



ROMEO COMMUNITY SCHOOLS

2023 DISCOVERY SUMMER CAMP

Romeo Community Schools provides summer camp for children 2 1/2 to 4 years of age. Camp hours are 6:30a-5:30p, Monday through Friday, and will run from Wed., June 19th to Friday, August 11th, 2023. Summer Camp will provide crafts, fitness, games, music, outdoor play, and special visitors .. Special Visitors will have additional fees to be paid for by the parent/guardian. Two snacks will be provided each day. Parents will provide a ready-to-eat cold lunch daily. **Please do not pack peanut or tree nut food items due to allergies.**

All tuition accounts must be in good standing to enroll

Fees for registration are

- \$25.00 (non-refundable) material fee per child
- \$12.00 T-shirt per child
- A \$50.00 (non-refundable) registration fee is required per child (unless attended SACC during 2022-23 school year)

Registration

- Completed registration papers can be turned in to the Croswell office between 7-5:30 pm, Monday through Friday. A confirmation email will be sent **to confirm your child's spot in the program** within 48 hours of submission.
- Material, T-Shirt Fee, Reg fee due at time of Registration. Field trips are billed at the beginning of each month.

Schedule changes (email or phone call to director/secretaries):

- Friday, June 2, 2023, is the **last day** to make schedule changes. Staffing is based on these final counts
- Adding days may be possible 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: _____ D.O.B. _____ Grade Completed _____

Address, City, State, Zip: _____

Parent/Guardian Name _____ Phone Number _____

Email Address: _____

Parent/Guardian Name _____ Phone Number _____

Email Address: _____

Program/Weekly Rates	2 Days	3 Days	4 Days	5 Days
PSP	115.00	150.00	185.00	215.00
Discovery 3	105.00	140.00	175.00	205.00
Discovery 4	105.00	140.00	175.00	205.00



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Registration Information

Child's Name: _____

Arrival Time: _____ Departure Time: _____

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

June 2023				
Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30

July 2023				
Monday	Tuesday	Wednesday	Thursday	Friday
July			<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21
<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28
<input type="checkbox"/> 31				

August				
Monday	Tuesday	Wednesday	Thursday	Friday
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11

Parent Signature _____ Date: _____



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Payment Agreement

Registration and activity fees are due upon enrollment. Tuition is due every Monday or the child's first day of the week. 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. _____ Parent initials _____ Account Clerk initials

THERE ARE NO REFUNDS FOR OVERPAYMENT/or activity fees

1. I understand that the RCS Early Childhood Programs are non-profit self-supporting programs.
2. Care is not available for children not attending field trips or special events.
3. I understand that my child's account must be in good standing to register for any RCS program.
4. I agree to pay the registration fee of \$50.00 per child which is nonrefundable (if applicable).
5. I agree to pay Romeo Community Schools Early Childhood program for my child's 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.
- 6. I understand that if my child's account is delinquent, my child's care will stop until the balance is paid in full**
7. I understand my payment options are online using "click to pay", by phone/office with a credit or debit card, or by mailing a check to the Early Childhood Services office. I understand the parent listed on the Registration Form is considered to be the person responsible for full payment.
8. 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.
9. I understand that 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.
10. I understand that I will be charged a \$25.00 NSF fee for returned checks or credit card payments
11. 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 _____



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Policy Agreement

Child's Name: _____ Program: Discovery Summer Camp

1. I agree to sign in and out my child each time I drop off and/or pick up my child.
2. I agree to call the program/site to inform staff whenever my child will be absent. If my child is ill, I will not send my child to his/their program/class 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. newsletters, emails, posters, and bulletin boards.
5. I agree and assume full responsibility for any damage to a person or property caused by my child. If my child has a persistent pattern of negative behavior and interventions have not been successful, I may be asked to remove my child from care.
6. I agree that if the behavior or 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, promotion, district websites, or staff training.
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 where appropriate.
10. 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.
11. 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.
12. I have been informed that we maintain a Child Care Licensing notebook which is available to view during business hours.
13. 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: _____



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SUN BLOCK FORM

I _____, give permission to RCS Summer Camp, to apply sunblock to my child.

- I will provide my child with a labeled water bottle daily for hydration
- I may supply a labeled sun hat or visor for sunny outdoor field trips or play

Please label sunscreen with the child's first and last name on it with a permanent marker. Sunscreen must be kept out of the reach of children or kept with the SACC 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 ☐

Child/Parent Behavior Contract (one form per child):

Child's Name _____

- I will listen to 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

By not following the above guidelines, may result in suspension and or termination from the RCS Discovery Program/Summer Camp. All incidents will be handled on the Three Incident System, except aggressive physical contact. If aggressive physical contact occurs it will be an immediate One Day Suspension from the Discovery Program.

Parent Signature _____ Date _____

Director Signature _____ Date: _____



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Parent Acknowledgments: Parent Handbook/ Child Ratio

Child's Name: _____ Birthdate: _____

I understand that I have read the Early Childhood Services Parent Handbook by the following
(please initial each section):

	I have read the parent handbook and have turned in the last page signed and dated.
	My child must be 3 by September 1st and fully potty trained to be in this program. I understand that the ratio from teacher to student is 1:10 in the classroom.
	My child must be 4 by September 1st and fully potty trained to be in this program. I understand that the ratio from teacher to student is 1:12 in the classroom.
	Fully potty trained means that your child is wearing underwear and is self-sufficient urinating and having a bowel movement without support.
	I understand that the preschool classroom is not set up with a changing table or diaper station and if school begins and your child is not fully potty trained, your child will not be able to start school and tuition will be prorated and a new start date set.

1st Day items (checklist):

_____ Family portrait (4 x 6 size)
_____ School supplies (if applicable)
_____ Labeled water bottle
_____ Extra set of clothes

Printed Parent/Guardian name: _____

Parent Signature: _____ Date: _____

Teacher: _____ Date: _____

Office staff: _____ Date: _____

A copy of this form can be made for you upon request.



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All About Me (1 for each child)

Child's Name _____ Birthdate: _____

Nickname or name that you would like your child to learn to write: _____

Child lives with : Please Circle One

☐ Both ☐ Mom ☐ Dad ☐ Joint Other: _____

Custody Arrangements (*FOC document may be required) _____

Siblings/pets: _____

List any special medical, physical, or emotional needs that the teachers needs to be aware of?

Is your child toilet trained? Yes ☐ No ☐

Do you feel your child's speech is clear? Yes ☐ No ☐

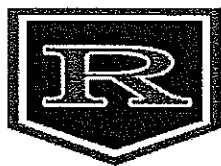
Can other adults besides the parent, understand when he or she speaks? Yes ☐ No ☐

Is there any language other than English spoken in the home? If so, what? _____

How does your child sooth or calm down when upset or angry? _____

Parent Signature: _____

Teacher Signature: _____



**ROMEO
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Early Childhood Services

Summer Camp T-Shirts

Cost: \$12 each

T-Shirt Youth (circle)

S M L XL
☐ ☐ ☐ ☐

Adult S M L XL
☐ ☐ ☐ ☐

Child's Name: _____ Shirt Size: _____

OFFICE USE ONLY

Paid: CA CHK# _____ R# _____ Charge to Procure

Date Shirt was Delivered _____ Initial _____



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Summer Camp T-Shirts

T-Shirt Youth (circle)

S M L XL

Adult S M L XL

Child's Name: _____ Shirt Size: _____

Date Shirt was delivered _____ Initials: _____ Room Number _____



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Summer Camp Checklist

- ☐ **Lunches: Must be peanut and tree nut free food items**
- ☐ Pack a cold lunch daily (unless otherwise noted)
- ☐ Labeled water bottle daily
- ☐ Gym shoes and socks daily
- ☐ Sun hat or visor
- ☐ Labeled Dairy Queen gift card (for summer visits with money loaded on the card)
- ☐ Labeled sunscreen (give to caregiver, can not be stored in backpack)
- ☐ Towels, water shoes, flip flops inside a labeled bag for pool or water play days
- ☐ Field trip shirt for offsite events
- ☐ No swapping or deleting of scheduled days after June 2nd, no tuition adjustments for missed days
- ☐ Updated Health Appraisal
- ☐ Copy of Birth Certificate
- ☐ Copy of Immunization Records

Parent Signature: _____ Date: _____

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.

For Provider Use Only:		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 nd Phone (if applicable) ()	Home Address (if not child's address)		2 nd Phone (if applicable) ()
City	State	Zip Code	City	State	Zip Code
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

Emergency Contact & Release of Child: 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.	()	()

Release of Child Only: 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.	()

Parent/Legal Guardian Initials:	
_____ 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.	

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.	
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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