





Summer Camp Registration Checklist

If you are enrolling you will need the following:

- Registration Form
- Admission Information Form
- Physician's Report (if applicable)
- Payment Agreement Form
- Handbook Acknowledgement Form
- Student Computer & Internet Use Permission Slip (4 year old and up)
- Parent Code of Honor and Handbook Acknowledgement Form
- Photo Release Form
- Copy of Birth Certificate (Only needed if never registered with Community in previous 3 years.)
- Copy of Custody Paperwork (if applicable)
- Update Immunization Records (if applicable)



**COMMUNITY CHRISTIAN PRESCHOOL/DAYCARE
2024 Tuition Fees & Payment Agreement**

The following document details the terms and conditions for the payment of all fees and financial obligations to Community Christian Preschool by its students and their parents for duration of the 2024 Summer Camp from June 3-August 2, 2024. **This contract must be signed by the person who is responsible for payments.** All fees and obligations are to be paid on a timely basis. The following is a list of fees and specific payment dates. This list does not include all fees and obligations. The person responsible will be notified of other expenses as they occur.

REGISTRATION FEE: The registration fee is non-refundable and non-transferable. The registration fee is due with registration papers before a camper is officially enrolled in Community Christian Summer Camp. The registration fee and registration papers must be submitted to secure your child's spot in our program. This applies to new campers and returning campers.

SUMMER SPORTS CAMP TUITION: Tuition is a fee payable as outlined below.

1. Starting June 3, 2024 tuition payments will be due on a weekly or daily basis.
2. If camper is attending on a weekly basis tuition payment is due at the first of the week on Monday for the camper to attend. If camper is attending on a daily basis, accounts will be billed after camper is checked out for the day on Brightwheel. Payment is due by the following day at drop off for the camper to attend. **NO EXCEPTIONS.**
3. WEEKLY AND DAILY PAYMENTS ARE NON-REFUNDABLE. If you pay the weekly tuition rate and the camper does not attend the whole week, you do not get refunded for the days that the camper did not attend. The payment also does not carry over for the next week the camper attends. If you choose to pay a daily rate ahead of time, you will not receive a refund if the camper does not attend all the days paid for.
4. Tuition is due on the Monday of each week by 4:00 P.M. If it is not paid by Wednesday at 4:00 PM, a \$20 late fee will be added to the camper's account. If an account is not current by Thursday 7:30A.M. of each week, the camper will not be allowed to attend until accounts are current. **NO EXCEPTIONS.**
5. You are not allowed to drop your camper off without payment for attendance.
6. 5-12 year old campers must have a t-shirt to attend field trips. If your camper misplaces their shirt, they will have to purchase another one to attend any field trip.

Summer Camp Registration Fee:

18months-4 years old <u>BEFORE</u> April 30, 2024	\$125
18months-4 years old <u>AFTER</u> April 30, 2024	\$150
5-12 years old <u>BEFORE</u> April 30, 2024	\$225
5-12 years old <u>AFTER</u> April 30, 2024	\$250

**Includes Camp T-shirt, Field Trips, Camp Supplies, and Registration Fee. *5-12 year old campers must bring a lunch.*

Summer Camp Weekly Tuition Fee:

18 months-12 years old Hours: 6:45AM-6:00PM Monday-Friday	\$160
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Summer Camp Weekly Tuition Fee:

18 months-12 years old Hours: 6:45AM-6:00PM Monday-Friday	\$35
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Summer Camp Late Pick-up Fee:

\$10 charge for every 5 minutes

Example: 6:00pm-6:05pm is \$10, 6:06pm-6:10pm is \$20, 6:11pm-6:15 is \$30

Childcare fees are subject to change based on unforeseen changes in cost of childcare services. After receiving a final notice you will be *dismissed from enrollment in Community Christian Preschool Summer Camp*. This policy will be implemented and managed by the preschool/camp Director.

I have read this Fees and Payment Agreement and understand and agree to the terms and conditions.

- *I understand that tuition, daycare, and Summer Camp fees are subject to changes. In the event fees change, I agree to pay the new tuition fees or forfeit my child's reservation at Community Christian Preschool Summer Camp.*
- *I understand that my commitment impacts the Summer Camp's financial liabilities such as the school staff, vendors, service providers, and others. I understand that all payments are non-refundable, non-negotiable, and non-transferable.*
- *I understand that non-payment of any fee due the school will result in termination of Summer Camp services, and all past due bills are payable immediately.*

Parent or Guardian's Signature

Student's Name/Grade

Date

(Person signing contract is responsible for the bill.)



Registration Form June 3-August 2, 2024

Age on the first day of camp: ___ 18 mos. to 24 mos. ___ 24 mos. - 36mos. ___ 36 mos. to 42 mos. ___ 42 mos. to 48 mos. ___ 4yrs ___ 5-12yrs

Circle T-shirt size: Youth XS Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

FIRST NAME MIDDLE NAME LAST NAME NICKNAME

Street Address City State Zip Code Home Phone

Social Security Number _____ Home School District _____

Father's Email _____

Gender _____ Birthdate _____ Mother's Email _____

Guardian's Email _____

Father's Name _____ Employer _____ Occupation _____

Work Phone # (____) _____ Cell Phone #(____) _____

Mother's Name _____ Employer _____ Occupation _____

Work Phone # (____) _____ Cell Phone #(____) _____

Guardian's Name _____ Employer _____ Occupation _____

Work Phone # (____) _____ Cell Phone #(____) _____

Child resides with: Mother/Father Mother only Father only Father/Step Mother
 Mother/Step Father Guardian

Who has **legal custody** of the child: _____ (If there is custody paperwork, it **must** be on file with kid's camp.)

Family Church _____

Check all that apply: attends church regularly parents attend church

Emergency Contact (other than parents) Wk. Phone _____ Cell Phone _____

Name _____ Hm. Phone _____ Relationship to child _____

Physician's Name _____ Office Phone Number _____

Person to whom child may be released (any additional names please list on separate sheet of paper)

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Has student ever been refused admittance to or let go from any previous childcare facility? If so, why? _____

MEDICAL INFORMATION (If none apply please mark N/A and sign)

1. List any current health conditions such as heart disease, headaches, diabetes, epilepsy, allergies, asthma, eye or ear problems, or any chronic conditions, etc.: _____

2. Are there any other physical conditions or data, the knowledge of which would be helpful to the school staff in better understanding your child? _____

3. My child is allergic to _____

Sensitivity to: _____

4. List all regular medication (including inhalers) _____

Employees of the kid's camp may administer medication to a student provided:

1. The school has received a written request to administer the medication from the parent/legal guardian.
2. When administering prescription medication, the medication appears to be in the original container and to have an affixed prescription label with the student's name, name of drug, and the directions concerning dosage. Instructions about the duration of the medication period should be included.
3. Non-prescription medication must be in the original container and requires a written request to administer the medication from the parent with instructions concerning dosage which must be age specific.
4. A physician's written request to administer medication is required when the medication must be administered for more than 10 days.

The student should NOT carry the medication with him/her or administer it to himself/herself unless specified by a physician. All medication is to be kept in the office. Please do not send medication in plastic baggies in backpacks. Hand directly to staff member at drop-off.

Parent or Guardian Signature _____

In case of joint custody, both signatures are required _____

Please read the following carefully, check, and sign the bottom.

_____ My child _____ has my permission to participate in all activities planned as a part of any session of the Camp, which includes field trips for 5-12 year olds.

_____ I understand the dress code, and the discipline policy for Community Christian Camp.

_____ I hereby authorize the Camp Director, assistant or teacher in charge to give consent for emergency medical treatment if I, or the physician listed, cannot be reached immediately.

_____ (5-12 year olds only) I hereby authorize Camp personnel to transport my child in Camp provided vehicles to off campus camp activities.

Signature _____ Relationship _____ Date _____

In case of joint custody, both signatures are required.

Signature _____ Relationship _____ Date _____



ADMISSION INFORMATION

Purpose: Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

GENERAL INFORMATION			
Operation's Name:		Director's Name:	
Child's Full Name:	Child's Date of Birth:	Child Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	
Child's Home Address:			
Date of Admission:		Date of Withdrawal:	
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian (if different from the child's):	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached:			Relationship:
I authorize the child care operation to release my child to leave the child care operation ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name and Phone Number:	Name and Phone Number:	Name and Phone Number:	

CONSENT INFORMATION
CHECK ALL THAT APPLY:
1. TRANSPORTATION I give consent for my child to be transported and supervised by the operation's employees: <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
2. FIELD TRIPS <input type="checkbox"/> I give consent for my child to participate in field trips. <input type="checkbox"/> I do not give consent for my child to participate in field trips. Comments:
3. WATER ACTIVITIES I give consent for my child to participate in the following water activities: <input type="checkbox"/> water table play <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> aquatic playgrounds

CONSENT INFORMATION

CHECK ALL THAT APPLY:

4. RECEIPT OF WRITTEN OPERATIONAL POLICIES

I acknowledge receipt of the facility's operational policies, including those for:

<input type="checkbox"/> Discipline and guidance	<input type="checkbox"/> Procedures for release of children
<input type="checkbox"/> Suspension and expulsion	<input type="checkbox"/> Illness and exclusion criteria
<input type="checkbox"/> Emergency plans	<input type="checkbox"/> Procedures for dispensing medications
<input type="checkbox"/> Procedures for conducting health checks	<input type="checkbox"/> Immunization requirements for children
<input type="checkbox"/> Safe sleep	<input type="checkbox"/> Meals and food service practices
<input type="checkbox"/> Procedures for parents to discuss concerns with the director	<input type="checkbox"/> Procedures to visit the center without securing prior approval
<input type="checkbox"/> Procedures for parents to participate in operation activities	<input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website

5. MEALS

I understand that the following meals will be served to my child while in care:

None Breakfast Morning snack Lunch Afternoon snack Supper Evening snack

6. DAYS AND TIMES IN CARE

My child is normally in care on the following days and times:

Day of the Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone Number:
Name of Emergency Care Facility:	Address:	Phone Number:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

CHILD'S ADDITIONAL INFORMATION SECTION

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? Yes No Plan submitted on:

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature - Parent or Legal Guardian:

Date Signed:

SCHOOL AGE CHILDREN

My child attends the following school:

Name of School:

School Phone Number:

My child has permission to (check all that apply):

walk to or from school or home ride a bus be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address:

ADMISSION REQUIREMENT

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission.

Please check only one option:

1. HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

Health Care Professional's Signature:

Date Signed:

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name and Address of Health Care Professional:

Signature - Parent or Legal Guardian:

Date Signed:

REQUIREMENTS FOR EXCLUSION

- I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

VISION EXAM RESULTS

R 20/	L 20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Signature:		Date Signed:	

HEARING EXAM RESULTS

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Signature:			Date Signed:	

VACCINE INFORMATION

The following vaccines require multiple doses over time. Please provide the date your child received *each dose*.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose) 1-2 months (second dose) 6-18 months (third dose)	
Rotavirus	2 months (first dose) 4 months (second dose) 6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose) 4 months (second dose) 6 months (third dose) 15-18 months (fourth dose) 4-6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose) 4 months (second dose) 6 months (third dose) 12-15 months (fourth dose)	

VACCINE INFORMATION

The following vaccines require multiple doses over time. Please provide the date your child received *each dose*.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Pneumococcal	2 months (first dose) 4 months (second dose) 6 months (third dose) 12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose) 4 months (second dose) 6–18 months (third dose) 4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose) 4–6 years (second dose)	
Varicella	12–15 months (first dose) 4–6 years (second dose)	
Hepatitis A	12–23 months (first dose) The second dose should be given 6 to 18 months after the first dose.	

PHYSICIAN OR PUBLIC HEALTH PERSONNEL VERIFICATION

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature :	Date Signed:
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VARICELLA (CHICKENPOX)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine.

Parent's Signature:	Date Signed:
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ADDITIONAL INFORMATION REGARDING IMMUNIZATIONS

For additional information regarding immunizations, visit the Texas Department of State Health Services' website at www.dshs.state.tx.us/immunize/public.shtm.

TB TEST (IF REQUIRED)

<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:
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GANG FREE ZONE

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.

SIGNATURES

Child's Parent or Legal Guardian: X	Date Signed:
Center Designee: X	Date Signed:



Community Christian Preschool

Photo Release

I hereby authorize and give full consent to Community Christian Preschool/Summer Camp to publish and copyright all photographs in which my child appears while enrolled as a student in any and all programs of Community Christian Preschool. I further agree that Community Christian Preschool/Summer Camp may transfer or use these photographs in school brochures, social media posts, newsletters, advertising, posters, displays, slide shows, videotapes, catalogs, CD-ROMs, and like publications, literature, or materials without limitations or reservations.

Additionally, I agree that use of a photograph or photographs does not constitute in any manner a waiver of Community Christian Preschool/Summer Camp policies, program, or rules, nor does continued use constitute an agreement to continue the child's enrollment.

I am the parent and/or guardian of _____
and certify I am authorized to execute this Photo Release.

Printed Name _____

Signature _____ Date _____

Relationship to child _____

Witnessed by _____



2024 Physical Report

Child's name: _____ DOB _____

has applied for admission in Community Christian Preschool/Summer Camp. The daily activities include vigorous outdoor play. Please provide a report on the above-named child using the form below.

The above-named child is/is not physically and emotionally able to participate in the program described above.

Comments:

Physician's Name

Physician's Signature

Physician's Address

Physician's Phone #

Date

*****Physical Reports are valid for one year. If you have turned one in with a previous registration within the past year then you will not need to do this one.*****



Parent Code of Honor and Handbook Acknowledgement

Please visit www.ccsorange.org to view our online handbook containing important information on operational polices and code of conduct located under the preschool tab.

As the parent/guardian of _____, I have read and agree to the terms and conditions of Community Christian Preschool Parent Code of Honor. I hereby affix my signature in acknowledgment of such terms and conditions. I understand that failure to follow Community Christian Preschool Parent Code of Honor can result in receiving violations, and possible dismal from the preschool.

As the parent/guardian of _____, I have read and agree to the terms and conditions of Community Christian Preschool Handbook Policies. I hereby affix my signature in acknowledgment of such terms and conditions. I understand that failure to follow Community Christian Preschool Handbook Policies can result in receiving violations, and possible dismal from the preschool.

Mother/Guardian's Name (Printed): _____

Signature: _____ Date: _____

Father/Guardian's Name (Printed): _____

Signature: _____ Date: _____



Student Computer & Internet Use Permission Slip

Student Name: _____

Grade/Age: _____

(As of June 3, 2024)

Community Christian Summer Camp recognizes the fundamental role technology plays in the 21st Century, as well as supports and encourages the appropriate and responsible use of technology in student learning. Community Christian Summer Camp will take reasonable measures to protect students and ensure that technology use aligns with educational objectives.

The current policy, including rules and regulations can be found in our handbook online at www.ccsorange.org or may be obtained at the school.

It is the responsibility of the student and parent/guardian to understand the current policy.

By signing below, I acknowledge I have read and reviewed with my student the rules and regulations associated with the Community Christian Summer Camp Technology Policy. Furthermore, I acknowledge these rules and regulations apply to both school and personal devices while on school property.

Parent/Guardian Signature

Date

As the parent/guardian of the student,

I DO

I DO NOT

give permission for my child to use the Community Christian Preschool network in all the following ways: Internet services, Student Email, Google docs, and other services. This permission shall remain in effect unless changed explicitly by a guardian.

Parent/Guardian Signature

Date



Field Trip Policy **5-12 year olds**

In order to take campers off campus, they are required to obey the teachers while on campus. Any camper who is disrespectful or disobedient to authority on campus will not be allowed to go off campus for field trips. If a child does not behave appropriately while on field trips away from campus they may be asked to stay on campus for future field trips.

The following 3-step procedure applies for all Field Trips:

1. The teacher will 1st verbally redirect and handle the issue privately with the child, not in front of the class.
2. If a camper's behavior continues, the teacher will send home a written notification informing the parents of the child's behavior.
3. If a camper's behavior is unchanged or increases, the second written notification will be to inform the parents that the camper will not be able to attend the next field trip.

As the parent/guardian of _____, I have read and do agree to all the terms of the Field Trip Policy.

I, the parent/guardian _____, allows my child, _____ to attend field trips off campus and ride the camp school bus.

Parent Name

Date

Parent Signature

Date



Summer Camp Information

Drop-Off Park under the awning, walk the child in, and check them in on the Brightwheel tablet. Getting checked in shouldn't take more than a few minutes. You must wait for a staff member to walk the child into the preschool. **CHILDREN MUST BE HERE BY 9:00AM** or they cannot be dropped off. If you would like your child to participate in morning snack or breakfast you've sent from home they need to be there by 8:30AM.

Pick-Up Park under the awning, walk in, check them out on the tablet, and a staff member will bring your child out to you. Please bring in driver's license so we can make sure you are on pick up list (even if you are the parent). This is to protect your child and us.

Meals/Food Snack times are provided in the morning and the afternoon for all ages. You are more than welcome to send snacks and lunch from home in a lunch kit. **ABSOLUTELY NO DONUTS or DONUT HOLES, or SODAS.** If these items are brought they will be returned to their backpack to send home.

*5-12 year olds must bring a lunch. We provide water all throughout the day, however campers are more than welcome to bring a water bottle from home to carry around as well.

Brightwheel:

Our Brightwheel Program replaces having to sign in and out on paper every day. It also reduces the amount of papers we send home. You must have this app and check it frequently; this is how we communicate most effectively. This is also where we send out calendars and events!

What to bring to class:

A backpack that is large enough to hold a folder and change of clothes should be sent daily. Nap mats are required and need to be put in a big Ziploc bag or some type of carrying bag that can hold it. This is for sanitation reasons. Nap mats will be sent home every Friday to be washed and returned with child on Monday. **Make sure to label your child's belongings.** If it is not labeled and goes missing we are not responsible for it. Please **DO NOT** send toys or sentimental objects from home. A child is allowed one stuffed animal for nap time. If they are being thrown or become a distraction they will be put up.

*5-12 it's optional to bring rest time stuff and backpacks.

Dress Code:

Children are **NOT** allowed to wear backless shoes. Sandals may be worn if they have backs. The camp includes a lot of activities and tennis shoes and play clothes are best!

Water Play Day:

Please send your child in regular clothes with their swimsuit and change of clothes in their backpack. If your child is in diapers/pull-ups make sure to include a swim diaper in their backpack as well. **SUNSCREEN**- if you would like your child to wear sunscreen please write their name on the tube and put it in a bag with their name on the bag as well! Please make sure your child is wearing an appropriate bathing suit. Swim shirts and shorts are **REQUIRED** for the 5-12 year old age group for boys and girls.