



Child's Enrollment form
Summer Camp
1329 Route 38 Hainesport, NJ 08036

Today's Date _____ Date of enrollment _____/_____/_____

Child's name: _____ Date of Birth: _____

Name by which child is most often called: _____

Home address: _____

Phone: _____

Email Address: _____

PARENTS

Father

Mother

Name: _____

Name: _____

Cell Phone: _____

Cell Phone: _____

Home Phone: _____

Home Phone: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

WORK

Place of Occupation: _____	Place of Occupation: _____
Address: _____	Address: _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone: _____	Telephone: _____

Persons to authorized to pick up your child or contact in case of emergency if parents cannot be reached.

Contact 1	Contact 2
Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____

Childs Doctor

Name: _____
Address: _____
Telephone: _____

Family Information

Person(s) designated to pick up child other than parent(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name any person(s) specifically not permitted to pick up your child

Name: _____ Relationship _____

Name: _____ Relationship _____

Language (s) spoken in the home: _____

List other children in the family:

Name: _____ Age _____ Sex _____

Name: _____ Age _____ Sex _____

Name: _____ Age _____ Sex _____

List previous experience in child care including name of facility, dates attended and type of care, (such as family childcare, childcare center, nursery school, nanny)

Tell Us About Your Child/Children: How many more brothers/sisters? _____
(their ages)? _____

What other child care center(s) or home daycare center(s) your child attended?

Any special dietary needs/allergies

Does your child have special needs?

If yes, explain

Has your child ever been dismissed from a child care center or home daycare?

_____ If yes, explain

What type of discipline is used in your home

What activities does your child seem to enjoy?

Summer Enrollment Contract

Child's Name: _____ DOB: _____ Gender: _____

Mother/Guardian Name: _____ Father/ Guardian Name: _____

Address: _____

Email: _____ Phone: _____

Days to Attend: Mon Tues Wed Thurs Fri (please circle)

Parental Agreement

1. Essential beginnings LC hours of operation are 7:00am – 6:00pm Monday – Friday.
2. I agree to pay tuition weekly/monthly. My weekly rate is \$_____. **Tuition is due on the 1st day my child is scheduled to attend school. There are no deductions for vacation, weather related closings, holidays, or sickness. If tuition is not paid in advance EBLC reserves the right to charge a \$25 late fee each week that my tuition is not up to date. There will be a \$25 fee for returned checks.**
3. In house activity fees are due the week of activity.
4. I agree to give EBLC 2 weeks written notice if I intend to withdraw my child from summer camp. If notice is not given I agree to pay for the 2 weeks after my child has left camp.
5. There will be a \$1.00 per minute per child every minute my child is picked up after 6PM, payment is due at time of pick-up.
6. Children with a communicable disease may not attend camp without a signed note advising child is no longer contagious.
7. In an emergency, EBLC staff has permission to administer first – aid or to obtain necessary emergency medical treatment. I agree to pay all expenses incurred due to any emergency regarding my child.
8. Labeled change of clothing shall be provided for each child.
9. Full day campers must provide lunch, EBLC will a nutritious morning and afternoon snack.
10. We request that children do not bring personal items to camp as EBLC will not be held responsible for any lost personal items.

Parent/ Guardian _____ Date _____

Director _____ Date _____

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)	(First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /		
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)			
		Height (must be taken within 30 days for WIC)			
		Head Circumference (f < 2 Years)			
		Blood Pressure (f ≥ 3 Years)			
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached			
		<input type="checkbox"/> Date Next Immunization Due:			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

Medication Administration in Child Care Policy and Procedures

PURPOSE: *This policy was written to encourage communication between the parent, the child's health care provider and the child care provider to assure maximum safety in the giving of medication to the child who requires medication to be provided during the time the child is in child care.*

INTENT: *Assuring the health and safety of all children in our Center is a team effort by the child care provider, family, and health care provider. This is particularly true when medication is necessary to the child's participation in child care. Therefore, an understanding of each of our responsibilities, policies and procedures concerning medication administration is critical to meeting that goal.*

GUIDING PRINCIPLES and PROCEDURES:

1. When ever possible, it is best that medication be given at home. Dosing of medication can frequently be done so that the child receives medication prior to going to child care, and again when returning home and/or at bedtime. The parent/guardian is encouraged to discuss this possibility with the child's health care provider.
2. The first dose of any medication should always be given at home and with sufficient time before the child returns to child care to observe the child's response to the medication given. When a child is ill due to a communicable disease that requires medication as treatment, the health care provider may require that the child be on a particular medication for 24 hours before returning to child care. This is for the protection of the child who is ill as well as the other children in child care.
3. Medication will only be given when ordered by the child's health care provider and with written consent of the child's parent/legal guardian. A "Permission to Give Medication in Child Care" form is attached to this policy and will hereafter be referred to as Permission Form. All information on the Permission Form must be completed before the medication can be given. Copies of this form can be duplicated or requested from the child care provider.
4. "As needed" medications may be given only when the child's health care provider completes a Permission Form that lists specific reasons and times when such medication can be given.
5. Medications given in the Center will be administered by a staff member designated by the Center Director and will have been informed of the child's health needs related to the medication and will have had training in the safe administration of medication.
6. Any prescription or over-the-counter medication brought to the child care center must be specific to the child who is to receive the medication, in its original container, have a child-resistant safety cap, and be labeled with the appropriate information as follows:
 - ✓ Prescription medication must have the original pharmacist label that includes the pharmacist's phone number, the child's full name, name of the health care provider prescribing the medication, name and expiration date of the medication, the date it was prescribed or updated, and dosage, route, frequency, and any special instructions for its administration and/or storage. It is suggested that the parent/guardian ask the pharmacist to provide the medication in two containers, one for home and one for use in child care.
 - ✓ Over-the-counter (OTC) medication must have the child's full name on the container, and the manufacturer's original label with dosage, route, frequency, and any special instructions for administration and storage, and expiration date must be clearly visible.
 - ✓ Any OTC without instructions for administration specific to the age of the child receiving the medication must have a completed Permission Form from the health care provider prior to being given in the child care center.
7. Examples of over-the-counter medications that may be given include:
 - ✓ Antihistamines
 - ✓ Decongestants
 - ✓ Non-aspirin fever reducers/pain relievers
 - ✓ Cough suppressants
 - ✓ Topical ointments, such as diaper cream or sunscreen
8. All medications will be stored:
 - ✓ Inaccessible to children
 - ✓ Separate from staff or household medications
 - ✓ Under proper temperature control
 - ✓ A small lock box will be used in the refrigerator to hold medications requiring refrigeration.

9. For the child who receives a particular medication on a long-term daily basis, the staff will advise the parent/guardian one week prior to the medication needing to be refilled so that needed doses of medication are not missed.
10. Unused or expired medication will be returned to the parent/guardian when it is no longer needed or be able to be used by the child.
11. Records of all medication given to a child are completed in ink and are signed by the staff designated to give the medication. These records are maintained in the Center. Samples of the forms used are attached to this policy and include:
 - ✓ Permission to Give Medication in Child Care
 - ✓ Universal Child Health Record
 - ✓ Emergency Contact Sheet
 - ✓ Medication Administration Log
 - ✓ Medication Incident/Error Report
12. Information exchange between the parent/guardian and child care provider about medication that a child is receiving should be shared when the child is brought to and pick-up from the Center. Parents/guardians should share with the staff any problems, observations, or suggestions that they may have in giving medication to their child at home, and likewise with the staff from the center to the parent/guardian.
13. Confidentiality related to medications and their administration will be safeguarded by the Center Director and staff. Parents/guardians may request to see/review their child's medication records maintained at the Center at any time.
14. Parent/guardian will sign all necessary medication related forms that require their signature, and particularly in the case of the emergency contact form, will update the information as necessary to safeguard the health and safety of their child.
15. Parent/guardian will authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about the medication the child is receiving, and will also authorize the health care provider to speak with the Director or Director's designee in the event that a situation arises that requires immediate attention to the child's health and safety particularly if the parent/guardian cannot be reached.
16. Parent/guardian will read and have an opportunity to discuss the content of this policy with the Director or Director's designee. The parent signature on this policy is an indication that the parent accepts the guidelines and procedures listed in this policy, and will follow them to safeguard the health and safety of their child. Parent/guardian will receive a copy of the signed policy including single copies of the records referenced in this policy.

17. The Medication Administration in Child Care Policy will be reviewed annually by the following:

- 18.
- Child Care Director _____
 - Licensing Consultant _____
 - Child Care Health Consultant _____
 - Parent/guardian _____
 - Other(specify) _____
 - Other(specify) _____

EFFECTIVE DATE OF THIS POLICY:	PARENT SIGNATURE:	DATE:
	PARENT SIGNATURE:	DATE:
	CENTER DIRECTOR/DESIGNEE SIGNATURE:	DATE:

REFERENCES: Information for the Medication Administration in Child Care Policy was derived from the current *Manual of Requirements for Child Care Centers in New Jersey* and *Caring For Our Children—The National Health and Safety Performance Standards for Out-of-Home Child Care Programs*, second edition.

PHOTO CONSENT FORM

Essential Beginnings Learning Center occasionally take pictures/ videos of the children during certain activities such as play time and education activities. We use these pictures/ videos for our website, Facebook, Instagram, add/ or bulletin boards.

Please sign and return this form

_____ I give my permission to EBLC to post photographs/ videos of my child in the school, website or social media.

_____ Do not post any photographs/videos of my child.

Child's
Name _____

Parent/ Guardian _____ Date _____

JUNE 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20 First week Of Camp Fitness Week	21 Simon says	22 Parachute games	23 Obstacle course	24 Ball pit transfer games	25 Splash Day	26
27 Camping Week	28 Reptile guy	29 teepees	30 Decorate lanterns	1	2	3

JULY 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	1 Tree nature crafts	2 Splash Day	3
4 Cooking Week	5 Camp closed	6 Bagel Pizza	7 smares	8 Fruit/ tacos bowls	9 Splash Day	10
11 Ocean Theme	12 Paper bag jelly fish	13 Bubble guy 3:00 pm	14 Ocean in a bottle	15 Shark hats/crafts	16 Splash Day	17
18 Exploration Week	19 Beach & sea squish bags	20 Explore parts of an apple	21 5 senses discovery	22 Guess the objects	23 Splash Day	24
25 Movement week	26 Exercise game-roll the dice	27 Animal Actions	28 Freeze dance painting	29 Movement cube	30 Splash Day	31

AUGUST 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
Art week	Ceramic Painting	Self Portrait day on Canvas	Fluffy cotton candy paint	Squirt gun painting	Splash Day	
8	9	10	11	12	13	14
Sports week	Baseball	Soccer	Frisbee games	Pool Tube games	Splash Day	
15	16	17	18	19	20	21
Hawaiian Week	Tiki Masks	Leis/ limbo contest	Surfboard crafts	Tiki torches	Splash Day	
22	23	24	25	26	27	28
Spirit week	Crazy Hat	Super hero day	Disney Day- wear your favorite Disney character	Pajama Day	Splash Day	
29	30	31	1	2	3	4
Music week	Explore sound	Paper plate Tambourines	Box Guitars-	Rain stick crafts	Camp Closed	