

SUMMER CAMP 2021 REGISTRATION FORM & CONTRACT



PRESCHOOL ROOM (Upstairs): AGES 3-5
YOUNGER SCHOOL AGE ROOM (Back Room): AGES 4-6
MIDDLE SCHOOL AGE ROOM (Front Room): AGES 6-8
OLDER SCHOOL AGE ROOM (Addition): AGES 8-11

If your child will be entering kindergarten, the school age room will be suitable for them. Please request siblings to stay together/apart below. If there is more than a year age gap in siblings, we recommend separating for the purpose of age appropriate camp activities.

Child's Name: _____ Age at start of camp: _____ Room (Circle): PRE-K or School Age
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Program Requirements:

Non-Refundable Deposit: One child: \$50. Two children: \$80. Three children: \$100 (deposit not applied to tuition)

Registration Minimum: 5 Days Total for duration of camp (days do not need to be consecutive)

Hours: Monday-Thursday 8:00-4:30, Fridays 8:00-12:00

Rates: Monday-Thursday Rate: \$60/day, Fridays: \$40/day

Sibling Discount: Register each child for 15 days total to receive a 20% discount on each additional sibling's weekly rate.

EX) M-TH Full Days: Child 1: \$60/day, Child 2: \$48/day Fridays: Child 1: \$40/day, Child 2: \$32/day

Please check each individual day your child(ren) will be attending. Please keep in mind that **only (and all) Fridays are half days**. Monday through Thursdays are **only** full days. There is no half day option M-TH.

Share any notes you'd like us to know. If you'd prefer siblings be together/apart or if your child has friends attending, please share for planning purposes!

Week 1

6/28 _____
 6/29 _____
 6/30 _____
 7/1 _____
 7/2 _____

Week 4

7/19 _____
 7/20 _____
 7/21 _____
 7/22 _____
 7/23 _____

Week 7

8/9 _____
 8/10 _____
 8/11 _____
 8/12 _____
 8/13 _____

Week 2

7/5 _____
 7/6 _____
 7/7 _____
 7/8 _____
 7/9 _____

Week 5

7/26 _____
 7/27 _____
 7/28 _____
 7/29 _____
 7/30 _____

Week 8

8/16 _____
 8/17 _____
 8/18 _____

Week 3

7/12 _____
 7/13 _____
 7/14 _____
 7/15 _____
 7/16 _____

Week 6

8/2 _____
 8/3 _____
 8/4 _____
 8/5 _____
 8/6 _____



Parent Information:

First/Last Name: _____

Email Address: _____

Phone #: _____

Deposit: Check # _____ Amount: _____ OR Cash Amount _____

Please visit the reverse side to learn of our enrollment policies. In order to secure your child's spot, we'll need this form, the enrollment contract (reverse side), deposit and Registration Packet all together. We will need an updated health form as well prior to camp. Please make a copy of this schedule and enrollment contract for your records.

Enrollment Contract Summer Camp 2021

I wish to enroll my child(ren) _____, in Little Farmers Child Care Center (LFCCC) for Summer Camp 2021. I understand and agree to abide by the following school policies.

1. Enrollment in the Program – Parents or Guardians agree that the child(ren) shall be enrolled in this Summer Camp Program for the year of 2021. The child will have a set schedule of days that the parent has selected on the Registration Form.

2. Non-refundable Deposit -

Registration Fee/Deposit: For new and re-enrolling students, Parents or Guardians agree to pay a non-refundable registration aligned with the requirement on the Registration Form. Payment of the deposit is due at the time this Enrollment Contract is received by LFCCC and does not guarantee Enrollment at LFCCC. Confirmation of acceptance into the program will be communicated via email within one week of receiving this contract. Should we be unable to accommodate the schedule you've chosen, your deposit will be refunded.

3. Tuition Payments: If your tuition bill is less than \$1,000.00, then your payment is due in full by June 7th, 2021. If your tuition payment exceeds \$1,000, then you have the option to make payments in three partial installments:

June 7th (covers June 28th – July 16th) **July 19th** (covers July 19th – August 6th) **August 9th** (covers August 9th – August 18th) . Parents or Guardians agree to pay for tuition as scheduled. You may pay with a check or cash only. Checks should be made payable to “Little Farmers”.

4. Closure due to COVID: If we have to close the center due to a case of COVID, you will be responsible for paying for 25% of your bill for the days your child was scheduled to be in attendance for during the time of closure. If you register your child for the minimum of five days and they have to miss all of their five days due to closure, you will be refunded in full within three weeks from the time camp ends. We will not be able to offer make up days. If you have paid in full prior to an unexpected closure, you will be refunded for the amount due to you for the time that we are closed in which your child would have been in attendance for.

3. CANCELLATION POLICY:

All schedule changes must be made by **June 7TH, 2021**. You will not be refunded or have payment waived for any last-minute absences, as we align our teacher's schedules with the attendance. We will accommodate your request to move schedules around last minute only should we have the spot availability to do so. A notice of schedule changes must be emailed to littlefarmers@sharonfamilyfarm.com by June 7TH, otherwise, after June 7TH you will be responsible for paying for the time you've registered your child for.

5. General Terms and Conditions:

a. **Hours of Operation:** LFCCC is open 8:00-4:30 Monday through Thursday and 8:00-12:00 on Fridays. Please do not arrive earlier than 8:00 and no later than the designated pick up times.

6. Field Trip Consent

During the course of the day, children will walk next door to the Sharon Family Farm (the adjacent property) where they will interact with farm animals. Children will remain supervised by their assigned teacher and we will comply with state ratio regulations while at the farm. Ratios will remain no more than 1 teacher to 10 children. School age children visit the farm twice per day and the preschoolers visit the farm in the morning only. By signing below, you are giving us permission to allow your child to visit the Farm at any time during the day.

I have read and agree to the terms of the above Enrollment Contract as well as the Parent Handbook.

Both parents/guardians shall sign below.

Parent/Guardian Signature _____ Date _____

Director's Signature _____ Date _____

**Little Farmers Child Care Center
Registration Packet**

If your child attended summer camp last year, we do not need a new registration packet unless they have new allergies or medications. We will need an updated Health Assessment and pick up list.

Child's Information

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

**STAPLE PHOTO OF CHILD
HERE**

Eye Color _____
Hair Color _____ Height _____
Weight _____

* If you are a working parent, you must provide a phone number for your place of work.

Parent/Guardian 1:

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

Child's Physician: _____
Child's Physician's Name: _____
Physicians Office Address: _____
Physician's Phone Number: _____

Pick Up LIST & Security Software

We use a security/check in software called “KidCheck” to track attendance. Please use a computer to complete the following directions.

1. Please go to 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. Under this tab, you **MUST include yourself and a second guardian** (if applicable). We know it says not to add yourself under the Guardian tab, but I am asking that you do. You should have yourself listed under the “My Profile” tab and the “Guardians” Tab. You should include a picture of everyone, their first and last name and their phone number.
3. Under the “Kids” tab, please fill in their first and last name, birthdate, gender and include a good picture. Please leave the “Medical/Allergy Info” Box completely EMPTY if your child does not require any special needs/health concerns. Do not type anything in the box at all if not applicable, otherwise your child will pop up on our allergy list. **Do not** write “none” or “n/a”.
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 (from your car). Your child is then electronically assigned a unique 4-digit code. You must turn “Enable Text Messages” under the settings in your KidCheck account to receive check in notifications. Whoever is checking children should at least be listed as a Guardian on the child’s account. All you and they have to do, is type your phone number into the check in iPad, hit the green arrow, select your child’s box, assign them to their room that day, then hit the green arrow. That’s it! If you choose to do it from your phone, the steps are laid out for you on the website. On your phone, you can click on “guardian receipts” to get that 4-digit code. All we need is to see your license or the code at pick up time.
5. **Only one person should create an account for a child.** Do not have your pickup personnel or second guardian create an account for the child.

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 (don’t include yourself below, I will already have put your names down on the hard copy), should also be listed on your child’s KidCheck profile under the “Guardians” Tab.

PICK UP 1:	PICK UP 2:
First & Last Name: _____	First & Last Name: _____
Relationship to Child: _____	Relationship to Child: _____
Phone Number: _____	Phone Number: _____
PICK UP 3:	PICK UP 4:
First & Last Name: _____	First & Last Name: _____
Relationship to Child: _____	Relationship to Child: _____
Phone Number: _____	Phone Number: _____

Parent consent: 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 list any existing medical conditions, allergies, or special needs your child may have.

Please describe the Severity of Allergies:

Medication currently being taken and dosage:

1. _____
2. _____
3. _____

If your child has medication that needs to be taken at the center, you must request and complete the following forms prior to attendance:

- Medical Authorization Form for each medication
- Care Plan (completed by parents and staff)
- We will need all medications prior to your child attending.

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

Signature of Parent or Guardian: _____ Date _____

Financial Management Plan
Summer Camp Rates & Registration Requirements

Please fill out the summer camp form reflecting the dates your child will be registered for. Please note the following daily rates for summer camp.

Full Day Rate: \$60 (Monday-Thursday)

Half Day Rate: \$40 (Fridays only)

We do not offer a half day option Monday through Thursday – only on Fridays. You may pick up and drop off anytime within the listed timeframes.

Non-refundable Deposit -

Registration Fee/Deposit: For new and re-enrolling students, Parents or Guardians agree to pay a non-refundable registration aligned with the requirement on the Registration Form. Payment of the deposit is due at the time this Enrollment Contract is received by LFCCC and does not guarantee Enrollment at LFCCC. Confirmation of acceptance into the program will be communicated via email within one week of receiving this contract. Should we be unable to accommodate the schedule you've chosen, your deposit will be refunded.

Tuition Payments: If your tuition payment is less than \$1,000.00, then your payment is due in full by June 7th, 2021. If your tuition payment exceeds \$1,000, then you have the option to make payments in three partial installments:

June 7th (covers June 28th – July 16th)

July 19th (covers July 19th – August 6th)

August 9th (covers August 9th – August 18th)

Parents or Guardians agree to pay for tuition as scheduled. You may pay with a check or cash only. Checks are made out to "Little Farmers".

Cancellation Policy:

All schedule changes must be made by **June 7th, 2021**. You will not be refunded or have payment waived for any last-minute absences, as we align our teacher's schedule with the attendance. Should we have flexibility to move schedules around last minute, we are happy to accommodate you, but please know this is not guaranteed. A notice of schedule changes must be emailed to littlefarmers@sharonfamilyfarm.com by June 7th, otherwise, after June 7th you will be responsible for paying for the time you've registered your child for.

Closure due to COVID: If we have to close the center due to a case of COVID, you will be responsible for paying for 25% of your bill for the days your child was scheduled to be in attendance for during the time of closure. If you register your child for the minimum of five days and they have to miss all of their five days due to closure, you will be refunded in full within three weeks from the time camp ends. We will not be able to offer make up days. If you have paid in full prior to an unexpected closure, you will be refunded for the amount due to you for the time that we are closed in which your child would have been in attendance for.

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. 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.

Name: _____ Email Address: _____

Name: _____ Email Address: _____

Parent Signature: _____ Date: _____



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, and 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.

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

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

Child's Name: _____

Parent's Signature: _____

Date: _____

Parent Consent Form

Please initial next to each item.

COVID Acknowledgements

_____ I have read through all of the policies pertaining to children and teachers becoming ill and agree that I understand each item.

_____ I have thoroughly read through the COVID guidelines and understand the sanitation procedures that have put into place.

_____ I agree to wear a face covering during pick up and drop off. I will also communicate with anyone else picking up my child that they comply with wearing a mask during these times as well.

_____ I agree to not hold Little Farmers Child Care Center responsible if my child contracts COVID or any other illness during their time at school/camp.

Financial Acknowledgements

_____ I agree to pay tuition as scheduled.

_____ I agree to pay for 25% of my tuition bill if my child is scheduled to attend during any time of center closure due to COVID.

Behavior Acknowledgement

_____ I have reviewed the behavior policies, how misbehavior is handled and the behavior incident report sections of the Parent Handbook and expressed any questions I may have regarding these policies with the director. I 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. I understand that this program involves live farm animals. I am confident that my child is able to comply with directions given by staff and will be capable of treating all of the animals nicely. I understand that if my child is unable to comply with the rules of the barn or have been found to be mistreating the animals in any way, they may be dismissed from the program upon the incident.

Liability Agreement

_____ By registering your child at Little Farmers Child Care Center (LFCCC), you agree not to hold LFCCC or Sharon Family Farm liable for any injury or illness your child may receive while at the farm. We take all of the precautions that we possibly can to ensure your child's safety and health. You agree that you understand our guidelines for farm sanitation and animal interactions. By initialing, you agree to assume any risk, take full responsibility and waive any claims of personal injury or illness while you or your child visit the Sharon Family Farm's barn.

Field Trip Consent

_____ By initialing, you are giving LFCCC consent to take your child to the Sharon Family Farm at any time during their scheduled time with us via our school bus.

I have carefully reviewed Little Farmers Child Care Center's Parent Handbook, Registration Information, 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 the registration forms are filled out to the best of my knowledge and includes everything the center should know about my child.

_____ My spouse/significant other/ and any other party responsible for my child has also read through all of the information and also agrees to comply with the polices put into place.

Child(ren)'s Full Name:

Parent's Full Name:

Parent's Signature:

Date:
