

Camp Yeladim Additional Information Form 2010

This information will help us to better serve your child this summer. Please return to ECE office by Friday, June 18th, 2010.

_____ / _____
Camper's Name

Home & Cell Phone numbers

Attendance Plans:

Circle sessions and times child will be attending:

Sessions Registered: I June 21- July 2 II July 5-16 III July 19 – July 30 IV Aug 2-13

Length of day: **AM care** (8:00-9:30) **Half day** (9:30-1:30) **Full day** (9:30-3:30) **PM care** (3:30-6:00)

We understand that some families will be using AM and PM care on a drop-in basis. If you are planning to do this with any regularity or a set schedule, please let us know days of the week or dates and whether it's AM or PM or both.

In the event that you are picking up your child *past* his or her scheduled time, you will automatically be charged the cost of extended care (\$17-1:30-3:30 / \$20- 3:30-6:00). We require that everyone fill out a credit card authorization form, which is attached to this document.

Nap time: Young children benefit from some sort of rest time during their active days and by law, we are required to offer a nap or rest time for an extended day. Children who stay after 1:30 pm, will be divided into resting and napping rooms. Please check the box that best represents your child's nap time pattern.

Napper: My child naps regularly, needs a mid-day nap and almost always falls asleep

Napper: My child often sleeps at nap time and benefits from a good mid-day nap

Rester: My child naps but falling asleep is a struggle; a shorter rest time would be just fine

Rester: My child rarely naps and almost never falls asleep

Rester: What's nap time??

Tot Pool: Each group will go to the Tot Pool or have water play at least two times each week. Pool times will be indicated on the weekly schedule for your child's group. Please let us know about your child's participation during pool time.

___ Yes, I give permission for my child to go to the Tot Pool with his or her group.

___ No, I do not want my child to be taken to the Tot Pool. I understand that he or she will stay back in ECE with another group that isn't scheduled for swim at that pool time.

___ I only want my child taken to the Tot Pool if I am present. I understand that it is my responsibility to arrive on time to accompany my child to the pool.

And if interested:

___ Yes, I am happy to volunteer to accompany any group during swim time.

OTC medications: By law, we are not permitted to dispense over-the-counter medications to children without prior written consent. This even includes products like **SUNSCREEN** and insect repellent. It is the parent's responsibility to apply sunscreen on your child before camp each day. However, we understand that children may need additional applications later in the day.

If you would like to provide permission for staff to be able to apply **SUNSCREEN** or other OTC medications to your child, please fill out the following:

SUNSCREEN (Please indicate whether ok to apply any on hand or specific brand provided by parent)

OTC Medication inc. brand name indication	dosage	frequency/time
---	--------	----------------

OTC Medication inc. brand name indication	dosage	frequency/time
---	--------	----------------

Any Special Instructions:

Allergies or other Medical Conditions

Allergy	Reaction	Treatment
---------	----------	-----------

Allergy	Reaction	Treatment
---------	----------	-----------

Other medical condition(s):

Other:

Are there any special living arrangements or custody situations about which we should know?

Other information that would better help us serve your child (temperament, strong likes/dislikes, fears, friends requested to group with, etc)

Thank you very much for your time in providing us with this information. Please feel free to speak with us if you have any further concerns.

Parent's signature

Parent's name

date