

<b>Marks of Excellence Child Care</b>			
<b>Summer Camp Enrollment Package 2019</b>			
<b>About Your Child</b>		<b>General Information</b>	
Child's Name:		Camp Hours 8:30 A.M – 5:30 P.M	
D.O.B:	Sex    M    F	Start Date:	
Child's Name:		Days of Attendance (circle): M T W TH. F	
D.O.B:	Sex    M    F		
Child's Name:		Time of Arrival:	Time of Departure:
D.O.B:	Sex    M    F		
		<b>Meals are served at the following times:</b>	
Home Address:		B: 8:30-9:00 AM L: 11:00-12:30 PM S: 3:15-4:00 PM	
Home Phone #		Please attach child's photo and current physicals.	
Allergies/Special Health Considerations:			
<b>Parent information</b>			
<b>Who is responsible for payments?</b> _____			
Father	Mother	Step Parent	Legal Guardian
Name		Name	
Home #	Cell #	Home #	Cell #
Work #	Ext #	Work #	Ext #
Address:		Address:	
Email:		Email:	
Employer:		Employer:	
<b>Emergency Contact &amp; Authorization for Pick up</b>			
The following people are allowed to be contacted in case of emergency or pick up. (Picture ID is required for our files)			
Name	Relationship	Phone Number	
In an emergency, when no one on your list can pick up, please contact the school and tell us who you are sending.			
CHILDREN MUST BE PICKED UP PROMPTLY AT 5:30 PM. A LATE FEE OF \$10.00 FOR EVERY 15 MIN. WILL BE IMPOSED AFTER 5:30 PM.			
<b>Marks of Excellence is not M.A.T. certified center, meaning we may not administer any prescription medications. We may only apply topical over-the counter ointments with parental permission.</b>			
I (we) _____ am the parent/guardian of the above named child who resides with me at the above address.			
Parent's/Guardian's Signature		X	Date
Administrative Signature		X	Date

<b>Summer Camp Weeks for 2019</b>		
<input type="checkbox"/> Week 1. July 1st – July 5th		<input type="checkbox"/> Week 6. August 5 <sup>th</sup> – August 9 <sup>th</sup>
<input type="checkbox"/> Week 2. July 8 <sup>th</sup> – July 12 <sup>th</sup>		<input type="checkbox"/> Week 7. August 12 <sup>th</sup> – August 16 <sup>th</sup>
<input type="checkbox"/> Week 3. July 15 <sup>th</sup> – July 19 <sup>th</sup>		<input type="checkbox"/> Week 8. August 19 <sup>th</sup> – August 23 <sup>rd</sup>
<input type="checkbox"/> Week 4. July 22 <sup>nd</sup> – July 26 <sup>th</sup>		<input type="checkbox"/> Week 9. August 26 <sup>th</sup> – August 30 <sup>th</sup>
<input type="checkbox"/> Week 5. July 29 <sup>th</sup> – August 2 <sup>nd</sup>		<input type="checkbox"/>
<b>Parent Permission</b>		
<input type="checkbox"/> I give the staff at Marks of Excellence permission to apply sunblock to my children.		
<input type="checkbox"/> I give the staff at Marks of Excellence permission to take my children off the premises.		
<input type="checkbox"/> I give the staff at Marks of Excellence permission to take my children to Amityville Pool during the week.		
Children must wear camp t-shirt for off premises trips. Please look at sizes and order at front desk.		
<b>Please check only the weeks your child will attend. Vacations without payment will not be honored unless mentioned prior to the 1<sup>st</sup> day of camp.</b>		
Parent/guardian Signature X		Administration Signature X
<b>DAYCARE POLICIES &amp; CONTRACTUAL AGREEMENT</b>		
1. Tuition must be paid Friday for the week to come.		7. I have read and understand the Nutrition Policy.
2. A child sent home because of fever, vomiting, two very loose bowel movements or a heavy cold, he/she must be out for at least 24 hours before he/she can return. Tuition is still due.		8. Jewelry or hair beads are not permitted in the center. As they are choking hazards. Marks of Excellence is not responsible for any lost or broken accessories.
3. If your child is sick and is home for a week or you choose to take vacation time, your tuition is still due.		9. You must sign in your child in the classroom during drop off and pick up every day. If your child is not signed in at drop off you will be called to sign in or pick up your child immediately.
4. The daycare needs to know if your child is sick or away and is going to be out for a day, a week or more.		10. We are not able to administer any medications. We can only apply topical creams such as sunscreen.
5. If you know your child is sick, please do not medicate the child and bring him/her to school. It puts the other children and staff at risk of illness.		11. The daycare closes at 6:00 PM. If you pick up your child after your scheduled time, you will be given a warning the first time, but after that, the next time you are late picking up, you will be charged \$10.00 for every 15 min. or part thereof that you are late.
6. Outside food are not allowed in the center due to allergies.		12. Children under 18 are not allowed to pick up.
<b>Medical Information</b>		
I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. _____ YES _____ NO		
Physician's Name:		Phone Number:
Dentist Name:		Phone Number:
Other Considerations that we should know about:		
Parent's/Guardian's Signature	X	Date
I give permission for my child to go on field trips. I release Marks of Excellence and individuals from liability in case of accident during activities related to Marks of Excellence, as long as normal safety procedures have been taken.		
Parent's/Guardian's Signature	X	Date
Administration Signature	X	Date