ROMEO COMMUNITY SCHOOLS

2023 SCHOOL AGE SUMMER CAMP

Romeo Community Schools provides summer camp for children finishing Y5 - 6th grade or 12 years old. *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, special visitors, and off-site field trips for grades Knd -5th. Special Visitors and off-site field trips 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

**** If your child is in attendance on any special visitor, or field trip day, your child must participate in the event. Staying behind at the Center is not allowed. Daily Tuition Fee: $35 per child + field trip fee (paid monthly as stated above)++**

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:_____

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Summer Camp 2023- 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**
☐ 19	☐ 20	☐ 21	☐ 22	☐ 23
☐ 26	☐ 27	☐ 28	☐ 29	☐ 30

July 2023				
Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
July			☐ 6	☐ 7
☐ 10	☐ 11	☐ 12	☐ 13	☐ 14
☐ 17	☐ 18	☐ 19	☐ 20	☐ 21
☐ 24	☐ 25	☐ 26	☐ 27	☐ 28
☐ 31				

August				
Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
	☐ 1	☐ 2	☐ 3	☐ 4
☐ 7	☐ 8	☐ 9	☐ 10	☐ 11

ParentSignature_____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_____

ROMEO COMMUNITY SCHOOLS

Policy Agreement

Child's Name: _____ Program: **School Aged Child Care**

1. I agree to sign in and or 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:_____

ROMEO COMMUNITY SCHOOLS

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☐

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 (one form per child):

Child's Name_____

- I will listen to SACC caregivers and follow directions
- I will respect other people's belongings by not touching or using their belongings without permission
- I will respect SACC/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 ask SACC staff for permission to leave the room or area

By not following the above guidelines, may result in suspension and or termination from the RCS School Age Child Care 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 SACC Program.

Parent Signature_____Date_____

Director Signature_____Date:_____

ROMEO COMMUNITY SCHOOLS

SWIMMING PERMISSION

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.

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 3 years & up, 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 years & up, 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
2. Physically able to assist children quickly

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

*The use of hot tubs and private wading pools is prohibited

Parents Signature_____Date_____

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
- ❑ Tech Day will be determined by camp caregivers
- ❑ 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

Parent Signature: _____ Date: _____

Child Ratios

Child's Name:_____**Birthdate:** _____
(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 Programs

Child's Name: _____**Birth Date**: _____

_____ 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)

_____ Labeled water bottle

_____ Lunch (if applicable)

Parent Signature: _____ Date: _____

Teacher: _____ Date: _____

Office staff: _____ Date: _____

BRING THIS LAST PAGE SIGNED WITH ALL REGISTRATION PAPERS

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CERTIFICATE OF GOOD HEALTH (One form per child)

Child's Name_____ Date of Birth: _____

Elementary School: _____Program: SACC Summer Camp

Address: _____

Has your child been diagnosed with any of the medical conditions listed below?	**YES**	**NO**
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_____

Types_____Reason:_____

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

Signature_____Date_____

ROMEO COMMUNITY SCHOOLS

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 Procare**

Date Shirt was Delivered_____ **Inital**_____

****

ROMEO COMMUNITY SCHOOLS

Early Childhood Services

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**_____

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)	2nd Phone (if applicable) ( )	Home Address (if not child's address)	2nd 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 ☐ No ☐ 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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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 5 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 June 2, 2023. 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