



**MT AIRY
EXPLORE PHILADELPHIA
SUMMER CAMP
ENROLLMENT PACKET**

Dear Camp Families:

We want to welcome you to the 2019 camp season. This packet contains information and forms that must be filled out and returned by the first day of camp as well as a camp schedule, and items children will need to bring to camp. If you have any questions, please see me.

We are delighted that your child will be joining us.

Sincerely,

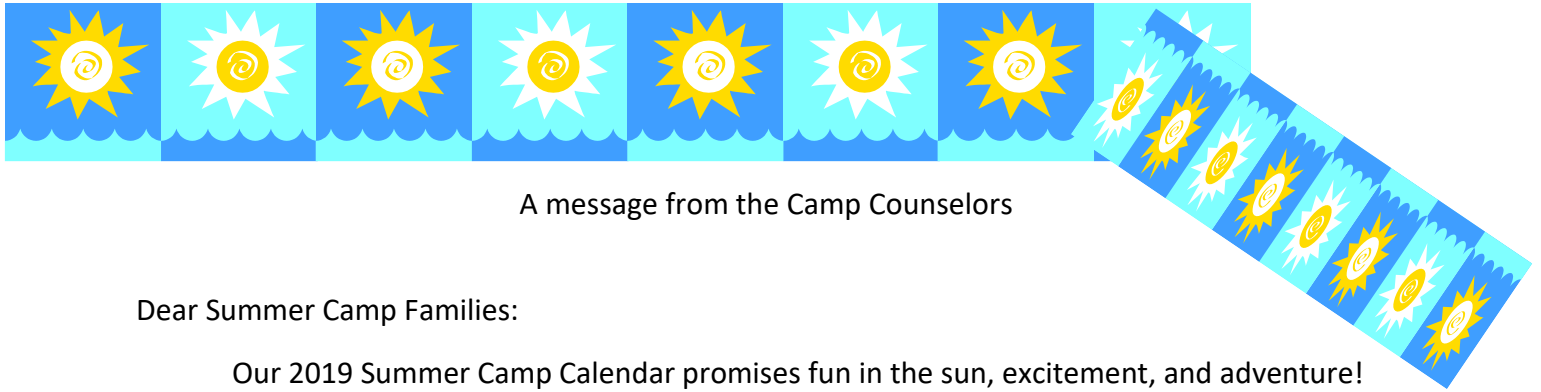
Edith Appel

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Director

(215)-248-3080 * Fax (215)-242-2356 * E-mail: Childspacemtairy@aol.com

Website: www.Childspacedaycarecenters.org



A message from the Camp Counselors

Dear Summer Camp Families:

Our 2019 Summer Camp Calendar promises fun in the sun, excitement, and adventure! Our group leaders are eager to guide your campers on their new experiences!

Please help us meet your child's needs and consider the following:

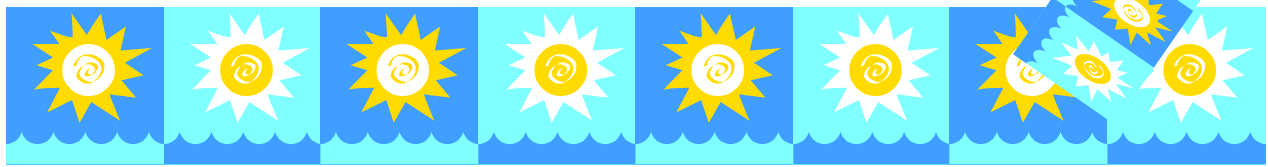
- Children need water **every day** in addition to their lunch drink! Empty soda or water bottles are great to reuse and may be frozen the night before for the HOT Days! Please label with your child's name!
- Back packs are useful for carrying lunch and other items, i.e., towel, water bottles or extra clothes, etc.
- Sneakers or good walking sandals are best; we will be at many parks (even on water play days). Flip flops may be packed.
- Please note water activity days and send your camper with a swim suit, (they may wear it to camp) a labeled towel and sun block. Please apply sun block prior to coming to camp, and we will reapply after lunch.
- Trips are subject to change and you will receive notification of these changes.
- We will be leaving for trips at 9:00 am your child must be here by 8:45 am. We cannot wait for late comers.

If you have any questions or concerns, please feel free to call Childspace at 215-248-3080 extension 113 or 114 between 8:15 am – 9:00 am or send a note.

Looking forward to a fabulous summer!

Sincerely,

Summer Camp Staff



CHILDSPACE DAY CARE CENTER

7500 Germantown Avenue

(Smith Building)

Philadelphia, PA 19119

(215) 248-3080

Summer Camp

Statement of Operating Procedures

1. **Food:** Families are responsible for bringing lunch and a beverage. Childspace will provide 2 snacks a day.
2. **Clothing:** Campers should be brought to CHILDSPACE wearing seasonally appropriate play clothes. An extra set of clothing should be provided and placed in the camper's cubby.
3. **Arrival Time:** CHILDSPACE camp hours are 8:00 a.m. to 4:00 p.m. We ask that all campers arrive by 9:00 a.m. Many trips are scheduled, and the bus could leave at that time. In the event that the camper misses the bus, Childspace staff will instruct the parent to either drop the camper off at the trip location or take the child home. At no time will the camper be allowed to stay at the center while the Camp class is out of the building. Childspace does provide after summer camp care from 4:00 pm to 6:00 pm. There is an additional cost to this service and slots are limited.
5. **Pick-up:** CHILDSPACE is not responsible for campers after 4:00 P.M, or 6:00 pm if the camper is registered for after camp care. Please make arrangements if you are going to be delayed. In case of emergency, try to notify CHILDSPACE prior to 4:00 P.M.
6. **Alternative Escorts:** If someone other than the camper's parent is to pick up the child, that person should be listed on the parental consent form and classroom staff informed. Permanent changes in designated escorts may be made on your consent form at any time. If it is necessary in an emergency to send an escort not on your list, you must call us in advance to give us this information. The escort will be asked for photo identification before the child is released.
7. **Illness:** Please call to inform us whenever your camper will not attend CHILDSPACE due to illness. Your child should not be brought to CHILDSPACE if s/he is not able to participate fully in all summer camp activities. In particular, your child may not attend CHILDSPACE if s/he has a fever, diarrhea, or vomiting. If a child becomes ill during the day, staff may request parents to make arrangements to pick up the child early. It is important that you have a back-up plan for childcare when your child is ill. **IN CASE OF AN EMERGENCY**, we will try to reach you (the Parent or Guardian). If unable to reach you CHILDSPACE will call Nine-One-One (911) to transport your child to the hospital.

8. **Medication:** If your child is on medication at any time, you must complete consent forms in order for staff to administer medication. All medication must be brought in its original container. In order for non-prescription medication to be administered it must come with written instructions from your child's health care provider detailing dosage and time intervals. Prescription medication is to be brought in with the instructions on the label. Whenever medicine is sent in the family must send it with their own medicine spoon or cup.
9. **Visits:** Once campers are enrolled in Childspace, parents are given an electronic key fob to the center entrance and are free to visit any time during the day. Please do not send non-parent visitors to classrooms without previous clearance from classroom staff or the Director.
10. **Summer Camp Payments:** Summer camp consists of two sessions. Session 1 and 2 are each 5-week programs. All Summer Camp fees must be paid prior to each session beginning. If parents desire extended summer camp hours, notification to the Director must be made to discuss details of hours needed and the additional cost that will incur. Parents have 3 options of making payments. 1) Submit payment directly to the office 2) Drop payments into payment drop boxes located on each floor of the center. Please do not drop cash off in these boxes. 3) Electronically send payments via the Venmo Cash App. To make electronic payments to Childspace our user name is Childspacecenters3.
11. **Questions:** Any questions or concerns should be addressed to the staff or Head Teacher of the classroom. If you have a concern or problem, which cannot be resolved at the classroom level, please see the Director or Assistant Director.

CHILDSPACE DAY CARE CENTER

7500 Germantown Avenue

Smith Building

Philadelphia, PA 19119

(215) 248-3080

Summer Camp Enrollment Agreement

1. Enrollment:

The first camp session begins on June _____, 2019 and ends on July _____, 2019.

The second camp session begins on July _____, 2019 and ends on August _____, 2019.

2. Schedule: CHILDSPACE will be closed on the following day during 2019:

Thursday , July 4, 2019: Independence Day

3. Hours: Supervised care for children will be provided from 8:00 am to 4:00 pm. Care for children enrolled from 4:00 pm to 6:00 pm will be provided at the additional service hours' rates. Late Fees will be charged to parents arriving after 6:00 pm at the following rates:

✚	6:01 – 6:10....	\$10.00
✚	6:11 – 6:20....	\$15.00
✚	6:21 – 6:30....	\$20.00
✚	6:31 – 6:41....	\$25.00
✚	6:46 – 7:00....	\$30.00

4. Fees: Fees are due at the beginning of each 5-week session. Fees must be paid by check or money order (made payable to CHILDSPACE) and should be left in the payment box in the classroom or delivered directly to the CHILDSPACE office. Fees will be charged for the agreed number of days on the current enrollment agreement regardless of days your child may have missed due to illness, or other absence. Additional fees will be charged for extra days and late pick-ups. Children who are enrolled for both sessions, attend 5 days a week and pay fees in advance may receive a vacation credit of \$100.00 for any one-week vacation period that their child **will NOT** be attending camp.

A \$15.00 fee will be charged for any returned checks.

5. Deposit: A deposit of \$100.00 paid by check or money order payable to CHILDSPACE is required to hold a space for a child. The deposit will be applied to the last session the child attends.

Childspace Day Care Center
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APPLICATION FORM

Date: _____

Child's Full Name: _____

Sex: _____ Date of Birth: _____

Home Address: _____

City/State: _____ Zip Code: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

PARENTS' WORK INFORMATION

NAME _____

SOCIAL SECURITY # _____

EMPLOYER _____

WORK ADDRESS _____

WORK PHONE # _____

OCCUPATION _____

Person to contact about this application: _____

Probable days you would need care: _____

Full Days or Half Days: _____ Beginning what date? _____

Present child care arrangements: _____

Upon notification of an available opening, a deposit of one-half month's tuition is required to hold the space.

Childspace affirms its commitment to admit children of any race, color, national or ethnic origin.

CIVIL RIGHTS COMPLIANCE

PARENT AWARENESS

In accordance with applicable Federal and State Civil Rights laws and regulatory requirement, you as client of this agency, have the right.

To be provided services at the agency, and to be referred for services of other agencies without regard to your race, color, religious creed, disability, ancestry, national origin, age or sex.

To file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color religious creed, disability, ancestry, national origin, age or sex.

Complaints of discrimination may be filled with any of the following:

Provider's Name & Address:

Office for Civil Rights Commission

U.S. Department of Health
Suite 372, Public Ledger Bldg
150 S. Independence Mall West
Philadelphia, PA 10106-9111

Pennsylvania Human Relations

Philadelphia Regional Office
110 North 8th Street, Suite 501
Philadelphia, PA 19107

Commonwealth of Pennsylvania
DPW Bureau of Equal Opportunity
Southeast Regional Office
801 Market Street, Suite 5034
Philadelphia, PA 19107

Commonwealth of Pennsylvania
Department of Human Services
Room 223, Health & Welfare Building
P.O. Box 2676
Harrisburg, PA 17105

American with Disabilities Act Director

Governor's Office
Room 238 Main Capitol
Harrisburg, PA 17120

Child's Name (Please Print)

Date

Parent/Guardian Signature

Date

Staff Signature

Date

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270 124 (a) (b) 3270 Idl & 3230 124 (a) 3280.181 -182; 3290.124 (a) 3290 181 & 182

CHILD'S NAME		BIRTHDAY
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS TELEPHONE NUMBER WHEN CHILD IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (F ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL SITUATION
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFIT		POLICY NUMBER (REQUIRED) INDICATE
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO		
OBTAINING EMERGENCY MEDICAL CARE	PARENTAL CONSENT ADMIN. OF MINOR FIRST-AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

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ALLERGY RELEASE

I give Childspace Day Care Center permission to post a listing of my child's allergies in an area of the classroom where it is accessible to all staff.

CHILD'S NAME _____

DATE _____

PARENT SIGNATURE _____

PHOTO RELEASE

I, the parent/guardian of _____,
hereby consent that photographs, videotapes, and/or electronic images of my
child can be used by Childspace Day Care Center for news and publicity
purposes.

NAME OF CHILD _____

DATE _____

NAME OF PARENT/GUARDIAN _____

SIGNATURE OF PARENT/GUARDIAN _____

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

