



# Summer Camp 2018

CHILD'S NAME: \_\_\_\_\_ SCHOOL-AGE ROOM \_\_\_\_\_ PREK ROOM \_\_\_\_\_  
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 CHILD'S NAME: \_\_\_\_\_ SCHOOL-AGE ROOM \_\_\_\_\_ PREK ROOM \_\_\_\_\_

In order to secure your child's spot, we will need this form filled out along with a \$30.00 registration fee (per child). Your deposit is non-refundable after May 1<sup>st</sup>, 2018. Please select your program options below by checking the appropriate schedule you would like to register your child for. There is a 4-day minimum. Please check each day your child will be attending.

**CANCELLATION POLICY:** Any schedule changes or cancellations must be made by June 1<sup>st</sup> 2018. You will not be refunded or have payment waived for any last minute absences due to vacations, appointments, illness (unless you have a doctor's note), play dates, etc. as we align our teacher's schedule with attendance. A notice of schedule changes must be emailed to [littlefarmers@sharonfamilyfarm.com](mailto:littlefarmers@sharonfamilyfarm.com) by June 1<sup>st</sup>. If you decide to add days to your child's schedule throughout the summer, you will be charged at the "Drop-In" rate, unless you select the minimum of four days.

*I understand that I am responsible for all tuition fees for the time I have selected for my child to attend Little Farmers. I understand that I will not be refunded or allowed make up days (unless discussed with the director) for any time my child(ren) will not be present if an emailed notice isn't made prior to June 1<sup>st</sup>, 2018.*

Parent Name (Printed) \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**REGISTRATION OPTIONS: PLEASE CHECK ONE OF THE FOLLOWING**

OPTION 1: 8:30-12:30 @ \$34/DAY \_\_\_\_\_  
 OPTION 2: 12:30-5:00 @ \$38.25/DAY \_\_\_\_\_  
 OPTION 3: 8:30-5:00 @ \$63/DAY \_\_\_\_\_  
 OPTION 4: DROP IN ONLY \_\_\_\_\_  
 (CALL AT LEAST 2 DAYS PRIOR TO CHECK AVAILABILITY) @ \$12/HR  
 No Deposit Required for Drop Ins

Check # \_\_\_\_\_ (Made out to "Little Farmers") Amount \_\_\_\_\_ OR Cash Amount \_\_\_\_\_

PARENT EMAIL ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

*Please check each day your child will be in attendance.*

<b>WEEK 1</b>	<b>WEEK 4</b>	<b>WEEK 7</b>	<b>WEEK 10</b>
6/20 _____	7/9 _____	7/30 _____	8/20 _____
6/21 _____	7/10 _____	7/31 _____	8/21 _____
6/22 _____	7/11 _____	8/1 _____	
	7/12 _____	8/2 _____	
<b>WEEK 2</b>	7/13 _____	8/3 _____	
6/25 _____			
6/26 _____	<b>WEEK 5</b>	<b>WEEK 8</b>	
6/27 _____	7/16 _____	8/6 _____	
6/28 _____	7/17 _____	8/7 _____	
6/29 _____	7/18 _____	8/8 _____	
	7/19 _____	8/9 _____	
<b>WEEK 3</b>	7/20 _____	8/10 _____	
7/2 _____			
7/3 _____	<b>WEEK 6</b>	<b>WEEK 9</b>	
7/4 <b>CLOSED</b>	7/23 _____	8/13 _____	
7/5 <b>CLOSED</b>	7/24 _____	8/14 _____	
7/6 <b>CLOSED</b>	7/25 _____	8/15 _____	
	7/26 _____	8/16 _____	
	7/27 _____	8/17 _____	



**Little Farmers Child Care Center  
Registration Form**

**STAPLE PHOTO OF CHILD  
HERE**

**Child's Information**

Child's Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_  
Date of Admission: \_\_\_\_\_

Eye Color \_\_\_\_\_  
Hair Color \_\_\_\_\_ Height \_\_\_\_\_  
Weight \_\_\_\_\_

**Parent/Guardian 1:**

Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Second Contact Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Place of Work: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

**Parent/Guardian 2:**

Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Second Contact Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Place of Work: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

**Child's Physician:**

**Child's Physician's Name:** \_\_\_\_\_  
**Physicians Office Address:** \_\_\_\_\_  
**Physician's Phone Number:** \_\_\_\_\_

## Pick Up Personnel & Security Software

We use a security/check in software called “KidCheck”. Please follow the directions below:

1. Please go to [www.go.kidcheck.com](http://www.go.kidcheck.com) and click on “Create Your Kid Check Account”.
2. Under the “Guardians” tab, please list any people who are allowed to pick up your child. You must include a picture of them, their first and last name and their phone number. Please do the same for yourself under the “My Profile” tab. \*We should have pictures of all pick up personnel.
3. Under the “Kids” tab, please fill in their first and last name, birthdate, gender and include a good picture. Please only write in the “Medical/Allergy Info” Box if applicable. Do not type anything in the box at all if not applicable, otherwise your child will pop up on our allergy list.
4. Download the KidCheck application on your smartphone. When you arrive for drop off, you will check your child in on our iPad check in station OR from the “KidCheck” application on your phone. Your child is then electronically assigned a unique 4-digit code. You must turn “Enable Text Messages” under the settings in the KidCheck application. Whoever is checking children in must have the application downloaded on their phone. Once the child is checked in, click on “Guardian Receipts” at the bottom of the application and forward that “Mobile Receipt” that states the 4-digit code on it to the person who will be picking up. If someone is picking up who does not have a smartphone, they may present that code on piece of paper or have their drivers license ready to show.

We will also have a hard copy of your alternative pick up list on hand should our Internet service be down. Any person you list below should also be listed on your child’s KidCheck profile under the “Guardian Tab”. Please include pictures of all pick up personnel on the KidCheck App.

**Alternative 1:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Alternative 2:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Alternative 3:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Alternative 4:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In case of an emergency or change of pick up plans, I give permission to any of the above individuals to be contacted and my child may be released to any of them.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Medical Consent Form

Little Farmers Child Care Center has my permission to obtain emergency medical treatment for my child when I cannot be reached or if a delay in reaching my child would be dangerous for him/her. Please review our Emergency Policies in your Parent Handbook. Your child's file, which includes this form, will be given to emergency medical staff upon their arrival.

### **Medical Information**

Preferred hospital/treatment center: \_\_\_\_\_

My child is taking the following medications: \_\_\_\_\_

My child has been confirmed to be allergic to the following: \_\_\_\_\_

\*Please attach a copy of your child's insurance card to this packet.

Please list any existing medical conditions, allergies, or special needs your child may have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Severity of Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Medication currently being taken and dosage:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Center's plan of action to care for your child in the case of an allergic reaction:

\_\_\_\_\_  
\_\_\_\_\_

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in child care.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Financial Management Plan**

Please check one of the following

**School Year Preschool Program** \_\_\_\_ **Year of** \_\_\_\_\_

### **Please check your program preference**

Half Day: 8:30-12:00 @ \$26.25/day    Full Day: 8:30-3:30 @ \$45.5/day (2017-2018 School Year)  
Half Day: 8:45-12:00 @ \$27.5/day    Full Day: 8:45-3:30 @ \$46.5/day (2018-2019 School Year)

Monday	Half Day	___	Full Day	___
Tuesday	Half Day	___	Full Day	___
Wednesday	Half Day	___	Full Day	___
Thursday	Half Day	___	Full Day	___
Friday	Half Day	___	Full Day	___

### **Summer Camp** \_\_\_\_\_

**(Please fill out summer form)**

By signing this form, you understand that you are financially responsible for all tuition fees aligned with the schedule you have selected for your child. You understand that there must be a minimum of a thirty day notice in writing in order to make any changes to your child's schedule should you need to deduct days. You may add days to your schedule based on availability at any time. Should you withdraw your child from the program, there is a thirty-day notice in writing and you are responsible for tuition during that time frame.

Please outline below whom is responsible for payment of tuition and fees. Please tell the director if there will be split tuition payments or if the tuition payment is the responsibility of an adult other than the parents/guardians. Tuition is always due **PRIOR** to your child's attendance. Payments may be made weekly, biweekly or monthly.

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

## **Authorization for the Administration of Medication Form (if applicable)**

In Connecticut schools, licensed Child Day Care Centers and Group Day Care Homes, licensed Family Day Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

### **Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):**

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of Child/Student \_\_\_\_\_ Town \_\_\_\_\_

Medication Name/Generic Name of Drug \_\_\_\_\_ Controlled Drug? YES NO

Condition for which drug is being administered: \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Dosage \_\_\_\_\_ Method/Route \_\_\_\_\_

Time of Administration \_\_\_\_\_ If PRN, frequency \_\_\_\_\_ Medication

shall be administered: Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_

Explain any allergies, reaction to/negative interaction with food or drugs \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Prescriber's Name/Title \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ Prescriber's

Address \_\_\_\_\_ Town \_\_\_\_\_ Prescriber's Signature

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ School Nurse Signature (if

applicable) \_\_\_\_\_

### Parent/Guardian Authorization:

\_\_\_\_\_ I request that medication be administered to my child/student as described and directed above

\_\_\_\_\_ I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication.

\_\_\_\_\_ I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects.

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent /Guardian's Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Home Phone #

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

**SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**  
**(If Applicable)**

Self-administration of medication may be authorized by the prescriber and parent/guardian.

Prescriber's authorization for self-administration: YES \_\_\_ NO \_\_\_ \_\_\_\_\_

Signature of Prescriber                      Date

Parent/Guardian authorization for self-administration: YES \_\_\_ NO \_\_\_ \_\_\_\_\_

Signature                                      Date

\*\*\*\*\*Today's Date \_\_\_\_\_

Printed Name of Individual Receiving Written Authorization and Medication \_\_\_\_\_

Title/Position \_\_\_\_\_ Signature (in ink or electronic) \_\_\_\_\_



## Photo Release Form



This form is for permission to display photos of your child. With your permission, we will take and use pictures of your child to display throughout the facility, in our newsletters, on our website, on our Facebook page. This is a great way to show parents and new families what we are doing at the center.

Please indicate below if we may use your child's photograph for the uses mentioned above and return this form to the center with at the time of registration.

I grant permission for Little Farmers Child Care Center to use my child's photograph for the uses listed above. Please sign.

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I do not give my permission to Little Farmers Child Care Center to use my child's photograph for any use. Please sign.

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Child's Name:

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Parent's Name (Printed):

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Parent's Signature:

Date:

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## Parent Consent Form

I have reviewed Little Farmers Child Care Center Parent Handbook, Policies, Emergency Plans, this Registration Form and any other additional forms provided to me and agree to comply with all of the information I've been given. I also agree that the information that I have provided on this registration form is filled out to the best of my knowledge and includes everything the center should know about my child. I have discussed and expressed any questions I may have regarding the center's behavior disciplinary policies with the program's administrative staff. I have carefully reviewed the behavior policies and understand that my child may be released from the program at any time if the director feels the program is not a good fit for my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional information I feel that my child's teachers should know:

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## **PARENT CHECKLIST**

***Prior to handing in any registration information for your child please be sure you've completed the following:***

- Entire Registration Packet to the best of your knowledge
- Early Childhood Health Assessment Form filled out by doctor
- Copy of Insurance Card
- Medication Forms including the self-administration form if applicable
- A thumbnail picture of your child
- A notarized form for a flu shot waiver due to religious beliefs (age 5 and under) if applicable
  - please request
- Summer Form – Please Request
- Completed profile on KidCheck application

***After you've completed registration your child should come with:***

- A pair of boots and overalls
- An extra change of clothes (If in Pre-k)
- Sunscreen if applicable
- All medication in original packaging with doctor's orders on it (if applicable)
- Weather appropriate clothing