

Summer KIDS Program

Registration Packet 2019



PO Box 509
22 East Main Street
Norwich, New York 13815
Phone: (607) 336-9696
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Important Contacts:

Sharon Vesely, Executive Director
execdirector@theplacenorwich.com / ext.103
Mallory Norton, Director of KIDS Program
kids_program@theplacenorwich.com / ext.107
Jolene Carson, Business Manager
accounts@theplacenorwich.com /ext. 104

***Please Complete a Separate Packet for Each Child
You are Registering in Our Program***

Thank You!

Enrollment Packet

*Please note that each form needs to be filled out completely. We apologize for any repeated information but we are required by our NYS License to have complete paperwork on file for all our participants. Thank you for your understanding.

- _____ CHILD'S INFORMATION/EMERGENCY CONTACTS
- _____ HEALTH INFORMATION AND PERMISSION FOR MEDICAL TREATMENT
- _____ REQUEST FOR CARE
- _____ FEE AGREEMENT
- _____ CACFP Income Eligibility
- _____ BEHAVIOR AND ANTI-BULLYING POLICY
- _____ PARENTAL STATEMENT OF UNDERSTANDING
- _____ BLUE CARD
- _____ DSS Child Care Assistance (if applicable)
- _____ The Place's Financial Assistance Program (if applicable)

All documents are needed prior to your child starting in our program. Please fill them out completely. If you have any questions or concerns, please see the program director.

Parent/Guardian Signature: _____ Date: _____

CHILD'S INFORMATION

Child's Name: _____ Age: _____ Gender: _____ DOB: __/__/__
Grade (entering 9/19): _____ School: _____ School Phone: _____
Home Address: _____

PARENT/GUARDIAN 1: Full Name: _____
Relationship to child: _____ Home Phone: _____ Cell Phone: _____
Home Address (if different): _____ Same Address
Place of Employment: _____ Work Number: _____
Email: _____

PARENT/GUARDIAN 2: Full Name: _____
Relationship to child: _____ Home Phone: _____ Cell Phone: _____
Home Address (if different): _____ Same Address
Place of Employment: _____ Work Number: _____
Email: _____

EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK UP CHILD

*The below listed individuals have my permission and approval to pick up my child from the Summer KIDS Program. I understand and agree that it is my responsibility to keep this form updated and only the individuals listed will be able to pick up my child. I also understand that my child will not be released by staff to any individual not on this form without prior written permission. I understand and agree to this NYS Child Care Regulation that The Place adheres to.

* Please list the contacts in the order you would like us to contact them when there is an emergency.

- 1. Name: _____ Phone Number: _____
Address: _____ Relationship to Child: _____
- 2. Name: _____ Phone Number: _____
Address: _____ Relationship to Child: _____
- 3. Name: _____ Phone Number: _____
Address: _____ Relationship to Child: _____
- 4. Name: _____ Phone Number: _____
Address: _____ Relationship to Child: _____
- 5. Name: _____ Phone Number: _____
Address: _____ Relationship to Child: _____
- 6. Name: _____ Phone Number: _____
Address: _____ Relationship to Child: _____

Persons not authorized to pick up my child: _____ Relationship: _____

*If there are any other concerns or instructions that you need us to know about, please comment on the back and initial here: _____

Parent/Guardian Signature: _____ Date: _____

HEALTH INFORMATION AND PERMISSION FOR MEDICAL TREATMENT

Child's Name: _____ Age: _____ DOB: _____

Name of Insurance: _____

Group Number: _____ ID Number: _____

Child's Primary Care Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Does your child have any medical concerns we should be aware of? Yes / No

If yes, please specify: _____

Does your child have any behavior concerns we should be aware of? Yes / No

If yes, please specify: _____

Does your child have any allergies? Yes / No

If yes, please specify: _____

Type of reaction: _____

Please specify medication your child takes on a regular basis: _____

Please specify if there is any additional information regarding your child or family we should know in order to meet your child's needs? _____

In the event that I cannot be reached in an emergency, I _____ do hereby give permission, for The Place KIDS Program representative to act on my behalf to obtain medical or surgical treatment for my son/daughter named above if needed.

I understand that my insurance will be billed for any accidents that may occur during care of my child during the program at The Place.

Parent/Guardian Signature: _____ Date: _____

Topical Ointment Consent

Due to the children in Summer KIDS Program being outside for the majority of the day, The Place's policy is that all children are to wear sun block to ensure that children are protected by the sun.

_____ I will provide and give permission for my child to apply screen and will replace on a regular basis. If sunscreen runs low, my child has permission to use sunscreen from the KIDS Program.

_____ I give written permission for my child to receive over-the-counter topical ointments, lotions and creams, sprays, and topically applied insect repellent.

Parent/Guardian Signature: _____ Date: _____

REQUEST FOR CARE

By enrolling your child in our program, you are reserving a slot with us. We have a maximum number of 75 slots we are able to fill. Once a slot is reserved, we are unable to share that slot with anyone else as long as your child is enrolled. You can enroll your child for the whole summer or choose to enroll your child by the week. However, space is available on a first come first served basis. If you enroll week by week please understand that slots may be limited. If you sign your child up for the day, week, or whole summer you are required to pay even if your child does not attend. Initial _____

Child's Name: _____ Age: _____ DOB: _____

Step 1:

Please select: Option 1: 3 days _____ Option 2: 4 days _____ Option 3: 5 days _____
Option 4: Other _____

Step 2:

Weeks	Circle Days	Comments
1: 6/24-6/28	M-T-W-TH-F	_____
2: 7/1-7/5	M-T- -TH-F	Closed July 4th _____
3: 7/8-7/12	M-T-W-TH-F	_____
4: 7/15-7/19	M-T-W-TH-F	_____
5: 7/22-7/26	M-T-W-TH-F	_____
6: 7/29-8/2	M-T-W-TH-F	_____
7: 8/5-8/9	M-T-W-TH-F	_____
8: 8/12-8/16	M-T-W-TH-F	_____
9: 8/19-8/23	M-T-W-TH-F	_____
10: 8/26-8/30	M-T-W-TH-F	_____

Step 3:

Arrival Time: _____ am/pm Departure Time: _____ am/pm

NO SHOW POLICY: During the summer program you will be charged for your day of care whether your child attends our program or not. This policy is in effect as we staff for our summer program in advance, and they will be on site based on how you have enrolled your child.

_____ (Initial) I understand and agree to the No Show Policy

LATE FEE POLICY: If your child is not picked up by 6 p.m., there will be a \$5 late fee per child applied to your account for every 15 minutes you are late. If there is a late fee on your account, your child will not be able to attend until it is paid in full.

_____ (Initial) I understand and agree to the Late Fee Policy

REQUEST FOR CARE POLICY: If for any reason you need to permanently change the number of days your child is enrolled in the program, a letter in writing must be submitted to the KIDS Program Coordinator and the Business Manager one week in advance of the change to avoid being charged.

_____ (Initial) I understand and agree to the Request of Care Policy

I have read and agree to all the requirements identified here for request of care. I understand that I am registering my child for a slot on the weekly roster and by doing so, no other child can register for this slot. I understand by signing my child up for that slot that I will be paying for care whether or not my child attends.

Parent/Guardian Signature: _____ Date: _____

FEE AGREEMENT

Please list the child you are enrolling in the Summer KIDS Program

Child's Name: _____ Age: _____ Gender: M/F DOB: _____

The Fee for Child Care is:

- Option #1: 3 Days = \$66.00 per week per child
- Option #2: 4 Days = \$88.00 per week per child
- Option #3: 5 Days = \$110.00 per week per child

**If you are choosing another option, fees are based on a \$22.00 per day rate.*

**If you are in need of financial assistance, please contact Sharon Vesely, Executive Director, at 607-336-9696 x 103 or set up an appointment to meet with her.*

You may choose one of the following payments schedules:

- Weekly **prior** to care
- Bi-weekly **prior** to care

At this time The Place accepts debit or credit cards. Please see the Business Manager, Jolene Carson, for details.

I understand that I am required to make payments prior to my child's week of care. If a payment is not received by Monday of the week of care, care will not be provided until the payment is made.

Initial _____

I understand that I am responsible for the full cost of care, as described within, unless I have already made arrangements and been approved in writing for The Place's financial assistance program.

Initial _____

Acknowledgement of Financial Obligation:

I understand and agree to the weekly fees and schedule set for my child. I acknowledge that I am signing into an agreement with the Christian Neighborhood Center of Norwich Inc., dba The Place that I am responsible for paying all fees on-time. I also agree that if for any reason I choose not to continue to send my child to the Summer KIDS Program, I am still responsible to honor this fee payment schedule unless I have submitted in writing the week prior that I am canceling my care. Additionally, I understand that if for any reason my financial situation changes I am responsible to inform Business Manager, Jolene Carson ext. 104 and/or Executive Director, Sharon Vesely ext. 103.

Parent/Guardian Signature: _____

Date: _____

Business Manager Signature: _____

Date: _____

Executive Director Signature: _____

Date: _____

BEHAVIOR AND ANTI-BULLYING/HARASSMENT POLICY

It is the belief and desire of The Place KIDS Program to work with children and families to reach reasonable behavior choices. We are here to assist and support the children and families in our program. Our program is designed to offer our participants with the opportunity to make good choices and decisions about how they interact with their peers, staff, conduct themselves in a group, and how they treat each other when they are not happy with a situation. This includes bullying other peers and staff.

Definitions

Bullying

For the purpose of this policy, the term “bullying” is defined as intentionally aggressive behavior that can take many forms (verbal, physical, social/relational/emotional, or cyber bullying – or any combination of these). It involves an imbalance of power and is often repeated over a period of time. The bullying can consist of one child bullying another, a group of children ganging up against one lone child, or one group of children targeting another group. Common behaviors attributed to bullying include put-downs, name calling, rumors, gossip, verbal threats, menacing, harassment, intimidation, social isolation or exclusion, and physical assaults.

Harassment

For the purpose of this policy, the term “harassment” is defined as the creation of a hostile environment by conduct. This would include verbal threats, intimidation, or abuse that has or would have the effect of unreasonably and substantially interfering with a child’s educational performance, opportunities or benefits, or mental, emotional or physical well-being and feeling of safety. Harassing behaviors may be based on a person’s actual or perceived race, color weight, national origin, ethnic group, religion, religious practice, disability, sex, sexual orientation, or gender (identity or expression).

-We believe that no child deserves to be bullied or harassed, and that every youth regardless of race, color, religion, nationality, size, gender, popularity, athletic, social ability, or disability has the right to feel safe, secure, and respected.-

Prevention and Intervention

The Place realizes and respects the importance of eliminating unacceptable behaviors exhibited by children and works proactively to prevent these behaviors. Staff members who recognize any form of bullying or harassment taking place will act promptly to address the incident, with the goal of preventing the incident from occurring again. In addition to this, when it is appropriate to do so, staff members will address the effects of the bullying or harassment on the person being bullied or harassed.

Prevention and intervention techniques that will be implemented within The Place to prevent against bullying and harassment behaviors and to support and protect victims shall include building-level and room-level strategies and activities as determined by directors/staff members. Individual intervention will be provided by the appropriate staff members to bullies/participants, victims, and their parents to help ensure that the behaviors do not continue.

Though this policy focuses on prevention, it is acknowledged that acts of bullying and harassment may still occur. In such occurrences, disciplinary action may take place in accordance with the current policies enforced at The Place. Consequences will depend upon the specific circumstances surrounding the incident, the developmental level of the child, their disciplinary history, and will be consistent with the current policies enforced.

Rules against bullying and harassment shall be publicized within our facility, and shall be made known when appropriate to staff, students, and parents.

Bullying/Harassment Prevention Rules at The Place

Participants Agree to:

- Treat others peers with kindness and respect.
- Be a good role model for other children.
- Not engage in verbal, interpersonal, physical or cyber bullying.
- Support those who have been victimized by bullying behavior.
- Speak out against verbal, interpersonal, physical bullying and cyber bullying.
- Notify staff or parent when bullying does occur.

Procedure for Incidents of Bullying/Harassment

If behavior choices progress to a negative behavior issue, then the program follows the rules and behavior policies set forth by The Place:

First Offense: Staff will speak with the child about his/her inappropriate behavior and how he/she can work to make better choices.

Second Offense: Staff will speak again with the child about his/her inappropriate behavior and will complete an incident/situation report regarding the behavior. Either a phone call to parent or at pick up, staff will speak with the parent about the child's inappropriate behavior and what has happened.

Third Offense: Staff will complete all above mentioned documentation and the parent will be asked to come in for a conference with the Program Director and Executive Director to discuss the future of the child's enrollment in the program.

However, if there is a concern for other's safety or a blatant disregard for Program rules and policies, then this may result in suspension or termination from the program and parent will forfeit tuition paid.

Retaliation

Retaliation, as per this policy, describes some type of negative action taken against an individual or individuals as a result of speaking out or participating in speaking out concerning an occurrence of bullying or harassment.

Retaliation or intimidation for speaking out in regards to a bullying/harassment situation is prohibited. Retaliation against any child seeking assistance at The Place or reporting to a staff member that someone is in need of assistance will be taken seriously and is grounds for potential disciplinary action.

Confidentiality

The Place will respect the privacy of any individual who reports bullying/harassment behavior as much as possible. Moreover, The Place will be consistent with our obligations to investigate, take appropriate action, and conform to any potential legal discovery or disclosure obligations.

Acknowledgement of Behavior and Anti-Bullying/Harassment Policy

I have read my child The Place KIDS Program Behavior and Anti- Bullying Policy and my child agrees to the policy.

Initial_____

I have read and agree with The Place KIDS Program Behavior and Anti-Bullying Policy.

Parent/Guardian Signature: _____ Date: _____

PARENTAL STATEMENT OF UNDERSTANDING

Please initial the following:

_____ I understand that if there are any changes in attendance, it is my responsibility to contact the appropriate Place staff one week in advance to make the necessary changes for billing and program participation.

_____ I am responsible for the cost of medical treatment and care.

_____ The information provided on all enrollment and medical forms is complete and accurate. I have provided The Place with all necessary information to properly care for my child’s needs.

_____ The Place’s responsibility for my child begins when the child has reached the program and is checked in with a Place staff member.

_____ I acknowledge that all parties who are authorized to pick up my child must have identification and if not my child will not be released to them.

_____ It is my responsibility to arrange for my child to be picked up from The Place by 6pm. If two hours have passed from the program closing time and all attempts to contact an authorized person to pick up my child have failed, The Place will contact Child Protective Services and or police for further instructions.

_____ Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child’s safety, staff will have no recourse but to contact the police.

_____ I acknowledge that The Place is mandated by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

_____ I acknowledge that a permission slip must be given to The Place staff in order for my child to participate on a field trip that is not in walking distance.

Please initial each additional statement you AGREE with, put NO if you do not agree:

_____ The Place has my permission to use photographs of my child in promotional materials such as social media, ads or newspaper releases.

_____ My child may participate in field trip excursions away from the facility and under the direct supervision of The Place Staff.

_____ My child may be transported by The Place senior Staff when and only if inclement weather/act of nature occurs.

_____ My child may participate in water activities as scheduled and under direct supervision of The Place staff.

_____ My child and I are aware that my child will have to pass a swim a test, given by a certified life guard in order to swim in the deep end. My child’s ability to swim is:

_____ Afraid of water _____ Some lessons _____ Confident in deep water.

My signature acknowledges my understanding of and agreement to the above information.

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____

Program Director Signature: _____ Date: _____

June 2019 Summer Menu

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	Milk = 1% Juice = 100% Alternate Snack: Graham Crackers and Milk	All meals follow the CACFP requirements and guidelines				1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17 Lunch Schedule: 11:00-11:30 K-2 11:30-12:00 3-up (May change without notice)	18	19	20	21 This institution is an equal opportunity provider.	22
23	24 B: Rice Krispies, cherries, milk L: WG Pizza, celery, fresh fruit salad, milk S: Banana Muffins, milk	25 B: Bagels, oranges, milk L: Chicken patty sandwich on WG roll, corn, grapes, milk S: Cottage cheese, pretzels, water	26 B: English muffin, apples, milk L: Cookout S: Fresh fruit salad, Pretzels, water	27 B: Pancakes, applesauce, milk L: WG Tacos with the works, melon, milk S: Yogurt, granola, water	28 B: Waffles, raspberries, milk L: WG Cold sandwiches, applesauce, green beans, milk S: Watermelon, milk	29

July 2019 Summer Menu

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	1 B: WG Mini bagels, pineapple, milk L: Pasta salad w/ tomatoes, broccoli, milk S: Pepperoni, cheese, crackers, water	2 B: French toast, peaches, milk L: WG Wraps, apple slices, carrot sticks, milk S: Gold Fish, juice	3 B: Oatmeal, apples, milk L: WG Grilled cheese pizza, peas, melon, milk S: Celery, PB, raisins, water	4 Happy 4 th of July!!! The Place Closed	5 B: WG Pancakes, blueberries, milk L: Mac & cheese, carrots, apples, milk S: Salsa, WG crackers, milk	6
7	8 B: WG Waffles, blueberries, milk L: WG Quesadillas, corn, pears, Milk S: Rice cakes, juice	9 B: WG French toast, banana, milk L: Cheese raviolis, meat sauce, toss salad, applesauce, milk S: Animal crackers, milk	10 B: WG Toast w/ PB, scrambled eggs, oranges, milk L: Hamburgers, toss salad, melon, milk S: Trail Mix, juice	11 B: Egg Bake, apples, milk L: WG Gilled cheese, tomato soup, grapes, milk S: Cucumbers, milk	12 B: Cheerios, oranges, milk L: WG Sloppy Joes, carrots, watermelon, milk S: Pepperoni, Cheese, Pretzels, milk	13
14	15 B: WG Pancakes, oranges, milk L: Spaghetti, meat sauce, green beans, milk S: Apples, PB, water	16 B: Oatmeal, raspberries, milk L: WG Chicken patty sandwich, green beans, pineapple, milk S: Yogurt, granola, water	17 B: Life Cereal, apples, milk L: Subs, celery, applesauce, milk S: Pretzels, cheese, juice	18 B: WG Toast, banana, milk L: Dorito taco salad, WG roll, applesauce, milk S: Fresh fruit salad, Wheat Thin Crackers, water	19 B: English muffin, plums, milk L: Tacos with the works, melon, milk S: Banana muffins, Milk	20
21	22 B: Rice Krispies, melon, milk L: Cold sandwiches, apple slices, carrot sticks, milk S: Graham crackers, milk	23 B: WG Mini bagels, blueberries, milk L: Goulash, meat sauce, salad, pears, milk S: Fresh veggies, pretzels, water	24 B: WG Waffles, strawberries, milk L: Cookout S: Turkey roll-up, water	25 B: WG French toast, oranges, milk L: Sausage egg and cheese sandwich, potatoes, milk S: Wheat thins, juice	26 B: WG Toast w/PB, apples, milk L: Pizza, salad, peaches, milk S: Ice Cream Social	27
28	29 B: English muffins, banana, milk L: Tacos w/ works, Apple sauce, milk S: Pretzels, cheese, juice	30 B: Cheerios, melon, milk L: WG Tuna salad sandwich, celery, apples, milk S: Fresh fruit salad, Pretzels, water	31 B: Oatmeal, berries, milk L: Pasta salad with tomatoes, broccoli, milk S: Apples, PB, milk	All Meals follow the CACFP requirements and guidelines. Juice = 100% Milk = 1% Alternate Snack: Graham Crackers and Milk		Lunch Schedule: 11:00-11:30 K-2 11:30-12:00 3-up (May change without notice)

August 2019 Summer Menu

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	<p>Lunch Schedule: 11:00-11:30 K-2 11:30-12:00 3-up (May change without notice) This institution is an equal opportunity provider.</p>	<p>Milk= 1% Juice = 100%</p> <p>All Meals follow the CACFP requirements and guidelines.</p>	<p>Alternate Snack: Graham Crackers and Milk</p>	<p>1 B: WG Mini bagels, pineapple milk L: Dorito taco salad, oranges, milk S: Salsa, WG crackers, milk</p>	<p>2 B: Oatmeal, banana milk L: WG Grilled cheese, tomato soup, plums, milk S: Apples, PB, milk</p>	<p>3</p>
4	<p>5 B: WG Toast, eggs, apples, milk L: WG Baked Ziti with meat, corn, blackberries, milk S: Graham crackers, juice</p>	<p>6 B: WG Waffles, blueberries, milk L: Cheese ravioli, meat sauce, green beans, cherries , milk S: Cottage cheese, pretzels, water</p>	<p>7 B: Life Cereal, oranges, milk L: Wraps, carrots, pears, milk S: Rice cakes, juice</p>	<p>8 B: WG English muffin, pears milk L: Chicken patty sandwich, green beans pineapple, milk S: Yogurt, granola, berries</p>	<p>9 B: WG Pancakes, applesauce, milk L: Pasta Salad, tomatoes, broccoli, milk S: Ice-cream Social</p>	10
11	<p>12 B:WG Bagels, melon, milk L: Chicken Stir Fry, WG rice, pineapple, milk S: Rice cakes, juice</p>	<p>13 B: WG Toast, eggs, banana, milk L: WG Grilled cheese, tomato soup, corn, milk S: Fresh veggies, Wheat Thins</p>	<p>14 B : Oatmeal, raspberries, milk L: WG Quesadilla, green beans fruit, milk S: Cucumbers, milk</p>	<p>15 B :French toast, oranges milk L: WG Mac & cheese, peas, melon, milk S: Turkey roll-ups, milk</p>	<p>16 B: Rice Krispies, apples, milk L: WG Pizza, toss salad, milk S: WG Crackers, pepperoni cheese, water</p>	17
18	<p>19 B:WG English muffins , oranges, milk L: Spaghetti, meat sauce, green beans, milk S: Fresh fruit salad, Pretzels, water</p>	<p>20 B: WG pancakes, blueberries, milk L: Tri Colored pasta Salad w/tomatoes, broccoli, milk S: Salsa, WG crackers, milk</p>	<p>21 B: WG Bagels, banana, milk L: Cookout S: Blueberry muffins, milk</p>	<p>22 B: Cheerios, pears, milk L: Subs, carrot sticks, watermelon, milk S: Fresh veggies, Ritz, milk</p>	<p>23 B: WG Waffles, apples, milk L: Sloppy joes, potatoes, cucumbers, milk S: Ham roll up, milk</p>	24
25	<p>26 B: Toast, eggs, oranges, milk L: WG Wraps, watermelon, potatoes, milk S: Broccoli and Cheese Cubes, Water</p>	<p>27 B: French toast, banana, milk L: Baked Ziti, meat sauce, Carrots, pears, milk S: Celery, PB, raisins, milk</p>	<p>28 B: WG English muffins, apples, milk L: WG Mac and cheese, corn, applesauce, milk S: Fresh fruit salad, Pretzels, water</p>	<p>29 B: Oatmeal, pears, milk L: Dorito taco salad, WG roll, applesauce, milk S: Yogurt, granola, berries</p>	<p>30 B: Life Cereal, apples, milk L: L: Chicken stir fry, rice, pineapple, corn, milk S: Blueberry muffins, milk</p>	31

September 2019 Summer Menu

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 Labor Day- The Place is Closed	3 B: WG Waffles, strawberries, milk L: Sausage egg and cheese sandwich, potatoes, milk S: Fresh Fruit Salad, WG Crackers, water	4 B: WG Toast, scrambled eggs, oranges, milk L: End Of Summer Cook out S: Ice Cream Social,	5 School begins?	6	7
8	9 Lunch Schedule: 11:00-11:30 K-2 11:30-12:00 3-up (May change without notice)	10 Milk= 1% Juice = 100% Alternate Snack: Graham Crackers and Milk	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					