



## SUMMER SCHEDULE

*AM Extended Care*  
7:30 am – 9:00 am

**CAMP HOURS**  
9:00 am – 4:00 pm

*PM Extended Care*  
4:00 pm – 5:30 pm

Dear Parents and Summer Campers,

It's time to turn our attention to the upcoming **CAMP KID'S STOP 2020**. Great ideas are in the planning stages and we are certain everyone will enjoy the time spent with us. The summer camp session is designed for children in preschool and kindergarten through fifth grade. Your child's registration includes a **CAMP T-SHIRT** which must be worn on all off-site excursions and field trips.

To register for a space in Camp Kid's Stop 2020, fill out all the forms and return them to us completed, signed, and with the non-refundable registration fee and deposit. All registrations will be accepted on a space availability basis. **Payment for the final registered week is due at the time of registration.**

Camp Kid's Stop will be in session June 22<sup>nd</sup> through August 28<sup>th</sup>. **KID'S STOP will be closed on July 3<sup>rd</sup>, 2020.** A summer calendar listing field trips and special days is being developed. We do not distribute this information until all of the trips have been confirmed and plans are in place.

If you have any questions, feel free to contact the main office. We will be happy to help you any way we can. We hope you enjoy your summer with us and look forward to having your feedback at the end of the season.

Sincerely,  
**Tracey Dudek**  
**Administrator of Child Care**

THE KID'S STOP  
20 Media Line Road Newtown Square, PA 19073  
Phone: 610-353-2326 Email: [thekidstop@gmail.com](mailto:thekidstop@gmail.com)  
[www.mnkidstop.com](http://www.mnkidstop.com)

# THE KID'S STOP SUMMER 2020

**\$100 summer registration  
fee plus  
final week payment due  
at time of registration**

Return completed forms along with  
Non-refundable registration fee to  
**THE KID'S STOP**  
20 Media Line Road, Newtown Square, Pa 19073

## REGISTRATION FORM PLEASE PRINT CLEARLY

<b>Name of Child</b>		Sex	Birth Date
Complete Home Address			
<b>Parent 1 / Guardian Name</b>		Home Phone	
Home Address		Cell Phone	
Town / Zip	Email		
Employer		Work Phone	
Employer Address		Occupation	
<b>Parent 2 / Guardian Name</b>		Home Phone	
Home Address		Cell Phone	
Town / Zip	Email		
Employer		Work Phone	
Employer Address		Occupation	

Name child goes by	Current School	Grade child is in NOW

I am the legal, custodial parent/guardian of this child	Parent / Guardian Signature
PRINT NAME:	

As a state licensed child care center, we are required to have a **CURRENT** health assessment on file with complete immunization & health screening information for each enrolled child

For children currently enrolled and attending the 2019-20 school year session	For children NOT currently enrolled and attending the school year session
<p><i>If required, I will provide an up-to-date health assessment prior to camp. Furthermore, I will submit <b>CURRENT</b> emergency information for the summer camp session</i></p> <p>_____ Parent's Initials</p>	<p><i>I understand that I must submit emergency information and provide a current health assessment with complete immunization data <b>PRIOR</b> to my child's first day of attendance in the summer camp</i></p> <p>_____ Parent's Initials</p>

I am aware that there are risks inherent in all recreational outlets and agree not to hold the *Marple Newtown Joint Recreation Commission, Marple Newtown School District*, or any of their agents or staff liable for personal injuries or property damage sustained by my child / myself in connection with such participation

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# SUMMER EMERGENCY CONTACT and PARENTAL CONSENT FORM

Each child must have complete emergency contact information and full parental consent on file in order to participate in the Program. This form applies to the summer session only.

CHILD'S NAME		BIRTHDATE	M	F
HOME ADDRESS				
MOTHER'S NAME / LEGAL GUARDIAN		HOME PHONE		
ADDRESS		CELL PHONE		
BUSINESS NAME		WORK PHONE		
BUSINESS ADDRESS		EMAIL		
FATHER'S NAME / LEGAL GUARDIAN		HOME PHONE		
ADDRESS		CELL PHONE		
BUSINESS NAME		WORK PHONE		
BUSINESS ADDRESS		EMAIL		
EMERGENCY CONTACT PERSON(S) <i>You are required to designate two(2) emergency contacts OTHER THAN PARENTS</i>				
NAME	RELATIONSHIP	DAYTIME PHONE		
NAME	RELATIONSHIP	DAYTIME PHONE		
PERSON(S) TO WHOM CHILD MAY BE RELEASED <i>If necessary, indicate additional names on reverse</i>				
NAME	Relationship to Child	DAYTIME PHONE		
NAME	Relationship to Child	DAYTIME PHONE		
NAME	Relationship to Child	DAYTIME PHONE		
<input type="checkbox"/> Check here if additional names are listed on back				

CHILD'S DOCTOR / MEDICAL PROVIDER		PHONE
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES INCLUDING ALLERGIC REACTION	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HAS CHILD BEEN IDENTIFIED BY SCHOOL DISTRICT FOR SPECIAL PROGRAMMING? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "YES", please provide a copy of IFSP / IEP</i>		
HEALTH INSURANCE CARRIER FOR CHILD or MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)	

A PARENT'S COMPLETE SIGNATURE IS REQUIRED FOR EACH ITEM BELOW		PLEASE DATE ITEMS FOR FIRST DAY OF ATTENDANCE	
EMERGENCY MEDICAL CARE	DATE	BASIC FIRST AID	DATE
SUPERVISED NEIGHBORHOOD WALKS	DATE	USE OF HAND SANITIZER	DATE
SCHOOL BUS TRANSPORTATION (SCHOOL AGE ONLY)		DATE	

Please PRINT Parent/Guardian Name	DATE SUBMITTED
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# Camp Kid's Stop

Camp Director: Tracey Dudek  
 Ph: 610.353.2326 | Fax: 610.353.2330  
 Email: thekidstop@gmail.com

Fees		Payment Schedule	
Camp Hours are 9:00 am – 4:00 pm		Additional fee charged for extended care – see below	
\$190 per week / regular 5 day program \$230 per week / Toddler 5 days		Payment due MONDAY of scheduled week	
\$115 per week / regular 3 day program \$150 per week / Toddler 3 days		Payment due first day of attendance EACH week	

## Minimum 6 week enrollment

Please check the boxes for which you would like to register:	Week 1 6/22 – 6/26	Week 2 6/29 – 7/2 Mon.-Thurs. only	Week 3 7/6 – 7/10	Week 4 7/13 – 7/17	Week 5 7/20 – 7/24	Week 6 7/27 – 7/31	Week 7 8/3 - 8/7	Week 8 8/10 - 8/14	Week 9 8/17 - 8/21	Week 10* 8/24 - 8/28
5 day week		(No camp 7/3)								
3 day week										
Extended AM (7:30-9) - \$5/day										
Extended PM (4-5:30) - \$5/day										

\*Week 10 hours are 8:30am – 4:30pm

If you are registering for 3 days a week please specify days attending: \_\_\_\_\_

Camper's Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Summer 2020

*Please read and sign for each permission given in the statements below*

I give permission for my child to take <b>supervised</b> walks in the vicinity of camp	Signature
My child may watch movies that are rated G or PG	Signature
Signature authorizes staff to help apply sunscreen to the camper, if needed	Signature

**T-SHIRT SIZE:** check ✓ *child's size. T-shirts may run small*

- ☐ Youth Small    ☐ Youth Medium    ☐ Youth Large  
☐ Adult Small    ☐ Adult Medium    ☐ Adult Large    ☐ Adult X-Large

My child has the following special needs	My child is allergic to <i>Please list all medical or environmental allergies</i>	My child takes the following medication <i>All requests for administering medication must be made in writing on an approved form</i>	Any additional information we need to know to help your child have a safe, fun summer

### General Attendance Information

Daily Arrival Time	Daily Departure Time
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**THE KID'S STOP** (a division of the *Marple Newtown Joint Recreation Commission*) is an equal opportunity institution and will not discriminate on the basis of race, color, national origin, sex, handicap, or limited English proficiency in its programs, activities, or employment practices as required by Title VI, Title IX, and Section 504.



# Parent Agreement for Summer Session 2020



**FEES: ALL FEES ARE NON-REFUNDABLE** KID'S STOP is 100% self-sustaining and as such relies on tuition fees to meet our financial obligations. Tuition fees are charged on the basis of enrollment schedule, not attendance. There are no credits or discounts allowed for scheduled days that your child does not attend.

1. **Registration Fee: \$100 per child** – registration fee includes Camp T-shirt (must be worn on all field trips) **Registration fee plus payment for final summer week is due at the time of registration**
2. **Weekly Tuition:** Summer tuition fees are due the first contracted day of attendance each week and are paid to reserve the days scheduled for that week irrespective of the actual number of days the child attends. **There are no refunds for the days your child does not attend.** The only exception would be half **CREDIT** allowed if a child misses more than six **consecutive** days of camp due to an illness that is **documented** by an accepted doctor's note.  
  
You will be charged and must pay for all the days you indicate on the summer schedule. Two weeks' advance, **written** notice is required for session (week) cancellation. A \$50 fee will be charged for **EACH** cancelled session (week) if the required notice is not given.
3. **Field Trips:** Field trips are for school age children only. All trip fees are in addition to weekly fees. Parents of children who will not be attending the field trips must pick up their children by the stated departure time of each trip. Kid's Stop will not have leadership during scheduled field trips as all counselors attend the trips. Please check the permission slips for departure and return times.
4. **Returned Check Fee - \$35** will be charged for all checks returned by your bank for any reason whatsoever. Another check, cash or money order must replace returned checks within 48 hours of notification. Two returned checks will result in no further personal checks being accepted – cash or money order only.
5. **Overtime Fee:** the facility closes promptly at 5:30pm during the **SUMMER** session. Parents who arrive after 5:30pm will be charged a \$5 cash fee for every 5 minutes or portion thereof that the child is left past the stated closing time. There is **NO GRACE PERIOD** for the final closing time and no exception will be made for payment of the overtime fee.
6. Families with multiple children receive a 5% discount on tuition rates for 2<sup>nd</sup> and 3<sup>rd</sup> child.
7. The parent signing the **PARENT AGREEMENT** shall be the responsible party in all matters relating to tuition payments.
8. Tuition payments must be cash, check or money order. When paying by check / money order, **please include child's name on the MEMO line.**
9. Parents must sign their child in and out of the Program daily. Upon arrival, parents must accompany child to assigned room. Please do not enter the facility prior to 7:30am. **NOTE: staff is not on duty prior to 7:30am.**
10. **KID'S STOP** does not accept responsibility for your child until she/he is signed in. At pickup time, a parent, legal guardian or designated adult must sign child out. Individuals under the age of 16 may not assume responsibility for a child. A full, legal signature is required for sign in/out procedure.
11. Please alert the Program if your child will be absent on a scheduled day.
12. Parents are responsible for providing necessary supplies for their child and must replenish them when needed. All early childhood students must have naptime gear in a clearly marked draw string laundry bag.
13. **KID'S STOP** is not responsible for items lost or stolen. Please make sure to mark child's name on all belongings to avoid confusion.
14. Photographs and video of Program activities will be taken throughout the summer session and are for **KID'S STOP** use in promotional materials, website, etc.
15. **LUNCHES ARE NOT INCLUDED.** Snacks and drinks must be provided by parents.

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_



## THE KID'S STOP

### CIVIL RIGHTS COMPLIANCE PARENT AWARENESS

In accordance with applicable Federal and State civil rights laws and regulatory requirements, you and your children, as a client of this facility, have the right:

- ✓ To be provided services at this facility and to be referred for services at other facilities 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 filed with any of the following:*

MN Joint Recreation Commission  
Administrator of Child Care  
20 Media Line Road  
Newtown Square, PA 19073

Department of Public Welfare  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17105

U.S. Department of Health & Human Services  
Office for Civil Rights  
Suite 372, Public Ledger Building  
150 South Independence Mall West  
Philadelphia, PA 19106-9111

Pennsylvania Human Relations Commission  
Philadelphia Regional Office  
110 N. 8<sup>th</sup> 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

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Signature of Parent / Guardian

Date

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Staff Signature

Date



## THE KID'S STOP

## Medication Policy

This facility will administer medication to children for whom a plan has been made, reviewed and approved by Program Administration. **Because administration of medication in the facility is a safety hazard, families should check with the child's physician to see if a dose schedule can be arranged that does not involve the hours the child is at THE KID'S STOP.** Whenever possible, the first dose of medication should be given at home to see if the child has any reaction. Parents or legal guardians may administer medication to their own child during the child care day.

**THE KID'S STOP** will administer medication only if the parent or legal guardian has provided written consent, the medication is available in an appropriate labeled and stored container, and the Program has on file the written or telephone instructions of a licensed physician to administer the specific medication.

1. For prescription medications, parents or legal guardians will provide caregivers with the medication in the original, child-resistant container that is labeled by a pharmacist with the child's name, the name of the medication; the date the prescription was filled; the name of the health care provider who wrote the prescription; the medication's expiration date; and administration, storage and disposal instructions.
2. For over-the-counter medications, parents or legal guardians will provide the medication in the original, child-resistant container. The medication will be clearly labeled with the child's first and last names; specific legible instructions for administration and storage supplied by the manufacturer; and the name of the health care provider who recommended the medication for the child.
3. Instructions for the dose, frequency, method to be used, and duration of administration will be provided to Program Staff in writing (by a signed note or prescription label) or dictated over the phone by a physician or other person legally authorized to prescribe medication. This requirement applies to both prescription and over-the-counter medications.
4. A physician may state that a certain medication may be given for a recurring problem, emergency situation or chronic condition. The instructions should include the child's name; the name of the medication; the dose of the medication; how often the medication may be given; the conditions for use; and the precautions to follow. **Example:** children may use sunscreen to prevent sunburn; children who wheeze with vigorous exercise may take one dose of asthma medication before vigorous active play; children who weigh between 25-35 pounds may be given 1 teaspoon acetaminophen for up to two doses every hour for fever.
5. A child with a known serious allergic reaction to a specific substance who develops symptoms after exposure to that substance may receive epinephrine supplied by the parent from a staff member who has received training in how to use an auto-injection device (e.g., EpiPen®). In the case of severe allergies which require monitoring, special accommodation and/or emergency medication/response, an ANAPHYLAXIS and ALLERGY TREATMENT PLAN must be provided by child's physician
6. Medication will be kept at the temperature recommended for that type of medication, in a sturdy child-resistant, closed container that is inaccessible to children and prevents spillage.
7. Medication will not be used beyond the date of expiration on the container or beyond the expiration of the instructions provided by the physician or other person legally permitted to prescribe medication. Instructions which state that the medication may be used whenever needed will be renewed by the physician at least annually.
8. A medication log will be maintained by Program Staff to record instructions for giving medication; consent obtained from the parent or legal guardian, amount; time of administration; and the person who administered each dose of medication. Spills, reactions, and refusals to take medication will be noted on this log.
9. Parent or legal guardian will supply all devices or equipment necessary such as medicine spoon or measurement cup
10. **NOTE:** the Program does NOT keep a supply of pain/fever reducers on hand (ex: Tylenol/Motrin, etc.). **All medications must be provided by Parent.**

Signature of Parent or Legal Guardian indicating knowledge and understanding of THE KID'S STOP Medication Policy

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date





# BEHAVIOR CONTRACT

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**THE KID'S STOP** makes every effort to help children understand clear definitions of acceptable and unacceptable behavior. It is important that staff maintain good order and discipline in all program areas with the top objectives being safety and a positive atmosphere for learning and developing social skills.

A child's behavior is expected to be consistent with the following:

- ✓ Use appropriate language at all times
- ✓ Cooperate with staff and follow directions
- ✓ Follow all safety guidelines
- ✓ Respect other children and staff, equipment and facilities, and yourself
- ✓ Maintain a positive attitude
- ✓ Stay in program areas – running away or leaving program area is not acceptable

The following behaviors which may result in immediate dismissal include *but are not limited to*:

- pushing, kicking, shoving, tugging, tackling, pinching, choking, spitting or fighting
- name calling, talking about another's parents or family or making fun of someone's race or appearance
- throwing stones, rocks, sticks, toys or other objects
- tackle football, wrestling or rough play
- playing with toys that are considered look-alike or make-believe weapons
- harassment or bullying of any kind between students
- vandalism

## **Special Circumstances**

Parents or guardians are required to inform **THE KID'S STOP** *in writing*, prior to a child's acceptance in to the Program, of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions.

Upon being informed of such circumstances, the Program Administrator (or an official designee, i.e., Site Director, Group Supervisor or Coordinator) may require a conference with the parent(s)/guardian(s) to discuss issues created by these circumstances.

I understand and acknowledge that:

1. It is the responsibility of the parent(s)/guardian(s) to make full disclosure to **THE KID'S STOP** of any special circumstances which may affect the ability of the child to participate, as described above.
2. It is the responsibility of the parent(s)/guardian(s) to inform **THE KID'S STOP** of any requested accommodation believed by the parent(s)/guardian(s) to be necessary and readily achievable for such participation; and
3. Full disclosure of any special circumstances is material to **KID'S STOP** evaluation of the child's ability to participate and the Program's consideration of any requested accommodation.

Please initial, indicating you have read and understand the above:

Parent/Guardian Initials: \_\_\_\_\_ Date \_\_\_\_\_

I have read, understand and agree with the policies as stated in this document and have or will discuss the expectations of behavior with my child/ward.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

# 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:		WORK PHONE:
FACILITY PHONE:	COUNTY:	
<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](http://WWW.AAP.ORG))  
☐ YES ☐ 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.**

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.