

## 2024 SUMMER CAMP

Romeo Community Schools provides summer camp for children from 2 years & 6 months - 6th grade or 12 years old. Camp hours are 6:30a - 5:30p, Monday through Friday, and will run from Monday, June 17th to Friday, August 9th, 2024.

- **Summer Camp will provide** crafts, fitness, games, music, outdoor and water play and special visitors for all children (some special events have fees).
- **SACC has off site field trips**, where we will use Romeo Community Schools transportation to and from. Additional bus and event fees are required. All children scheduled for a field trip day, must attend the trip. Children can not stay behind at Crowell. Our staff all attend the trips to stay within appropriate adult to child ratios.
- **Snacks & Lunch:** Crowell will provide 2 snacks (9am and 3pm). Parents provide a cold lunch with an ice pack. Please label the lunch box with first and last name. **Please do not pack peanut or tree nut food items due to allergies.**

**Tuition account must be in good standing to enroll**

**Fees for Summer Camp:**

- \$25 (non-refundable) material fee per child due at the time of enrollment (charge through ProCare)
- \$12 T-shirt per child due at the time of enrollment (charged through ProCare)
- A \$50 (non-refundable) registration fee is required per child (unless attended Discovery/SACC during 23-24 school year).
- Field trips & Special Visitors are billed at the beginning of each month on ProCare based on the enrollment schedule

<b>Summer Camp Rates (2 days min)</b>	
<b>SACC</b>	\$40 a Day/per child

	<b>2 days</b>	<b>3 days</b>	<b>4 days</b>	<b>5 days</b>
<b>Preschool Prep</b>	\$115	\$150	\$185	\$215
<b>Discovery 3/4</b>	\$105	\$140	\$175	\$205

**Registration forms due starting March 25th between 7am - 5:30p for current families. Email all forms to [Jeanine.Beck@romeok12.org](mailto:Jeanine.Beck@romeok12.org).** Registration forms will not be accepted before 7am on March 25th. A confirmation email will be sent to confirm your child's spot in the program within 48 hours of submission.

**Schedule changes:**

- Friday, May 31st, 2024, is the **last day** to make schedule changes if room is available
- Adding days may be added if there is availability, but not a guarantee. Contact main office, 586.752.0314
- NO FEE ADJUSTMENTS FOR ABSENCES for CARE OR FIELD TRIPS

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade/program just ended: \_\_\_\_\_ Shirt size \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade/program just ended: \_\_\_\_\_ Shirt size \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_ Address, City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Registration Information

Child's Name: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

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Please check the days each week below your child/ren will attend:

<b>June 2024 (2 day minimum on weeks signed up)</b>				
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
17	18	19	20	21
24	25	26	27	28

<b>July 2024 (2 day minimum on weeks signed up)</b>				
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
1	2			
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

<b>August 2024 (2 day minimum on weeks signed up)</b>				
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
			1	2
5	6	7	8	9

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

Office Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Payment Agreement

## Registration and June activity fees are due upon enrollment:

Tuition is charged to each child's account every Monday for that specific week. I understand my payment options are online using "click to pay", by phone/office with a credit or debit card, or by using our automated system through ProCare (deducted from the family account on file every Thursday). I understand the parent/guardian listed on the Registration Form is considered to be the person responsible for full payment.

If the child's account becomes 2 weeks behind, the child will no longer be able to attend until the balance is paid in full. **THERE ARE NO REFUNDS FOR OVERPAYMENT/or activity fees, based on schedule turned in by**

**May 31st, 2024.**        \_\_\_\_\_ Parent initials \_\_\_\_\_ Account Clerk initials

1. Care is not available for children not attending field trips or special events.

2. I understand that my child's account must be in good standing to register for any RCS program. Payments can be made by cash, check, credit, or debit.

3. I agree to pay the registration fee of \$50.00 per child which is nonrefundable (if applicable).

4. I agree to pay Romeo Community Schools Early Childhood program for my child/ren tuition per the terms of the contract. I understand that I must pay for my child's scheduled days regardless of attendance including illness, and vacation.

**5. I understand that if my child's account is delinquent, my child's care will stop until the balance is paid in full**

6. I understand that if I have joint custody of my child and I share financial responsibility for tuition payments I must work out the payment method with the shared party. If I choose to have a separate account, I will register separately and pay a separate registration fee.

7. Summer Camp closes at 5:30 p.m. and I will be charged a late fee of \$15.00 per 15-minute increments after 5:30 p.m.

8. I understand that I will be charged a \$25.00 NSF fee for returned checks or credit card payments

9. In the event that collection efforts become necessary, I agree to pay any and all collection costs, reasonable attorney fees, and court costs. I further acknowledge that any amount past due will accrue monthly late fees.

Child's Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

# Policy Agreement

Child's Name: \_\_\_\_\_ Program: Discovery or School Aged Child Care

1. I agree to sign my child/ren in and out daily by using the ProCare App.
2. I agree to call the program/site to inform staff whenever my child/ren are absent. If my child/ren are ill, I will not send them to summer camp or classroom and will make alternate arrangements.
3. I will complete all enrollment forms and I will keep all information current and up to date.
4. I will read all communications, i.e. ProCare App messages, Emails from the office, summer agendas, etc.
5. I agree and assume full responsibility for any damage to a person or property caused by my child/ren. If my child has a persistent pattern of negative behavior and interventions have not been successful, my child may be asked to leave the program.
6. I agree that if the behavior or the health of my child should necessitate sending him or her home, I or someone on my child's emergency card will pick my child up in the office.
7. **My child may be photographed or videotaped while participating in RCS Early Childhood programs. Photographs and or videotapes may be used for program projects, building tv announcements, district websites, or staff training.** \_\_\_\_\_ (parent initials)
8. I have read online or received and read a copy of the RCS Early Childhood Programs handbook which includes program policies, disciplinary procedures, payment information, etc. I will discuss the rules, regulations, and expectations of the program with my child/ren where appropriate.
9. In the event of an emergency, I give permission to RCS Early Childhood programs to secure emergency medical and or emergency surgical treatment for the above-named minor child while in care. A staff member in charge shall make reasonable attempts to contact me prior to any emergency medical treatment.
10. My child has permission to use Romeo Community Schools playground equipment while participating in the Early Childhood programs. The equipment has been inspected and does comply with the Playground Safety Act. By signing this form, I grant approval for my child to use the equipment.
11. I have been informed that we maintain a Child Care Licensing notebook which is available to view during business hours.
12. I have read, understood, and agreed to all of the above. If I have any questions or concerns I will contact the Director.

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

## SUN BLOCK FORM

I \_\_\_\_\_, give permission to RCS Summer Camp, to apply sunblock to my child \_\_\_\_\_,  
\_\_\_\_\_ and \_\_\_\_\_ while in care at Croswell.

- I will supply sunscreen to Croswell with my child/ren's first and last name on it
- I may supply a labeled sun hat or visor for sunny outdoor field trips or play
- I will provide my child with a labeled water bottle daily for hydration (first & last name)

**Sunscreen must be kept out of the reach of children or kept with the SACC caregivers. Sunscreen will be applied by caregivers.**

### MOVIE RELEASE:

I give permission for my child to watch G and or PG movies.

Child's Name \_\_\_\_\_ G Movies Yes \_\_\_\_\_ No \_\_\_\_\_ PG Movies Yes \_\_\_\_\_ No \_\_\_\_\_

### TECHNOLOGY USE:

#### R400.8179

- Use of media or any other electronic device shall not exceed 2 hours per week per child
- Activities shall be developmentally appropriate
- Support learning and expand children's access to content and shall be suitable to the age of the child
- Violent or adult content is prohibited while child/ren are in care at SACC
- If DVD or technology is in use, there must be additional activities planned and available for children to participate in

### Child/Parent Behavior Contract:

Child's Name \_\_\_\_\_ Child's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

- I will listen to Discovery & SACC caregivers and follow directions
- I will respect other people's belongings by not touching or using their belongings without permission
- I will respect school property and help clean up by leaving an area better than I found it
- I will be responsible for all my actions (verbal and physical)
- I will respect others' personal space by keeping my hands and feet to myself
- I will use appropriate voice levels within the building when speaking
- I will use appropriate language and respect others' feelings
- I will not leave the classroom alone or unattended (all children must be accompanied by an adult caregiver at all times during the hours of operation).

By not following the above guidelines, could result in suspension and or termination from the RCS Summer Camp programs. All incidents will be handled on the Three Incident System, except aggressive physical contact. If aggressive physical contact occurs it will be an immediate 1 day suspension from the Summer Camp Program.

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

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SWIMMING PERMISSION (SACC students only)

Department of Human Services Bureau of Children and Adult Licensing (**Regulation 400.8810**) requires written parental permission prior to a child participating in swimming activity. This is for School Aged children only (Y5 - 6th grade).

I give permission for my child \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ to participate in swimming activities with the Romeo Community Schools School Age Summer Camp Program.

### Swimmers:

My child \_\_\_\_\_ **IS able** to meet **all the** following criteria:

1. Keep afloat for 5 minutes by whichever means possible.
2. Swim the length of the pool any style (minimum of 25 yards).
3. Perform 1 and 2 above without the use of a flotation device

### Non-Swimmers:

My child \_\_\_\_\_ **CAN NOT** meet **all the** following criteria:

1. Keep afloat for 5 minutes by whichever means possible.
2. Swim the length of the pool any style (minimum of 25 yards).
3. Perform 1 and 2 above without the use of a flotation device.

\*For children 3 -12 years old: who are considered non-swimmers, the in-the-water ratio is 1 caregiver to 4 children when the water level is at the child's **chest height or lower**

\*\*For 3 - 12 years old, who are considered non-swimmers, when the water level is above the child's chest height, the in-the-water ratio of 1 caregiver to 1 child

### R400.8820 Swimming activity supervision

All caregiving staff counted in the caregiver to child ratio shall be both of the following:

1. Actively engaged in providing direct care, supervision, and guidance in the water with children
2. Physically able to assist children quickly if support is needed

### R400.8840 Swimming activity area

1. A working telephone shall be accessible
2. First Aid Kit
3. Rescue pole or throwing rope and ring buoy
4. Signaling device
5. Licensed lifeguard
6. Inspection of the pool by health department

\* Parks & Rec provide the lifeguards for the pool. The cost for the pool is \$5 per child and money goes to the lifeguards directly.

\*Children in Discovery Programs will have sprinkler and water days scheduled during their weeks at summer camp. They do not go swimming at Romeo Middle School.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Checklist Reminders:

- Cold lunch (no peanuts or tree nuts)
- Labeled water bottle daily (first & last name)
- Gym shoes and socks worn daily
- Birth certificate, immunization, & health appraisal (new Discovery children)
- Good Health Statement or Physical (new Discovery or SACC children)
- Labeled DQ gift card (load \$ on the card, give to the office)
- Towels, water shoes, flip flops inside a labeled bag for pool or water play days
- Off site trips required to wear Romeo summer camp t-shirt
- Swim field trips for SACC children are \$5 cash for each swim day. This is separate from tuition, as we have to pay the lifeguards. Please have a labeled envelope with your child's name on it and their swim money turned in by June 17th. This money will be kept in the safe.**

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

Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATE OF GOOD HEALTH (One form per SACC child)**

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Elementary School: \_\_\_\_\_ Program: \_\_\_\_\_

Address: \_\_\_\_\_

<b>Has your child been diagnosed with any of the medical conditions listed below?</b>	<b>YES</b>	<b>NO</b>
Allergies		
Hay Fever		
Asthma		
Eczema or Frequent skin rashes		
Convulsions/seizures		
Heart Trouble		
Diabetes		
Frequent colds, sore throats, earaches (4 or more per year)		
Trouble passing urine or bowel movements		
Shortness of breath		
Dental problems: date of last exam		
Reactions to food, medication or other that has not been diagnosed by a Doctor as an allergy		
Other		

Please explain any problem identified above:

\_\_\_\_\_

Does your child take any medications regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the name of the medication: \_\_\_\_\_ Reason: \_\_\_\_\_

I hereby certify that my child is in good health and that his or her immunizations are current.

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





## Summer Camp Dairy Queen Field Trips

**Please purchase a dairy queen gift card for your child for field trips.**

**You may do this Online:**

<https://www.dairyqueen.com/us-en/Gift-Cards-and-Gear/>

Or

**In Store**

We have 3 DQ field trips this summer. Your child is welcome to purchase whatever food or treat you permit. It is up to you to determine how much you would like your child to spend.

Please drop off your child's gift card in the early childhood office by Friday, June 7, 2024. We will write the child's name and the amount on the card, and it will be stored in the safe so that it may be used for each DQ field trip.

If you have questions or concerns, please contact Jeanine Beck or Liz Height @ (586) 752-0314

# CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

<b>For Provider Use Only:</b>		Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State
Zip Code				
Parent/Legal Guardian's Name		Primary Phone (     )	Parent/Legal Guardian's Name (Optional)	
			Primary Phone (     )	
Home Address (if not child's address)		2 <sup>nd</sup> Phone (if applicable) (     )	Home Address (if not child's address)	
			2 <sup>nd</sup> Phone (if applicable) (     )	
City	State	Zip Code	City	State
Email Address (optional)			Email Address (optional)	
Employer Name		Work Phone (     )	Employer Name	
			Work Phone (     )	
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number (     )	
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)				

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See Reverse Side

<b>Emergency Contact &amp; Release of Child:</b> List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)				
1.	(     )	(     )		
2.	(     )	(     )		
3.	(     )	(     )		
<b>Release of Child Only:</b> List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)				
1.	(     )	2.	(     )	
3.	(     )	4.	(     )	

<b>Parent/Legal Guardian Initials:</b>
_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

<b>I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.</b>	
Signature of Parent or Guardian	Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

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## Child Ratios/ Parent Handbook

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### Discovery Programs

(please initial in the correct line below, if your child is between 2.9 years and 3 years old; or 45 months and 48 months and you agree with these statements)

\_\_\_\_\_ If my child is 33 months, I am ok with having my child in the 3 year old Discovery preschool class and be included in the 1:10 ratio (2.6 - 3 years is 1:8 adult to child ratio)

\_\_\_\_\_ If my child is 45 months, I am ok with having my child in the 4 year old Discovery preschool class and be included in the 1:12 ratio (3 yrs is 1:10 adult to child ratio)

### SACC Program

\_\_\_\_\_ If my child is 57 months old, and in a Kindergarten classroom, that is apart of an elementary school, I am allowing my child to be part of the group size of 1:18 (4 year old ratio is 1 adult to 12 children)

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

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Office staff: \_\_\_\_\_ Date: \_\_\_\_\_