



Camp Fun Spot Day Care Parent Handbook
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www.thefunspot.net

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

Day Care Parent Handbook Effective February 1, 2018

"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 Day 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.

Camp Fun Spot is required by NYS to get immunization records and physicals for all of the children enrolled in our program. Income Eligibility Forms are also required since we are part of the Child and Adult Food Care Program (CACFP).

Please remember to notify Camp Fun Spot if your child will not be attending camp on any regularly scheduled day.

Policies and Procedures

1. **Sign In and Sign Out:** All children, upon arrival at Camp Fun Spot, must be signed in; and 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.
2. **Parental Visitation:** Parents and/or guardians of enrolled/attending children are permitted to view and observe their children at any time, except during naps, while being escorted by a staff member. We only allow observation by parents of enrolled/attending children.
3. **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.
4. **Responsible for Child:** Camp Fun Spot will not assume responsibility of any child until his/her actual arrival and sign-in at The Fun Spot.
5. **Snack:** We provide a NYS regulated, hot lunch and snacks daily.
6. **Allergies:** All necessary precautions will be taken for any peanut or other food allergies. If allergies do exist to certain things, they will be prohibited from the classroom.
7. **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.**
8. **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.
9. **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.
10. **Pickup:** All children must be picked up no later than 5:45 p.m. or a late fee will be charged.
11. **Video Surveillance:** Surveillance cameras are used in all daycare classrooms and the entrance hallway. The cameras are located on the ceilings. Also, cameras are mounted on the ceilings throughout The Fun Spot building and on the outside of the building to show the outside areas.
12. **VACATION POLICY:** For two weeks each year (52 week period), half price tuition will be allowed for a child that will be absent from camp for a full week. A two week notice will be needed in order to get the discount.
13. **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.

14. **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 all childcare programs, no child shall be released from the program unsupervised except upon written instruction from the child's parent(s).

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

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

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 day care. If a child contracts any of the following diseases, please report it to us immediately. The child may not return to day care without a doctor's note stating that the child presents no risk to himself/herself or others.

Table of Excludable Communicable Diseases:

Strep Throat	Giardia Lamblia*	Impetigo	Mumps*
Tuberculosis*	Shigella*	Lice	Measles*
Chicken Pox	Hepatitis A*	Scabies	Meningococcus*
German Measles*	Salmonella*	Homophiles Influenza*	Whooping Cough*

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.

16. **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 other forms of verbal abuse
7. No fighting or other physical altercation

17. **Education:** If you would like your child to participate in the educational portion of the day they need to be here from 9 to 11 am for Circle Time and Centers. If you are dropping off your child during Circle Time or small group instruction please make sure you enter the classroom quietly and try not to disrupt these activities. This is a very important part of our day and does require the teachers' undivided attention. If you have something to discuss with the director, teachers or staff, please try to arrive before 9 am or set up a meeting with us at a specific time.
18. **Rest Time:** Rest Time is from approximately 12:30pm to 2:30pm. Please do not plan to pick up your child during this time as this could be disruptive to the other children. Rest mats will be supplied by the center. Parents must supply a crib sheet, labeled with the child's name, to be placed over the mat during rest time. The sheet will be removed from the mat after rest time and stored with the child's belongings. All mats will be sanitized after each use. A blanket, special friend and/or small pillow, labeled with the child's name may also be brought in. All items need to be taken home on Friday to be laundered and returned to camp on Monday. If your child becomes ill, all rest time items will need to be taken home and cleaned before the child returns to camp. Rest time schedules will not be reduced due to family schedules. This is an important time of day and is mandatory by the Office of Children and Family Services. Children will not be disturbed during rest time except in the case of an emergency.

Toddler Program: Age 2 to 3 years

Diapers, Wipes and Soiled Clothing:

1. Diapers and wipes, enough for one week must be supplied by the parents. There will be an additional charge for any diapers that are supplied by Camp Fun Spot.
2. Extra complete changes of clothing are needed for this age group. It is suggested that you supply two or three changes of clothing to be kept in their cubbie.
3. If diaper rash cream is required, it must be provided by the parent. A written consent form must be signed and will be kept on file and is valid for six months.
4. It is requested that toddlers wear disposable diapers. Infection can be spread by leakage from cloth diapers. Cloth diapers may be used but must be laundered by the parent or a commercial company. If using cloth diapers, parents must supply all cloth diapers and waterproof covers/pullover. Also required is a diaper pail with a lid labeled with the child's name. All cloth diapers will be placed in a plastic bag and placed in the lined diaper pail. All cloth diapers must be removed from the center at pick up time each and every day. The diaper pail must be taken home daily to be cleaned if necessary and every weekend and then returned the following week. Extra diapers and waterproof covers/pullover must be on hand at all times. Cloth diapers must have snaps not pins. In accordance with the United States Public Health Service, any clothing that becomes soiled with bodily fluids (urine, stool, vomit and/or blood) must be placed in a sealed labeled plastic bag. This procedure is to help prevent the spread of infection that may occur from handling soiled clothing. All soiled clothing will be given to the parent at pick up time

Camp Fun Spot Program Dates and Fees Effective Feb 1, 2018

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

DAY CARE from 7:00 am Until 5:45 pm

2 to 5 year old Day Care / Preschool Program (Weekly Payment)

<u>First Child</u>	<u>Additional Child</u>
\$202.00 - 5 days per week	\$181.80 - 5 days per week
\$177.00 - 4 days per week	\$159.30 - 4 days per week
\$145.00 - 3 days per week	\$130.50 - 3 days per week
\$105.00 - 2 days per week	\$94.50 - 2 days per week

- Per school year, **Registration Fee:** \$15 per child **School Session** Sept – Aug. Re-registration Fees will be charged once a year in September for families that were enrolled prior to July 1 of that year.
- **Second Child Rates:** First Child rate is charged the higher fee for the children attending, and then the 2nd child rate would apply.
- **VACATION POLICY:** For two weeks each year (52 week period), half price tuition will be allowed for a child that will be absent from camp for a full week. Two weeks notice will be needed in order to get the discount.
- **Payment Due Schedule:** All Payments are due by 5:45 pm Friday of the week prior to the start of the week attending. 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. All payments will be automatically processed on the date due thru our Tuition Express payment processing software using a credit card or ACH payment option. A \$5.00 monthly fee will be assessed on any account that is not signed up for automatic payments. Invoices will not be provided unless requested.

Late Pickups

Arrangements must be made prior to the beginning of the program. 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 ½ hour after 5:45 pm

Camp Fun Spot Financial Policies

1. **No Refunds or Credits Available**
2. A late fee of \$10.00 will be assessed on any account which is not paid in full by 5:45 pm on the due date
3. Payment for camp is due upon registration or before commencement of service. **(DO NOT send in with child)**
4. Payments will be applied as follows: registration fee, late fees, past due balances, then current balances.
5. A non-refundable registration fee of \$15.00 per child is due upon enrollment in any of the Camp Fun Spot programs.
6. Under no circumstances will Camp Fun Spot credit for absenteeism or cancellation of a child's enrollment in any of our programs.
7. In situations where the parents of a child are separated or divorced, the parent who has signed the registration packet is the parent responsible for payment.
8. **Withdrawal:** A two week written notice is required to be given to Camp Fun Spot. Tuition will be charged for these two weeks.
9. **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.
10. Accounts that are 2 weeks past due will result in suspension or termination of your child from Camp Fun Spot without refund. If unusual circumstances prevent you from paying on time, please discuss the situation with the Director.
11. 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.

Camp Fun Spot Day Care Closings - Care Will NOT Be Provided on these dates. Camp Fun Spot will be CLOSED on the observed holiday if the holiday falls on a weekend.

Labor Day
Thanksgiving Day and the Friday after Thanksgiving,
Christmas Eve Day and Christmas Day
New Year's Day
Memorial Day
4th of July

Please remember to notify Camp Fun Spot if your child will not be attending camp on any regularly scheduled day.

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 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, 2017 until June 30, 2018)

HOUSEHOLD SIZE	REDUCED-PRICE MEALS		
	YEAR	MONTH	WEEK
1	22,311	1,860	430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
FOR EACH ADDITIONAL FAMILY MEMBER	+7,733	+645	+149

SPONSOR/CENTER OFFICIAL

SPONSORING ORGANIZATION

DATE

This institution is an equal opportunity provider.

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. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

SECTION A

SNAP Case # _____

TANF # _____

FDPIR # _____

Names of
Foster Children _____

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.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature _____

Date _____

FOR SPONSOR USE ONLY

CACFP Agreement # _____

Total Number of Household Members _____
(INCLUDING FOSTER CHILDREN, IF APPLICABLE)

Total Household Income \$ _____

Free _____ Reduced _____ Paid _____

Date of Determination _____

Signature of
Center Staff _____

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

SECTION B

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.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

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.

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.

Signature _____

Print Name _____

LAST FOUR (4) DIGITS OF
SOCIAL SECURITY NUMBER

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DATE _____

USDA is an equal opportunity provider and employer.

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; provide a SNAP, TANF or FDPIR number; 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 participates in the Supplemental Nutrition Assistance Program (SNAP), receives Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the SNAP, 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 CACFP Agreement Number.

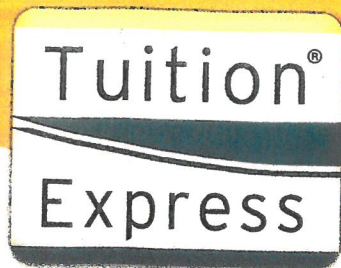
Total Number of Household Members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

Total Household 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*.

Number of 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, last four digits of Social Security Number or SNAP, 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, 2014 is valid until May 31, 2015.



*Automated Payment Processing
Safe - Convenient - Easy*



After you've read the comments by other parents, we're sure you'll be happy to join the thousands who enjoy the safety, reliability and convenience of paying their tuition using Tuition Express!



I have been using Tuition Express for almost two years. Never once have I experienced a problem. Tuition Express is the best payment processing service available. Take my advice, put your checkbook down and sign up for Tuition Express today.

~ Sabrina Kanganis, Tampa, FL

Before I began using Tuition Express I was always late with my payment, which jeopardized my place at the center. Now my payments are on time and I get instant email notification when the payment is made. What a relief!

~ Rebecca Sanchez, Reseda, CA

We are on board with anything that makes our lives a little easier. Best of all, we receive our receipts via email so we can get our flex plan reimbursement quicker. Thanks Tuition Express; you rock!

~ Steve & Eileen Gravel, Portland, OR

If I don't have to take my checkbook out to write a check, I'm a happy mother. Tuition Express has made paying my child care provider simple and easy. I receive my receipt by email and enter the payment into my checkbook; done! Thanks Tuition Express.

~ Hadida Goldfarb, Brooklyn, NY

We pay most of our bills electronically, so it was easy for us to convert to Tuition Express. We wouldn't have it any other way.

~ Mr. & Mrs. Domino, Grand Junction, CO

I was a bit paranoid allowing the center to draft my checking account, but after I found out how safe and secure Tuition Express was, I signed right up! And, the Tuition Express website allows me to receive my payment receipts via email, so I know when and how much was drafted.

~ Jeff Limiter, Nashville, TN

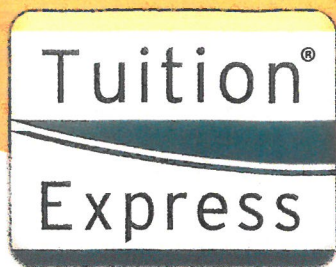
I am so glad I don't have to write a check anymore. Tuition Express charges my credit card and, best of all, I receive frequent flyer miles for each payment. Thanks for making my life a little easier Tuition Express.

~ Sharnette Brown, Louisville, KY

We had a few problems with paying bills at our bank's online website, so we were concerned. We signed up for Tuition Express last January and have never had a problem. Could you please teach our bank how automatic payments "should" be done?

~ Jessie & Erika Varis, Atlanta, GA

**Ask your child care
provider about it today!**



**Convenient and Safe
On-time Payments**



Frequently Asked Questions by Parents

We are excited to offer automatic payments through Tuition Express. With this service it is no longer necessary for you to write a check for tuition and fees. Payments will be automatically debited from your bank account or charged to your credit card. All payments are secure and you can even choose to have a receipt emailed to you after each transaction. It's easy to sign up—just ask your child care provider.

When I pay my tuition automatically, how secure is my account information?

Very secure—more secure than when you write checks. The checks you write every day have your name, address, phone number, and sometimes your driver's license number on them. With this information, criminals have all they need to access your account, or worse, steal your identity. Automatic payments greatly reduce this potential by limiting the amount of information available and the number of people who have access to it. Tuition Express also incorporates additional security procedures, utilizing 128-bit encryption.

What if the child care provider makes a mistake and takes out too much money?

Report the error immediately—it was likely an honest mistake. The child care provider will adjust your account accordingly.

What if my child care center and I disagree about a payment?

If you feel that the payment should not have been made, you have the right to dispute the charge. Contact your bank or credit card company. Tuition Express and your child care provider will work closely to resolve the issue in a timely manner.

Does this form of payment give the child care center access to my account?

Nobody at the child care center has access to your account. When you sign up for Tuition Express, you only authorize your bank or credit card company to release the exact amount owed to your provider, when it is due and payable.

How will I know when a payment is taken out of my account?

Payments will be taken out of your account on a schedule that you and the child care provider agree upon. Your provider has the ability to email (or print) statements for your records prior to the withdrawal of any money. Additionally, charges will show up on your monthly statement under "Tuition Express".

When I sign up for Tuition Express, how will this help my child care provider?

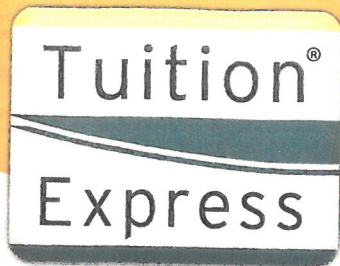
Your child care provider has chosen to offer automatic payments for several reasons. First, it will give you the convenience of not having to write a check every time tuition and fees are due. Second, it allows regular scheduling of your payments. Third and most importantly, automatic payments reduce the amount of time your child care provider spends on administrative tasks, giving staff more time to spend with the children.

How do I get started?

Simply complete the "Payment Authorization" form and return it to your child care provider. They will do the rest!

Where can I learn more?

For more information on the benefits of Tuition Express, please visit us at tuitionexpress.com.



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
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Camp Fun Spot Day Care Registration

Child's Full Name _____ Nickname _____
Gender: Male Female Age: _____ Birth Date: _____
Address: _____
City _____ State _____ Zip Code _____ Home Phone _____

Mother's Full Name _____ Birth Date: _____
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: _____ Birth Date: _____
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 _____

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: _____ State: _____ Zip Code: _____ Phone: _____
2. Name: _____ DL #: _____ Relation: _____
Address: _____ State: _____ Zip Code: _____ Phone: _____
3. Name: _____ DL #: _____ Relation: _____
Address: _____ State: _____ Zip Code: _____ Phone: _____

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

1. Name: _____ DL #: _____ Relation: _____
Address: _____ Phone: _____
2. 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.

Emergency Contact Information

Primary Emergency Contact (other than parents/guardian):

Name _____
Home Phone: _____ Work Phone: _____
Emergency Contact Address _____ City _____ State _____ Zip Code _____
Relationship to Child: _____

Secondary Emergency Contact (other than parents/guardian):

Name _____
Home Phone: _____ Work Phone: _____
Emergency Contact Address _____ City _____ State _____ Zip Code _____
Relationship to Child: _____

Third Emergency Contact (other than parents/guardian):

Name _____
Home Phone: _____ Work Phone: _____
Emergency Contact Address _____ City _____ State _____ Zip Code _____
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: _____

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: _____

Transportation Permission: I give permission for _____ 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. A child will never be left unattended in any motor vehicle or other form of transportation. Every child will board or leave the vehicle from the curbside of the street. Each child will be secured in safety seats or safety belts as required by law. Safety seats will be supplied by Camp Fun Spot. Drivers will be 18 years of age or older and hold a current valid license to drive the class of vehicle they are operating. All vehicles used to transport children must have a current registration and inspection sticker. Parents are provided a copy of this plan at enrollment. If the plan changes, the parents will be provided a copy of the amended transportation plan, prior to its start date. The use of cell phones or any other electronic device during transport, including hands free devices, is prohibited. Necessary calls will be made once the vehicle is parked in a legally permitted position off the road. During the transport of children, the program will adhere to the required ratio of caregivers to children at all times as determined by regulations.

I have been informed of and agree to the above transportation plan for Camp Fun Spot

Parent/Guardian Signature: _____ Date: _____

Rest / Nap Permission: I give permission for _____ to rest / nap on a mat in their daycare room. They will be supervised by a CFS Staff member.

Parent/Guardian Signature: _____ 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.

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Child's Hospital / Medical Care Facility: _____ Phone: _____

Insurance Company: _____ Policy #: _____ Group #: _____

Regular Medications: _____

Medicine Allergies: _____

Food Allergies: _____

Any other Allergies: _____

Any special health conditions: _____

Overview Of Care Needs, Please choose one option

Full Week: Monday thru Friday _____

Part Time: Mon/Wed/Fri _____ or Tues/Thurs _____

Comments: _____

CAMP FUN SPOT CANNOT ACCEPT THIS REGISTRATION FORM AND WE CANNOT RESERVE A SPOT FOR YOUR CHILD IN OUR PROGRAM UNTIL:

1. This registration form is completely filled out and accepted by Camp Fun Spot.
2. Your child's immunization records must be submitted with this registration form.
3. A NYS Blue Card will be provided to you. It must be filled out and signed in person at The Fun Spot.
4. The \$15.00 registration fee and payment for the first week your child will be attending.

I understand this is a legally binding document. I have read and understand all Camp Fun Spot policies and procedures.

Signatures:

Parent/Guardian: _____ Date: _____

Provider: _____ Date: _____

Enrollment Requirement Check Sheet - Staff Use Only

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 Registration**
- _____ **Child's Pick Up Form**
- _____ **Emergency Contact Information (a minimum of 1 contact person)**
- _____ **Photography Permission**
- _____ **Neosporin & Sprays Permission**
- _____ **Fun Spot Activities Permission**
- _____ **Transportation Permission**
- _____ **Nap/Rest Permission**
- _____ **Emergency Release/Consent to Medical Treatment**
- _____ **Child's Medical Information**
- _____ **Overview of Care Needs**
- _____ **Signed Handbook Acknowledgment Form** - form must be signed by parent or legal Guardian.
- _____ **NYS Blue Card filled out and returned**
- _____ **Income Eligibility Form**
- _____ **Immunization Form from Doctor**
- _____ **Copy of Last Physical**
- _____ **Payment** – Each child's annual registration fee of \$15.00 must be received.
- _____ **Payment** – Each child's first week's payment and field trip fees for that week must be received.

Please return this registration form to the parent / guardian if all of the above items are not initialed

