BREAK CAMP



First Baptist Church of Clarendon Child Development Center

1306 North Highland Street
Arlington, VA 22201
703.522.6477

All Spring Break Campers are required to wear a CDC tee shirt each day for off campus field trips.

Please indicate the tee shirt size you wish to order for your camper.

YOUTH

___ XS ___ YS ___ YM ___ YL

ADULT

___ S ___ M ___ L ___ XL

Thank you!