



NEW - LIFE ACADEMY

Thank you for enrolling your child/children in our Summer Camp Program. Please take the time to read the following, which will contain helpful information and summer camp policies. The director of summer camp is Mrs. Jeanna Russell, she can be reached at 817-267-1000. Camp will run from May 28th through August 9th, for children going into Kindergarten-6th grade.

Payment: ALL fees are non-refundable. Camp is staffed and field trips are scheduled based on reservations received from parents. Reservations may be changed without financial penalties if a 24-hour notice is given.

- ◆ A one-time \$50.00 fee is due at the time of registration (T-shirt included)
- ◆ \$150.00 weekly *per child-due on Monday mornings...no exceptions.
- ◆ \$40.00 a day drop-in per child-due the day the child attends...no exceptions.
 - 24-hour notice (by phone/brightwheel) is required for all drop-ins.
- ◆ \$10.00 late fee, per child, will be assessed for payments not received on time.

*Family discount: First full-time child \$150.00 weekly, Second full-time child \$135.00.

Dress Code: Modesty is the best policy! All campers must wear appropriate length shorts, T-shirts, and close toed tennis shoes; with no offensive emblems or pictures (NLA Summer Camp determines what is "offensive"). No flip flops, sandals, halter tops, spaghetti string tank tops, or sleeveless shirts will be allowed.

- ◆ For water events, please pack your child's swimsuit and towel, as we will be swimming (indoor pool). Sandals, flip flops, or water shoes are ok on these days.

Personal Items: Please help us help your child keep track of their belongings. Please Label everything with a permanent marker. Children may bring games to share however, Summer Camp is not responsible for any lost, broken, or stolen items. All personal items must be taken home daily.

- ◆ NO GAMEBOYS, DS, CELLPHONES, OR ANY OTHER ELECTRONICS WILL BE ALLOWED.

Drop-off/Pick-up: Children are to be signed in/out and picked up (by 6:00pm) from the Kingdom Kids building.

- ◆ Please note there is a \$10.00 initial late fee plus a \$10.00 per quarter hour late pick-up fee after 6pm.
- ◆ If an emergency does arise and you know that you will be late in picking up your child, please notify us on Brightwheel to make the staff aware of the situation.
- ◆ Please fill in names, phone numbers and driver license numbers of all authorized persons picking up your child/children on the enrollment form. If someone other than those on the list is picking up notify the staff on brightwheel or have a written note.

THE FINE PRINT

Make checks payable to New Life Academy or NLA. Please make sure your check has your drivers license number and date of birth listed. Do not send cash through the mail. The registration form may be duplicated. Postdated checks will not be accepted.

Full time camp is paid weekly. Pre-registration is required, registration refunds will be made if camp is cancelled due to lack of enrollment.

NLA Summer Camp is operated by New Life Academy, a ministry of New Life Family Church. Children will be expected to obey all camp authorities. No Aggressive behavior, profanity, vulgarity or disrespect will be tolerated. Campers withdrawn do to poor behavior will not receive a refund. Parents, you are responsible for your child/children while you are on the property.

Camps are limited to size and therefore will be filled on first come, first serve basis. If camp is full, you may be put on a waiting list. You will be contacted ONLY if another camp is created or if someone cancels. Schedules and fees are subject to change without notice. Every effort will be made to notify you in advance if changes occur.

By signing, I give permission for my child's picture to be posted to the New Life Academy website or FaceBook page.

Medical Release Waiver: In consideration of accepting your registration, I hereby for myself, my child, executor, and administrators, waive and release all rights and claims for damage I or my child may have against New Life Academy and its representatives, successors and assigns for any and all injuries suffered by your child at any activity sponsored by this organization.

Keep us in your prayers: It is an awesome responsibility and privilege to care for a large group of children throughout the summer. Please keep our staff, teachers and campers in your prayers this summer. May the Lord bless you and your family with a safe and fun filled summer.

I HAVE READ AND UNDERSTOOD THE REGISTRATION AND REFUND POLICIES. I HAVE ALSO RECEIVED AND READ THE "SUMMER CAMP INFORMATION" AND AGREE WITH THE POLICIES. PLEASE RETURN REGISTRATION FORM TO CAMP DIRECTOR.

Parent's Signature: _____ Date: _____

Helpful hints:

*Page 2-General Information #4-Copy of the handbook can be found on our website at <https://newlifeacademy.us/parents>

*Page 3-Admission Requirement-

*If you checked child's requirement immunizations...are current and filled at their school-Under School Aged Children you may skip to page 6 and complete

*If you did not check this box, Admissions Requirement – page 6 needs to be completed. Add attach, Vision Exam, Hearing Exam, and Immunization records.

Thank you for helping us strive for excellence. If you have any questions or concerns please feel free to reach out to us.



Admission Information

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 NEW LIFE ACADEMY		Director's Name BRITTNEY MORTENSEN	
Child's Full Name	Child's Date of Birth	Child Lives With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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		Phone Number	
Name		Phone Number	
Name		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="radio"/> I give consent for my child to participate in field trips.
<input type="radio"/> 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:

- water table play sprinkler play splashing/wading pools swimming pools aquatic playgrounds

4. Receipt of Written Operational Policies (Check All that Apply)

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 (CCL), DFPS, Child Abuse Hotline, and CCL 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	A.M.	P.M.
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

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

- Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

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.

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.

Signature — Health Care Professional

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

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

Right Eye 20/ Left Eye 20/ Pass Fail

Signature

Date Signed

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail	
Right				<input type="radio"/> Pass	<input type="radio"/> Fail
Left				<input type="radio"/> Pass	<input type="radio"/> 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)	
Haemophilus Influenza Type B	4-6 years (fifth dose)	
	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Pneumococcal	12-15 months (fourth dose)	
	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
	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

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.

Signature

Date Signed

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)

Positive Negative Date: _____

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

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

Signatures

Child's Parent or Legal Guardian

Date Signed

Center Designee

Date Signed