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**Our program is licensed and our staff is screened by New York State Office of Children & Family Services.**

## **Parent Handbook 2014 – 2015**

**“Believe in yourself and everything is possible.”**

Our Staff is very excited and looking forward to a wonderful year. This handbook contains Camp Fun Spot policies and procedures, which are important to you and your child. By signing the following, you agree that you have reviewed a copy of the School-Age Child Care requirements prepared by the New York State Office of Children & Family Services. You also agree to follow the policies, procedures, and practices placed before you within the Camp Fun Spot Parent Handbook.

Dear Camp Fun Spot Parents,

The 2014-2015 school year will be here before we know it. We expect our After School Program to be full starting in September. We are offering our current After School students early registration. Open registration will begin on Saturday, August 2, 2014.

With our school bus, there are a limited number of seats available for the Lake George and Glens Falls Pick-Up runs. When registering your child/children for the 2014-2015 school year, we need to know what days he/she/they will be attending. Each week, you will be paying your tuition fees according to this schedule. This will ensure that your child/children will have a seat on the bus.

**If your child is absent from school, you need to call The Fun Spot prior to 1:00 pm to let us know they will not be attending camp that afternoon.** It takes a great deal of time, and everyone else must wait, while we talk to the school or call you on the phone to make sure we don't leave without your child. **If we do not receive a phone call and we need to call you at work or have the school call you, there will a \$5.00 fee for each occurrence.** This policy will be enforced for this upcoming school year. If you need to make changes to your child's schedule, advance notice will need to be given to Camp Fun Spot. We will need to make sure there is an available seat on the bus for the new day.

We have added a 3 to 5 year old Daycare/Preschool Program to our Camp Fun Spot license. Because of this, we are now required by New York State to get immunization records for all of the children, both in Day Care and After School. Income Eligibility Forms are also required since we are now part of the Child and Adult Food Care Program (CACFP).

## Camp Fun Spot Policies and Procedures

1. **Pickup:** All children must be picked up no later than 5:45 p.m. or a late fee will be charged.
2. **Snow Days:**
  - \*\* **Full Day:** If your school is closed because of weather, Camp Fun Spot will be **OPEN at 8 am for a full day program.** In extreme situations, Camp Fun Spot reserves the right to close for the safety of staff members. Notification will be given on the School Closing Network.
  - \*\* **Early Dismissal:** Parents must call Camp Fun Spot in the event that their school closes early due to bad weather. Camp Fun Spot will open early to accommodate families in this situation at no additional cost.
3. **Child Absent from School:** Please remember that it is your responsibility if your son or daughter is absent from school to **call and notify Camp Fun Spot before 11:00 am on the day missed.** If you do not notify us, we will spend time calling you at work and the main office at your school to notify you of a missing child. **A fee of \$5.00 will be charged each day Camp Fun Spot is not notified of your child's absence.**
4. **Sign In and Sign Out:** All children, upon arrival at Camp Fun Spot, must be signed in. All children being picked up from Camp Fun Spot, at any time and under ALL circumstances, **must be** signed out by his or her parent/guardian or designated pickup person.
5. **Parental Visitation:** Parents and/or guardians of enrolled/attending children are permitted to view and observe their children at any time while being escorted by a staff member. We only allow observation by parents of enrolled/attending children.
6. **Designated Pickup Persons:** We will only release children to persons designated by parents on the child's registration form. Parents may also provide an additional list. An ID provided by the designated pickup person must be shown to a staff member at the desk before release of the child will be permitted.
7. **Responsible for Child:** Camp Fun Spot will not assume responsibility of any child until his/her actual after school pick-up time or school bus drop off time at The Fun Spot. On full days, Camp Fun Spot will not assume responsibility for any child until their actual sign in time at The Fun Spot.
8. **Half-Day Dismissals:** Half-day dismissals are included in your weekly tuition fees. It is the parent's responsibility to check their monthly school calendars distributed by their school to be sure that their school's half days are listed appropriately. **Children may bring their lunch on half days; Camp Fun Spot does not provide lunch on half days. \$3.00 will be charged for a slice of pizza & small drink if lunch is supplied. This fee must be paid the same day lunch is provided.**
9. **Days Off/School Closings** – Days off and school closings are not included in your tuition. Childcare is available for most vacation days, but it is at an additional cost (see School Closing Schedule and Fee schedule).
10. **Snack:** Snack bar food can be purchased from Camp Fun Spot on a daily basis. A pre-paid snack card can be maintained for your child to purchase food or use for lunch on half days. See the front office to open, add to, or close a snack account.
11. **Personal Property:** Camp Fun Spot is NOT responsible for lost, stolen or damaged items brought to camp. **All personal property must be labeled with child's first and last name.**
12. **Lost and Found:** Clothing/items left at camp at the close of each business day will be placed in Lost and Found. It is the parent's responsibility to check this area daily. All items left at month's end will be donated to charity.
13. **Change in Personal Information:** Camp Fun Spot administrative personnel **must be notified immediately** when there are any changes in the following: home telephone, work phone, address, emergency contacts, etc.
14. **Parents Authorization:** I hereby grant permission for my child to be transported by Camp Fun Spot and contracted providers chosen by them to and from Camp Fun Spot. I also authorize Camp Fun Spot to transport my child at any time Camp Fun Spot chooses for daily excursions without notifying parent or guardian. Walking excursions are also permitted in and around the surrounding property/buildings of Camp Fun Spot and the Town of Queensbury.
15. **Discipline Policy - Definition of a Behavioral Problem:**
  1. Any behavior by a child that is viewed or deemed unsafe to the well being of himself/herself or any other person/child.
  2. The improper use of language or gestures directed to staff or other children.
  3. Damage or theft of camp property or the property of others.
  4. An overall disrespect to staff or other children.

### **Methods of Guidance and Discipline Used Shall:**

1. Be positive. For example, Instead of saying, "Stop kicking the table!" Say, "Please keep your feet on the floor."
2. Shall be consistent with the age and developmental needs of the children.
3. Lead to the child's ability to develop and maintain self control.

### **Behavioral Disciplinary Actions**

1. Children may be removed from a group activity to another area, provided that the child removed is either under the direct supervision of another staff member or continuously visible to a staff member.
  2. Verbal warning from director
  3. Verbal warning from director with a written notice for parent(s) to be signed.
  4. Conference with director
  5. Suspension or termination from Camp Fun Spot without refund.
  6. Extreme or violent behavior resulting in an injury to another child or staff member may warrant immediate termination from our program without any previous warnings.
  7. Camp Fun Spot retains the right to dismiss any student without prior written notice from or conference with the director.
  8. The center will not expel a child based solely on the child's parent making a complaint to the Bureau of Licensing regarding a center's alleged violations of the licensing regulations.
  9. Staff members shall not use hitting, shaking or any other form of corporal punishment of children.
  10. Staff members shall not use abusive language, ridicule, harsh, humiliating or frightening treatment or any other form of emotional punishment of children.
  11. Staff members shall not engage in or inflict any form of child abuse and/or neglect.
  12. Staff members shall not withhold food, emotional responses, stimulation, or the opportunities for rest or sleep from children.
  13. Staff members shall not require a child to remain silent or inactive for an inappropriately long period of time for the child's age.
16. **Policy On Release of Children:**
1. Each child may be released only to the parent(s) or person(s) authorized by the parent(s) to take the child from Camp Fun Spot and to assume responsibility for the child in an emergency if the parent(s) cannot be reached.
  2. If a non-custodial parent has been denied access, or granted limited access, to a child by a court order, Camp Fun Spot will need to receive documentation to that effect, maintain a copy on file, and comply with the terms of the court order.
  3. If the parent(s) or person(s) authorized by the parent(s) fails to pick up a child at the time of the center's daily closing, the center shall ensure that:
    - a) The child is supervised at all times.
    - b) Staff members will attempt to contact the parent(s) or person(s) authorized by the parent(s).
    - c) An hour or more after closing time, provided that other arrangements for releasing the child to his/her parent(s) or person(s) authorized by the parent(s) have failed and the staff member(s) cannot continue to supervise the child at the center, the staff member shall call the Division of Youth and Family Service's 24 hour Child Abuse Hotline (1-800-792-8610) to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick-up the child.
    - d) If the parent(s) or person(s) authorized by the parent(s) appears to be physically and/or emotionally impaired to the extent that, in the judgment of the director and/or staff member, the child would be placed at risk of harm if released to such an individual, the center shall ensure that the child may not be released to such an impaired individual:
      - i. Staff members will attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s); and

- ii. If the center is unable to make alternative arrangements, a staff member shall call the Division of Youth and Family Service's 24-hour Child Abuse Hotline (1-800-792-8610) to seek assistance in caring for the child.

e) For school-age childcare programs, no child shall be released from the program unsupervised except upon written instruction from the child's parent(s).

17. **Policy on the Management of Communicable Diseases:** If a child exhibits any of the following symptoms, he/she should not attend camp. If such symptoms occur at camp, the child will be removed from the area, and you will be called to pick up your child.

Severe pain or discomfort	Infected untreated skin patches
Acute Diarrhea	Difficult or rapid breathing
Episodes of acute vomiting	Skin rashes lasting longer than 24 hours
Oral temperature of 101.5 degrees Fahrenheit	Swollen joints
Sore Throat or severe coughing	Visibly enlarged lymph nodes
Yellow eyes or jaundice skin	Stiff Neck
Red eyes with discharge	Blood in urine

Once the child is symptom free for 24 hours, or has a physician's note stating that he/she no longer poses a serious health risk to themselves or others, he/she may return to camp. If a child contracts any of the following diseases, please report it to us immediately. The child may not return to camp without a doctor's note stating that the child presents no risk to himself or others.

**Table of Excludable Communicable Diseases:**

Respiratory Illnesses	Giardia Lamblia*	Scabies
Chicken Pox	Hepatitis A	Tuberculosis*
German Measles*	Salmonella*	Meningococcus
Homophiles Influenza*	Shigella*	Mumps
Measles*	Whooping Cough	Strep Throat
Impetigo	Contract illnesses	Gastro-intestinal illnesses
Lice (must remove all eggs/nits before returning to Camp Fun Spot with note from physician)		

Reportable diseases: If your child is exposed to any communicable diseases at our program, you will be notified in writing.

18. **Children's Code of Conduct** While at Camp Fun Spot, children are expected abide by the following rules:

1. Quiet down when counselors use the 'quiet signal'
2. Respect other children, staff, and property
3. Follow all staff directions
4. Stay with a staff member at all times
5. Adhere to all rules regarding safety
6. Refrain from using foul language or any forms of verbal abuse
7. No fighting or other physical altercations

## Camp Fun Spot Program Dates and Fees

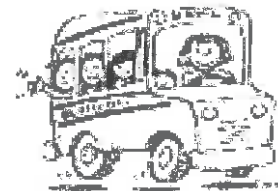
**Camp Fun Spot After School Program runs September 3, 2014 thru June 25, 2015**

\* Program dates will coincide with the opening and closing dates of your child's school.

**Invoices NOT Provided:** An invoice will not be provided unless requested. Payments should be made in accordance with the program fees outlined below.

**AFTER SCHOOL CARE is from Pick Up/Drop off time Until 5:45 PM**  
**(Kindergarten – 7<sup>TH</sup> Grade) (Weekly Payment)**

<u>First Child</u>	<u>Additional Child(ren)</u>
5 Day: \$62.00	\$55.80
4 Day: \$56.00	\$50.40
3 Day: \$48.00	\$43.20
2 Day: \$38.00	\$34.20



Per session, Non-Refundable Registration Fee: \$10 per child School Session Sept – June.

**Second Child Rates:** First Child rate is charged the higher fee for the children attending, and then the 2<sup>nd</sup> child rate would apply.

## Late Pick-ups

Arrangements must be made prior to the beginning of the program or notification must be given if you will be late picking up. There will be a late fee if your child is picked up after 5:45 p.m. *This fee must be paid at the time of late pick up on the day applicable.* The following fees will apply: **\$10.00 per hour after 5:45 pm**

## Camp Fun Spot Financial Policies

- ✓ **No Refunds or Credits Available**
  - ✓ **Payment Due Schedule:**
    - **After School Program:**  
All Payments are due in advance. Payments for the week are due by Friday of the previous week by 5:45 pm. A late fee of \$10.00 will be assessed on any account which is not paid in full by 5:45 p.m. on the previous Friday. Invoices will not be provided unless requested.
- 1) Payment for camp is due **upon registration** or before commencement of service. **(DO NOT send in with child)**
  - 2) Payments will be applied as follows: registration fee, late fees, past due balances, then current balances.
  - 3) A **non-refundable** registration fee of \$10.00 per child is due upon enrollment in any of the Camp Fun Spot programs.
  - 4) Under no circumstances will Camp Fun Spot credit for absenteeism or cancellation of a child's enrollment in any of our programs.
  - 5) **Returned Checks:** A \$35 fee will be assessed to your account. In the event that this situation occurs twice, cash or a money order will be required for payment for the remainder of the year.
  - 6) Accounts that are delinquent may result in suspension or termination from Camp Fun Spot without refund.
  - 7) If outside assistance is required to collect any outstanding balances on your account, all costs incurred, including any and all attorney fees, collection fees, and/or court costs will be added to your account.
  - 8) We are a **peanut free facility**. Due to the severe allergic reaction of some of our children all **peanut products are prohibited**.

## 2014-2015 School Closings and Days Off

Days off and school closings are not included in your regular tuition. Child care is available for the school closing dates listed below, but at an additional cost of \$20.00 per Day in addition to regular tuition fees.

Pre-registration required

October, 2014	13	Columbus Day
November, 2014	11	Veteran's Day
November, 2014	26	Thanksgiving Break
December, 2014	22, 23, 26, 29, 30, 31	Christmas Vacation
January, 2015	2	
January, 2015	19	Martin Luther King, Jr. Day
February, 2015	16 thru 20	Winter Recess
April, 2015	3, 6 thru 10	Good Friday, Spring Recess

Don't forget to notify your child(ren)'s school about the days your child will be attending Camp Fun Spot.

Please remember that you **must** notify Camp Fun Spot of all absences. **A fee of \$5.00 will be charged each day Camp Fun Spot is not notified of your child's absence.**

See INSTRUCTIONS on reverse.

**CHILD CARE CENTER NAME:** \_\_\_\_\_

Print the name of the child(ren) enrolled in this child care center:

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

**DIRECTIONS:**

**Complete SECTION A if anyone in your household:**

1. Receives Food Stamps
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. If any of the children enrolled in this child care center are foster children

**Complete SECTION B if no one in your household receives Food Stamps, TANF, FDPIR or if none of the children enrolled in the child care center is a foster child.**

SECTION A
Food Stamp Case Number _____
TANF Number _____
FDPIR Number _____
Names of Foster Children _____
<p><b>An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.</b></p> <p>I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.</p>
Signature: _____
Date: _____
FOR SPONSOR USE ONLY
Sponsor Agreement Number _____
Total Household Members _____ (including foster children, if applicable)
Total Income \$ _____
Free _____ Reduced _____ Paid _____
Date Determined ____ / ____ / ____
Signature of Center Staff _____

SECTION B	
<p>List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received last month in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.</p>	
Name of Household Members	Monthly Gross Income
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
<p><b>An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.</b></p> <p>I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.</p>	
Signature: _____	
Print Name: _____	
SS# XXX-XX-_____	Date: _____

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the form. The Social Security Number is not required when you apply on behalf of a foster child or you list a Food Stamps, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

### INSTRUCTIONS FOR COMPLETING DOH-3688

#### Definition of Income

*Income* means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

#### Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

#### Instructions for Parents or Guardians:

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

**Section A:** If anyone in your household receives Food Stamps, Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the Food Stamp, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

**Foster children:** If your household includes a foster child who is in child care, write in the names of the foster children.

**Section B:** Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

#### Instructions for Centers and Sponsors:

**The For Sponsor Use Only section is to be completed, signed and dated by center or sponsor staff.** The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

#### **The Sponsor Agreement Number.**

**Total Household Members** – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

**Total Income** – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid*.

**Free, Reduced or Paid** – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, or Food Stamp, TANF or FDPIR numbers) are categorized in the paid category.

**The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member.** For example, a form signed on May 12, 2011 is valid until May 31, 2012.



Dear Parent, Guardian or CACFP Participant:

This center participates in the Child and Adult Care Food Program (CACFP) and serves nutritious meals each operating day. The information requested on the attached Income Eligibility Form for Child Care or Adult Day Care Centers determines how much reimbursement this center will receive from CACFP for these meals and snacks, based on the United States Department of Agriculture (USDA) family income criteria listed below.

We encourage you to complete the form promptly so your center can maximize its reimbursement for healthy meals and snacks. One form needs to be completed for each household every year except for children enrolled in Head Start or At-Risk Only programs. All information on the form will be confidential and used only for the purpose of determining CACFP reimbursement for meals and snacks served at this center.

Foster children are automatically eligible for the highest rate of reimbursement from CACFP. Households with both foster and non-foster children in day care may complete one form, including the foster child as a household member. Eligibility determination for the non-foster children will be based on the information reported on the form by the household.

**INCOME ELIGIBILITY GUIDELINES  
 (Effective July 1, 2012 until June 30, 2013)**

Household Size	REDUCED-PRICE MEALS		
	Year	Month	Week
1	20,665	1,723	398
2	27,991	2,333	539
3	35,317	2,944	680
4	42,643	3,554	821
5	49,969	4,165	961
6	57,295	4,775	1,102
7	64,621	5,386	1,243
8	71,947	5,996	1,384
For each additional family member	+7,326	+611	+141

\_\_\_\_\_  
 Sponsor/Center Official

\_\_\_\_\_  
 Sponsoring Organization

\_\_\_\_\_  
 Date

In accordance with Federal Law and US 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 Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 653-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.



## Camp Fun Spot Registration

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Gender: Male Female Grade \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Full Name \_\_\_\_\_  
Mother's Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Mother's Home Phone \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Mother's Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Mother's Occupation: \_\_\_\_\_  
Hours at work: \_\_\_\_\_ to \_\_\_\_\_ . Days at work: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Full Name: \_\_\_\_\_  
Father's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Father's Home Phone \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Father's Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Father's Occupation: \_\_\_\_\_  
Hours at work: \_\_\_\_\_ to \_\_\_\_\_ . Days at work: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell # \_\_\_\_\_

Parent's Marital Status: Married Separated Divorced Single Widowed  
Child Lives With \_\_\_\_\_ If Divorced, Who Has Legal Custody \_\_\_\_\_  
May the Non-Custodial Parent Pickup Child \_\_\_\_\_ If No, please provide court documentation.

## Child Pick Up Form

The following people (other than parents/guardian) also HAVE permission to pick-up the child named above from Camp Fun Spot. It is the parent's responsibility to notify Camp Fun Spot in writing of any changes.

1. Name: \_\_\_\_\_ DL #: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ DL #: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ DL #: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

B. The following people **MAY NOT** pick-up my child(ren) from Camp Fun Spot.

1. Name: \_\_\_\_\_ DL #: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Note: Any person unfamiliar to me will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director's Initial \_\_\_\_\_

**Emergency Contact Information**

Primary Emergency Contact (other than parents/guardian):

Name \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Emergency Contact Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

Secondary Emergency Contact (other than parents/guardian):

Name \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Second Emergency Contact Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

**Photography Permission**

The Fun Spot occasionally uses photography/video for publicity purposes. We would like your permission to photograph/video you/your relatives for possible inclusion in our publications, website and other publicity material. The image(s) will remain the property of The Fun Spot and will be used for the designated purpose of promoting The Fun Spot.

Name of parent/guardian: \_\_\_\_\_

I permit The Fun Spot, to use photographs/videos of me/my relatives in The Fun Spot's publications and publicity material.

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

**Neosporin & Sprays Permission**

I \_\_\_\_\_ give permission for the staff at Camp Fun Spot to apply topical ointments, spray on sun screen, and spray on bug spray to \_\_\_\_\_ when they deem necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Homework Club Enrollment:**

For no extra charge enroll your child(ren) into the Camp Fun Spot Homework club to get help in completing their homework each day.

\_\_\_\_ Yes, I would like \_\_\_\_\_ to be enrolled in the Camp Fun Spot Homework Club.

\_\_\_\_ No Thank You, I would not like \_\_\_\_\_ to be enrolled in the Camp Fun Spot Homework Club.

**The Fun Spot Activities Permission**

I \_\_\_\_\_ give permission to \_\_\_\_\_ to participate in any of The Fun Spot activities during Camp Fun Spot (Example: Roller Skating, Playground, Go Karts, Adventure Golf, and Laser Tag.)

Parent/Guardian Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Release / Consent to Medical Treatment**

In a true emergency, a child may need to be treated without parental consent. I hereby give my permission that in my absence, Camp Fun Spot Staff may act on my behalf regarding the treatment of my child. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment. In the event that I cannot be contacted immediately and a delay would result in increased risk to the child's life or health, medical or surgical treatment can be administered to my child as prescribed by a treating physician.

Parent/Guardian Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

**Camp Fun Spot will not be responsible for paying for the child's health care.**

- 1. Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_
- 4. Regular Medications: \_\_\_\_\_
- 6. Medicine allergies: \_\_\_\_\_
- 7. Food Allergies: \_\_\_\_\_
- 8. Any other Allergies: \_\_\_\_\_
- 9. Any special health conditions: \_\_\_\_\_

**Overview Of Care Needs**

Number of Days per Week: \_\_\_\_\_  
Days of week care is needed:    Monday    Tuesday    Wednesday    Thursday    Friday  
Comments:

**I understand that this is a legally binding document. I have read and understand all Camp Fun Spot Policies and Procedures.**

**Signatures:**

Provider: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**(I understand that this is a legally binding document and have read it and understand it)**

## **Enrollment Requirement Check Sheet**

The following steps must be completed and submitted to the Fun Spot main office prior to the child's first day attending Camp Fun Spot Programs. All personal information will be kept confidential, unless required to be given to the appropriate staff to meet your child's individual needs.

**STAFF NOTE: Please Initial as Received**

- \_\_\_\_\_ Camp Fun Spot Registration
- \_\_\_\_\_ Childs Pick Up Form
- \_\_\_\_\_ Emergency Contact Information
- \_\_\_\_\_ Photography Permission
- \_\_\_\_\_ Neosporin & Sprays Permission
- \_\_\_\_\_ Homework Club
- \_\_\_\_\_ Fun Spot Permission
- \_\_\_\_\_ Emergency Release / Consent
- \_\_\_\_\_ Child's Medical Information
- \_\_\_\_\_ Overview of Childcare Needs
- \_\_\_\_\_ Signed Handbook Acknowledgement Form
- \_\_\_\_\_ Income Eligibility Form
- \_\_\_\_\_ Immunization Record from Doctor
- \_\_\_\_\_ NYS Blue Card
- \_\_\_\_\_ Registration Payment
- \_\_\_\_\_ First Week's Tuition

