

Camper Name: _____



BENSALEM
Childcare Center
& Preschool

DAY CAMP ENROLLMENT PACK

Welcome to Summer Camp!

We are so excited to have you as part of the BCCP family. Our staff is planning some amazing and extraordinary summer activities for your camper to experience!

This completed Camper Enrollment Packet must be submitted in its entirety to attend camp. Without this completed step, we are not allowed to accept your child into care. Please complete this packet within 7 days of registration to ensure your enrollment is finalized.

Once completed, paperwork should be sent to the Bensalem Child Care Center & Preschool office or sent via email to info@bensalemchildcarecenter.com, fax to (814)796-4085.

The enrollment packet may be typed but signature boxes do require physical signatures. Due to state regulations, electronic signatures cannot be accepted. **All lines on the Emergency Contact/Parent Consent form must be completed or the packet will be returned for corrections.** If a particular line does not apply, please ensure it is marked N/A. **“Same as above” or “Same” cannot be used on the forms.** All information, including duplicate information, must be filled in per state regulations.

Our Center Director is available Monday through Friday, from 8:30 AM to 2:00 PM to assist you with any questions. Please call us at 215-645-9270 for assistance.

We look forward to sharing the best summer ever with you and your camper!

Access this form electronically!
Visit
www.bensalemchildcarecenter.com

Summer camp fun starts here!

**Bensalem Childcare Center & Preschool
AGREEMENT**

55 PA CODE CHAPTERS 3270.123 & 181(C); 3280.123 & 181(c); 3290.123 & 181(c)

DATE OF CHILD'S ADMISSION:

NAME OF CHILD:

FEE AMOUNT \$	PER WEEK/ PER DAY	DAY PAYMENT TO BE MADE	FORM OF PAYMENT CASH CHECK CREDIT CARD
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- Services provided and covered with tuition payment:**
- **NO MEALS OR DRINKS ARE PROVIDED BY CENTER.**
 - **ALL TUITION PAYMENTS ARE STILL DUE IF A CHILD IS ABSENT OR CLOSED HOLIDAYS.**
 - **ALL TUITION IS DUE EVERY FRIDAY BEFORE CARE IS NEEDED. A \$10 FEE WILL BE ADDED TO YOUR ACCOUNT EACH DAY YOUR PAYMENT IS LATE.**
 - **TUITION INCLUDES A MAXIMUM OF 10 HOURS OF CARE PER DAY FOR INFANTS, TODDLERS AND PRESCHOOL.**
 - **TUITION INCLUDES CONTRACTED HOURS THAT ARE SET BELOW.**

CHILD'S ARRIVAL TIME:	LATE FEE \$ 1.00 PER MINUTE PER CHILD STARTING AT CONTRACTED DEPARTURE TIME. NO drop-offs after 9am	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
CHILD'S DEPARTURE TIME:		_____

POLICIES AND PROCEDURES

Payment must be received by Friday before care is needed to avoid late fees, unless prior arrangements are made. A \$10.00 late fee will be added to tuition each day your payment is late. **Non-payments of tuition will result in Dismissal of your child.** I understand rates are subject to change with a notification of 30 days, as conditions require.

Two registration fees are due annually. Our annual registration fee due each September and our Summer Activity fee due each May. A registration fee is due at the time of enrollment.

A two week written notice is required when a parent withdraws a child from the program to relieve parents of future tuition obligations.

THE CENTER CLOSSES AT 5:30 PM. LATE PICK UP FEES PER CHILD WILL BE AUTOMATICALLY ADDED TO YOUR ACCOUNT (\$1.00 PER MINUTE) AND DUE AT THE TIME OF PICK UP. A late pick up fee is based on your above contracted hours. A \$1.00 will be charged each minute after contracted pick-up hours. Excessive late pick-ups will result in Dismissal of your child.

ADDITIONAL AGREEMENT(S): (Initial payment information, discounts, CCIS co pay, or any changes or adjustments to this agreement)

I, the parent/guardian;

_____ received complete written program information at the time of enrollment. (3270.121, 3280.121, 3290.121)

_____ agree to update the emergency contact / parental consent form information whenever changes occur or every 6 months at a minimum. (3270.124, 3280.124, 3290.124)

_____	_____	_____	_____
SIGNATURE – PARENT OR GUARDIAN	DATE	SIGNATURE – OPERATOR	DATE

PERIODIC REVIEW:

_____	_____	_____	_____
SIGNATURE – PARENT OR GUARDIAN	DATE	SIGNATURE – OPERATOR	DATE

DATE OF CHILD'S ADMISSION	PERIODIC REVIEW
DATE OF CHILD'S WITHDRAWAL	_____ SIGNATURE OF PARENT OR GUARDIAN _____ DATE

EMERGENCY CONTACT FORM

Camper Name: _____

Every field in this form is mandatory.
If a field does not apply to your child, you must mark (NA).

School Attending in Fall: _____

T-Shirt Size: YXS OYS OYM OYL OYXL

CHILD'S NAME		BIRTHDATE	GENDER	ETHNICITY	GRADE IN FALL
STREET ADDRESS		CITY		STATE	ZIP
PARENT/LEGAL GUARDIAN-PRIMARY		BIRTHDATE	GENDER	ETHNICITY	
STREET ADDRESS		CITY		STATE	ZIP
CELL PHONE	HOME PHONE	EMAIL ADDRESS			
EMPLOYER			WORK PHONE		
EMPLOYER'S STREET ADDRESS		CITY		STATE	ZIP
PARENT/LEGAL GUARDIAN-SECONDARY		BIRTHDATE	GENDER	ETHNICITY	
STREET ADDRESS		CITY		STATE	ZIP
CELL PHONE	HOME PHONE	EMAIL ADDRESS			
EMPLOYER			WORK PHONE		
EMPLOYER'S STREET ADDRESS		CITY		STATE	ZIP
EMERGENCY CONTACT PERSON 1		TELEPHONE NUMBER WHEN CHILD IS IN CARE			
EMERGENCY CONTACT PERSON 2		TELEPHONE NUMBER WHEN CHILD IS IN CARE			
EMERGENCY CONTACT PERSON 3		TELEPHONE NUMBER WHEN CHILD IS IN CARE			
PERSON(S) WHOM CHILD MAY BE RELEASED (OTHER THAN PARENT/GUARDIAN ABOVE)			TELEPHONE NUMBER WHEN CHILD IS IN CARE		
STREET ADDRESS		CITY		STATE	ZIP
PERSON(S) WHOM CHILD MAY BE RELEASED (OTHER THAN PARENT/GUARDIAN ABOVE)			TELEPHONE NUMBER WHEN CHILD IS IN CARE		
STREET ADDRESS		CITY		STATE	ZIP
PERSON(S) WHOM CHILD MAY BE RELEASED (OTHER THAN PARENT/GUARDIAN ABOVE)			TELEPHONE NUMBER WHEN CHILD IS IN CARE		
STREET ADDRESS		CITY		STATE	ZIP
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER			PHONE		
STREET ADDRESS		CITY		STATE	ZIP
SPECIAL DISABILITIES, IF ANY		ALLERGIES INCLUDING MEDICAL REACTION		MEDICAL OR DIETARY INFORMATION	
NECESSARY IN AN EMERGENCY SITUATION		MEDICAL, SPECIAL CONDITION MEDICATIONS ADMINISTERED DURING CARE			
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD REQUIRED MEDICATION LOG					
HEALTH INSURANCE OR MEDICAL ASSISTANCE BENEFITS (CHILD)		POLICY NUMBER (REQUIRED)			
PARENT SIGNATURE IS REQUIRED FOR EACH OF THE (6) ITEMS BELOW TO INDICATE PARENTAL CONSENT.					
1. OBTAINING EMERGENCY MEDICAL CARE (SIGNATURE REQUIRED)			4. ADMIN OF MINOR FIRST - AID PROCEDURES (SIGNATURE REQUIRED)		
2. WALKS AND TRIPS (SIGNATURE REQUIRED)			5. SWIMMING (SIGNATURE REQUIRED)		
3. TRANSPORTATION BY THE FACILITY (SIGNATURE REQUIRED)			6. WADING (SIGNATURE REQUIRED)		

SIGNATURE OF PARENT OR GUARDIAN

DATE

6 MONTH REVIEW - SIGNATURE OF PARENT OR GUARDIAN

DATE

CAMP HEALTH REPORT

Camper Name: _____

CAMPER NAME		PARENT GUARDIAN	
DATE OF BIRTH	HOME PHONE	ADDRESS	
CAMP NAME			
CAMP PHONE	COUNTY	WORK PHONE	
<input type="checkbox"/> I authorize the camper care staff and my child's health professional to communicate directly if needed to clarify information on this form about my camper.			
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

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) <input type="checkbox"/> YES <input type="checkbox"/> 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 FOR SIGNED



A. Sunscreen Permission Form

I, _____ the parent/guardian of _____

- YES** **NO** I give the Bensalem Child Care Center and Preschool permission to apply sunscreen to my child. I understand that the sunscreen I provide must be labeled with my child's name and is kept out of reach of campers by the BCCP staff when not in use.
- YES** **NO** I give my child permission to apply sunscreen to himself or herself. PA DHS Regulation 3270.113 Child Medication.

Staff members do NOT apply sunscreen on your child without permission given above. Staff remind campers to reapply their sunscreen during the day.

B. Individualized Education Program (IEP) Assessment or 504 Plan

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP at school, sharing a copy of this plan with us would be beneficial. We can work together to speak to the members of the child's camp team. Professional development regarding privacy issues, and HIPAA in particular, is highly recommended.

- Yes I am providing the Individualized Education Program (IEP) Assessment or 504 Plan.**
- No I am not providing the IEP Assessment or 504 Plan.**
- No My child does not have an IEP or 504 Plan.**

C. BCCP Family Handbook to Summer Camp

- Yes I have read the BCCP Family Handbook posted on www.bensalemchildcarecenter.com**

SIGNATURE OF PARENT OR GUARDIAN

DATE



Bensalem Child Care Center and Preschool PARENT STATEMENT OF UNDERSTANDING

- **I understand** that I am responsible for reading and abiding by the policies put forth in the Association Family Handbook for Parents, which is available online and via email request to info@bensalemchildcarecenter.com
- **I understand** that BCCP staff and volunteers are not allowed to babysit or transport children at any time outside of the BCCP program. The BCCP will take immediate disciplinary action toward staff and volunteers if a violation is discovered.
- **I understand** that I am not to leave my child at the BCCP program site unless a BCCP staff or volunteer is there to receive and supervise my child.
- **I understand** that my child will not be permitted to leave the BCCP program with an unauthorized person. Any person authorized to pick-up my child must either be listed with the BCCP on the updated Emergency Contact form or arrangements must be made in writing, including a signature from the parent to inform them of the change. Pick up person must have ID, be of 18 years of age and have the name + address on the ID match the name and address given to the center. NO exceptions.
- **I understand** that should a person arrive to pick-up my child who appears to be under the influence of drugs or alcohol, staff may have no recourse but contact the police for the child's safety. Please do not place staff in a position where they have to make this judgment call.
- **I understand** that state law mandates the BCCP to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- **I understand** that no accident or medical insurance is provided with the BCCP before and after school and day camp activities.

SUMMER CAMP POLICY AGREEMENTS

- **Summer Camp - Registration Confirmation**
I understand that my registration is not complete until required paperwork is received and confirmed by BCCP. My child cannot attend until I receive notification of completion. Paperwork should be sent via email to info@bensalemchildcarecenter.com, fax to (814) 796-4085, or bring to the BCCP office.
- **Summer Camp - Registration Fee/Deposit Policy**
I understand that the Summer Camp registration fees and deposits are non-refundable and non-transferable.
- **Summer Camp - Payment Policy**
I understand that full payment is due weekly on the Friday prior to the beginning of Summer Camp. For those using ELRC or third party payment, arrangements and paperwork must be completed prior to the beginning of Summer Camp. Payment is accepted through Brightwheel, check or cash.
- **Summer Camp - Late Payment/Return Fee Policy**
I understand that a late fee of \$10.00 per day will added to my tuition account each day payment is not received in full by due date. If payment is more than 3 days late, care will be suspended.
I understand that if my bank or creditor returns my payment for any reason, I will be charged \$10.00 per return.
- **Summer Camp - Cancellation Policy**
I understand that I must inform BCCP via email to info@bensalemchildcarecenter.com at least 14 days before the start of the registered week if I want to cancel. Failure to do so will leave me responsible for payment in full.
- **Summer Camp - Refund Policy**
I understand that refunds will not be issued for reasons of personal schedule conflict or change of plans. Restrictions due to medical reasons will require documentation.

I understand that in order to take part in any Bensalem Child Care Center and Preschool Programs I must agree to and abide by all of the policy statements above. Failure to do so may result in termination from the program.

SIGNATURE OF PARENT OR GUARDIAN

DATE



Child Name: _____

PHOTO AND VIDEO RELEASE FORM

I, _____, the parent of a child/children at Bensalem Child Care Center and Preschool, agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the Daycare during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.

The child(ren) are known as:

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the Daycare's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

- Photo and video authorized** **Not authorized**

SIGNATURE OF PARENT OR GUARDIAN

DATE

DIET FORM CONSENT

CHILD NAME _____

FOOD ALLERGIES _____

**PLEASE GIVE WRITTEN INSTRUCTIONS FOR CHILD'S
SPECIAL DIET AND/OR REACTIONS TO CERTAIN FOODS.**

PARENTS SIGNATURE



BENSALEM

Childcare Center
& Preschool

Illness Policy

**Bensalem Childcare Center & Preschool
Illness Policy**

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Fever

Fevers are common in young children and are often a signal that something is wrong. If your child has a fever of 100.0F or higher, please keep him/her home. If your child develops a fever of 100.0F or higher while at the center, you will be called to come pick him/her up promptly. If your child's fever is less than 100.0F, you will be notified and you may express your wishes to the staff at that time.

Our policy is that your child must remain fever free for 24 hours before returning to childcare, area pediatricians agree with this policy. This means that if your child is picked up at 3:00pm, but still has a fever at 5:30 pm or later, he/she cannot return to the center the next day. The 24 hours begins when your child's fever has broken and remains in a normal range **without the aid of a fever reducer.**

Diarrhea and Vomiting

Diarrhea due to an illness is highly contagious. If your child has diarrhea, please keep him/her home. If your child has 2 or more diarrhea episodes, or any uncontained diarrhea while at childcare, you will be called to pick him/her up. Our care providers use gloves while changing diapers and use proper hand washing techniques between diaper changes. The changing table is also disinfected after every diaper change. Please understand germs from diarrhea spread through carpets, toys, swings and direct contact. It is very difficult to keep from spreading these germs to other children. Your child must be kept home for 24 hours following 2 or more diarrhea episodes.

If your child vomits while at childcare, you will be called immediately to pick him/her up. Please keep your child home until 24 hours after the vomiting has stopped. When children return too soon, there is a much higher rate of recurrence and contagiousness.

Coughs and Colds

Colds are a common occurrence. However, there are some symptoms that warrant keeping your child home. These include, but are not limited to: a bad cold with hacking or persistent cough, green or yellow nasal discharge, productive cough with green or yellow phlegm being coughed up. These symptoms may be present with or without a fever. Keep your child home until he/she is symptom free and are back to their normal self.

Rash

A rash may be a sign of many illnesses, such as measles or chickenpox. In infants, an external rash may be a sign that something is going on internally. Please do not send your child to the center with a rash until the doctor says it is O.K. to do so, a doctor's note will be required for your child to return to the center.

Doctor's O.K.

In some instances, you will be asked to keep your child home until we have written permission from your child's pediatrician stating that your child is well enough to return to childcare. Anytime your child has been seen by a hospital or doctor due to an illness that is contagious or viral a doctor's note is required for them to return to school. Regardless of your child being sent home from school or not. Please understand that this is for your child's

well-being along with the well-being of the healthy children at the center and their families.

Well Child Assessment

Every child should be assessed when entering the center. This is a state rule. We owe this to the families who pay for a state licensed facility. If your child appears to have an infectious or contagious condition, i.e. pink eye, head lice etc., you will be asked to take him/her home or to a pediatrician to get checked out. Please do not be offended if your child is too ill to stay at the center and you are asked to take them home. If you have any doubts about whether or not your child should be at childcare, please do not hesitate to call and ask us. The center opens at 6:30am and we would be more than willing to help you make the decision before you have to drop your child off for the day.

Immunizations

When it is time to schedule your child's shots, please do so on a Friday or a day when you can be with them for the following 24 hours. Please do not send your child into school after having received a vaccine.

*Our facility requires that every child must be up-to-date with vaccinations in order to enroll in the center and/or stay enrolled.

Emergency Contacts

We occasionally have problems with not being able to reach someone when a child is ill or injured. If you need to be notified because your child is ill or was injured, it is imperative that we are able to reach someone. If you or your spouse/significant other are listed as an emergency contact, please

make sure one of you can be reached at all times. If there is ever a situation where you know you cannot be reached, for whatever reason, please make sure the staff has the name and phone number of another individual that can be reached throughout the day. We also request that if you are notified of your child's illness or injury, you arrive at the center to pick them up in a timely manner. Please understand that an injured child requires one-on-one care. This is an impossible situation when we must maintain proper room ratios. It is also extremely unfair to the ill or injured child to expect them to remain at childcare when they are hurting because we cannot reach someone to come get them.

We do understand and sympathize with parents when their children are ill. It can be a very difficult and frustrating situation when you are torn between a sick child and other obligations. These policies are designed to be fair to the ill child and their family, as well as our healthy children and their families. Your child is in our best interest and it is our goal to provide the best care possible to them. We are hoping this will control the amount of illnesses at the center and keep everyone happy and healthy.

If you ever have any questions or concerns, please do not hesitate to call and talk to us at any time.

Thank you for understanding our sick policies!

Ms. Katarina

Illness Policy

I understand and acknowledge Bensalem Childcare Center & Preschool Illness Policy. I understand I will be notified should my child becomes ill during the day, and I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. I understand that if my child is sent home from Bensalem Childcare Center & Preschool due to a fever, vomiting, diarrhea, severe crankiness/ uncontrolled crying (due to any illness such as a cold, virus, etc.), or any contagious illness he/she will not be permitted back to the center until 24 hours has passed and a doctor’s note is provided stating that the child is not contagious. I understand that tuition **will not be prorated or discounted for missed days due to illness.**

Child’s Name

Parent/Guardian Signature and

Date

Bensalem Childcare Center & Preschool

5623 Bensalem Blvd Bensalem, PA 19020 215-645-9270

This letter is to assure you of our concern for the safety and welfare of the children attending **Bensalem Childcare Center and Preschool**. Our **Evacuation Plan** provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following prospective actions:

- **Immediate Evacuation** - Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc. This area is our play yard located on the side of the facility.
- **In-Place Sheltering** - Sudden occurrences, such as weather or hazardous materials related emergencies that may dictate taking shelter inside the building as the best immediate response.
- **Evacuation** - Total evacuation of the facility may become necessary if there is imminent danger in the area. In this case, children will be taken to a Relocation Facility at: *Camila's Pizzeria* (5813 Bensalem Blvd, Bensalem, PA).
- **Modified Operations** - May include cancelation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for students this may be necessary in a variety of situations.

Please listen to **KYW 1060** for announcements relating to any of the emergency actions listed above.

We ask that you do not call during these emergency situations. This will keep the telephone line free to make emergency calls and to relay information to the appropriate authorities. We will call you to let you know that we have taken one of these actions. We will notify you when the situation is resolved and it is safe for you to pick up your child.

The facility director(s) may provide alternate phone number(s) (i.e. a cell phone number) to call in an emergency event.

We strongly urge you not to attempt to make different arrangements during an emergency. This will only create additional confusion and divert our staff from their assigned emergency duties.

In order to assure the safety of your child and our staff, we ask your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures please contact any staff member.

Please sign and return the day of enrollment

Child's Name: _____

Signature of Parent(s)/ Guardian(s): _____

Date: _____