

COOLCAMP REGISTRATION FORM

5312 Mayfield Rd.

Lyndhurst, OH 44124

Today's Date _____ Date of Entry _____ (Month and day)

NAME OF CHILD _____ GENDER _____
Last First

DATE OF BIRTH _____ GRADE _____ AGE _____
Month Day Year

ADDRESS _____
Number Street City State Zip

PRIMARY PHONE: (____) _____ ELEMENTARY SCHOOL _____

Parent's Name _____ Cell: (____) _____

Home Address (if different) _____

Place of Employment _____

Address _____ W. Phone (____) _____

E-mail address: _____

Parent's Name _____ Cell: (____) _____

Home Address (if different) _____

Place of Employment _____

Address _____ W. Phone (____) _____

E-mail address: _____

IN CASE OF EMERGENCY, OTHER RESPONSIBLE PERSONS: List at least 2

1. _____ (____)
Name Address Phone

2. _____ (____)
Name Address Phone

YOUTH T-SHIRT SIZE (Please circle):

SMALL (6-8) MEDIUM (10-12) LARGE (14-16) EXTRA LARGE

SHIRT NOT NEEDED. (Still have a couple from previous years)

List names and birthdates of other children in family:

Name	Birthdate	Name	Birthdate

Marital status of parents _____ With whom does child live? _____

AUTHORIZED ESCORTS

Departure time _____ (approximately)

Escort	Name	Address	Phone	Relationship
			()	
			()	

ADDITIONAL COMMENTS:

LYNDHURST COMMUNITY PRESBYTERIAN CHURCH
CHILDHOOD ENRICHMENT CENTER
COOLCAMP 2024

AGREEMENT TO PAY FORM:

I agree to pay L.C.P.C. \$42 per day, for a minimum of 2 days per week.

DAYS OF ATTENDANCE: M T W H F (*please circle*); (2 day minimum)

I understand that fees are paid IN ADVANCE every other week. A non-refundable \$25.00 registration fee is required prior to starting camp in addition to the last 2 weeks of summer tuition. We will be **CLOSED** on Thursday, July 4th for the holiday. If this is one of your scheduled days, this will not change your usual fee unless you choose to use it as a vacation day. If space is available, you may attend another day that week.

ABSENCES: The scheduled fee is to be paid regardless of absence due to the **holiday** or illness.

VACATIONS: Campers get one week of vacation per summer of non-attendance at no charge. For example, if your week is 3 days, you are allotted 3 days of vacation over the summer at no charge. A two day notice MUST be given for it to be counted as a vacation. You may use the holiday as a vacation if you choose.

LATE FEES: Any parent not picking up his/her child by 5:30pm will be charged \$10 for the first 15 minutes and \$10 for any part of each additional 15 minutes.

ARREARS: Please make every effort to keep your account on schedule. Reminder notices will be given out periodically if your account falls behind. Please write in the memo of the check which weeks the payment is for. There is a payment box at the sign-in desk at Bloomfield Hall or you can have a check sent from your bank.

Parent Signature _____

Date _____



LYNDHURST COMMUNITY PRESBYTERIAN CHURCH
CHILDHOOD ENRICHMENT CENTER
COOLCAMP

Trip Release

The Lyndhurst Childhood Enrichment Center has my permission to take my child
_____ on walks to Lyndhurst Park or around the block, weather
permitting, provided a notice is posted as notification each day this occurs. For any weekly
field trips, I understand that a permission slip will be given to me to sign and date and turn
in to the counselors.

PARENT / GUARDIAN SIGNATURE _____ *DATE* _____

SUMMER
DAY
CAMP

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code	Home Telephone Number		
Parent/Guardian Name #1			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone (if applicable)		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name #2			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents <u>cannot be listed</u> as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name			Name		
City		State	City		State
Telephone Number		Relationship to Child	Telephone Number		Relationship to Child
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		

Child's Name

Allergies, Special Health or Medical Conditions, and Medical Foods

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

No

Yes - *check all that apply* Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

No

Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or special health or medical condition? (*check one*)

No

Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

No

Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

No

Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

No

Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

No

Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

No

Yes - written instructions from the child's health care provider must be on file.

N/A - program does not provide meals or snacks to the child.

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

Not applicable

Child's Name

Diapering Statement

Is your child toilet trained? Yes (If yes, skip to Emergency Transportation Authorization section)
 No (If no, fill out the following:)

The program's policy is to check diapers every ____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

I agree with the program's schedule I do not agree, please check my child's diaper every ____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport		<u>Do Not Give Permission</u> to Transport
Program or Home Name	OR Do not sign both	Program or Home Name
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature Date		Parent's Signature Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. Yes No (check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note:

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.