

Saint Michael's and All Angels Early Learning Center



Summer Camp 2020 Registration Packet

Passport to Adventure

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St. Michael's ELC Summer Camp Information

Thank you for your interest in St. Michael's Early Learning Center Summer Camp 2020. This packet of information will provide you with necessary information about our program, cost and required forms for registration.

There are two options for enrollment for summer camp at St. Michael's. If you commit to all 10 weeks of camp the weekly tuition is \$135 a week, with a \$100 Summer Camp Activity fee due upon enrollment.

If you choose to pick and choose the weeks that you will need camp, the weekly tuition will be \$160 a week with a \$50 summer camp activity fee due upon enrollment. The majority of camp spots are for full summer only, and the week to week spots are on a limited basis.

Thank you for choosing St. Michael's for your child to participate in our summer camp program. Your child will not only experience the summer camp theme of the week but will have various other activities during the day. The teacher(s) at St. Michael's will engage them in summer reading, games, puzzles, water play, arts, crafts and a lot of other fun activities. Please do not hesitate to call or email us with any questions. We look forward to a fun summer with your child. We will have vendors, such as Karate, gymnastics, sports, animal rescues, SCSM, magician, balloon twister, bounce house and water slide, etc., visit during different weeks of summer camp.

Mission Statement:

Our mission is to provide a safe, loving, developmentally appropriate environment in which we nurture the whole child and introduce them to the Christian Faith.

Entrance Requirements

Summer Camp is provided for children finishing the grade of Kingergarten through children finishing 2nd grade. There will be a \$100 or \$75 Summer Camp Activity Fee due at the time of enrollment depending on enrollment option. The Summer Camp Fee will need to be paid via cash, check or money order.

Lunches and Snacks:

Children will be provided a morning and afternoon snack each day. Parents will be responsible for packing lunches Monday through Friday. We do have an optional Fun Friday Lunch program where we cook lunch on Friday. If you want to participate the cost is \$5 for each Friday. (This can be paid weekly or monthly—there will be 8 Fun Friday lunches for Summer Camp since we are closed 2 Friday's) We will provide milk, and water to drink for snacks and lunches. You may send additional snacks if needed. Please send a refillable water bottle with your child's name on it.

Water Play:

Water will be on Wednesday mornings and children will play with water tables and sprinklers. Please send a bathing suit, towel and water shoes (as they will be on the hardtop). This will be on Wednesday mornings only.

Ice Cream Friday's:

We will have an ice cream truck that visits up on Friday afternoons in the summer. This is an optional program to participate in and will be \$1.50 per Friday if you want your child to get ice cream on Friday afternoon. This will need to be paid in cash as it goes straight to the ice cream truck.

LifeCubby

LifeCubby is a parent communication application that enables two way communication with the school and the child's teachers throughout the day. The app includes features for parent communication, photos and videos, digital

check-in and check-out, reports, meal tracking, daily sheets, lesson plans, and many other features. The app may be used on Apple, Android, and Kindle devices. Once a family registers they will receive an email from Life Cubby on how to set up their account.

FINANCIAL POLICIES

Summer Camp Tuition: There is a \$100 or \$75 Summer Camp Activity Fee which is due upon enrollment, this fee will need to be paid by cash, check or money order. Parents may pay the full amount at registration for all 10 weeks of camp (and Fun Friday if you are participating) or choose to have your tuition processed by ACH every Monday. Families on ACH will be given a document stating the day fees come out and the amount of tuition per transaction. If you choose the week to week option, you must pay in full at the time of enrollment as ACH is not available on a week to week basis. Tuition is non-refundable if you cancel.

Statements: You can log onto the Life Cubby website and sign on to view and print statements.

Holidays, Absences, and Inclement Weather: Tuition is due in full for all holidays or weather emergencies when the Center is closed. Tuition is due in full when a child is absent. The ELC does not currently have a Vacation Week credit.

St. Michael's and All Angels' ELC is an ABC Quality child care provider and accepts ABC vouchers.

Weekly Themes

June 8 th -12 th	Wild, Wild West	July 13 th – 17 th	Welcome to Jurassic Park
June 15 th – 19 th	Under the Sea	July 20 th – 24 th	Into the Jungle CLOSED FRI 7/24
June 22 nd - 26 th	3,2,1 Blast Off Space Camp	July 27 th – 31 st	South of the Border
June 29 th -July 3 rd	America the Beautiful CLOSED FRI 7/3	August 3 rd – 7 th	Going for the Gold
July 6 th – 10 th	Shipwrecked Pirate Adventure	August 10 th – 14 th	Hawaiian Hullabaloo

The following forms must be returned in order to start the registration process. Additional forms may be given at the center to complete the process.

***We will also need a copy of your child’s immunization form. This form can be mailed or emailed to use. If emailing please use elcadmin@saintmichaelepiscopal.org

1. Registration Information Packet (Parent’s Copy)
2. DSS Form 2900—(Fill out and return to center) (to be emailed or given at center)
3. Registration Form (Fill out and return to center)
4. Child/Family Information Form (Fill out and return to center)
5. Authorization to Pick-up (Fill out and return to center)
6. Illness and Medication Policy Form (Fill out and return to center)
7. Photo/Media Release Form (Fill out and return to center)
8. Sunscreen and Bug Spray Permission Form (Fill out and return to center)
9. Permission to Obtain ER Treatment Form (Fill out and return to center)
10. Positive Discipline Management Policy form (Fill out and return to center)
11. Biting Policy Form (Fill out and return to center)
12. Parent Handbook Acknowledgment Form (handbook will be emailed by the director)
13. ACH Authorization Form



Summer Camp Supply List



Your child will need the following things for summer camp:

- Sunscreen and bug spray (form is included in packet for you to sign)
- Swimsuit, towel and water shoes on Wednesdays
- Summer reading book or workbook for scheduled summer reading time
The camp counselor will read from a Magic Tree House book of the week each week that relates to the theme. Other books related to the theme and will also be available for your child to read. If your child has a summer reading list for school or a favorite book or summer workbook, they can bring those with them daily.
- Lunch for Monday through Friday (or Thursday if participating in Fun Friday lunch) in a lunch box with an ice pack (we have a microwave to warm items up)
Snacks, milk and water are provided.
- \$1.50 for each Friday you want your child to participate in Ice Cream Truck Friday's (cash only)
- A change of extra clothes
- They can bring a blanket or towel if they want to lay down during summer reading time
- You may bring a water bottle, please make sure it is labeled with your child's name

We recommend your child wear closed toe shoes as your child will be on the playground and hardtop during summer camps

St. Michael's ELC Summer Camp 2020 Registration Form

Child's Name: _____ Date of Birth: _____

Name used at home: _____ Sex: _____ Current grade in school: _____

Mom's Name : _____ Contact #: _____

Mother's Employer: _____ Job Title: _____

Dad's Name: _____ Contact #: _____

Dad's Employer: _____ Job Title: _____

Address: _____

Mom Email Address: _____

Are you going to participate in Fun Friday Lunches? _____yes _____ no

(If participating you can include the \$5 for each Friday in with your tuition check, weekly or monthly.) There are 8 Fun Friday Lunches provided this summer as we are closed Fri 7/3, and Fri 7/24.

Please choose an enrollment option:

_____ Full Summer—tuition is \$135 a week with \$100 Summer Camp Activity Fee

_____ Week to Week—tuition is \$160 a week with \$75 Summer Camp Activity Fee

If choosing week to week, please indicate which weeks you will need camp:

- | | |
|-------------------------------------|---------------------------------------|
| _____ Week 1: 6/8-6/12 | _____ Week 6: 7/13-7/17 |
| _____ Week 2: 6/15-6/19 | _____ Week 7: 7/20-7/24 (Closed 7/24) |
| _____ Week 3: 6/22-6/26 | _____ Week 8: 7/27-7/31 |
| _____ Week 4: 6/29-7/3 (Closed 7/3) | _____ Week 9: 8/3-8/7 |
| _____ Week 5: 7/6-7/10 | _____ Week 10: 8/10-8/14 |

<p>Office Use Only:</p> <p>Date summer fee received: _____</p> <p>Check #: _____ or Cash: _____</p>	<p>ACH Payments: _____yes _____no</p> <p>Weekly _____ Bi-Weekly _____ Monthly _____</p>
<p>Office Use Only:</p> <p>_____ Family is a St. Michael Church Member</p> <p>_____ Family is a teacher/staff at ELC</p> <p>_____ Sibling Currently Enrolled</p> <p>_____ Family Previously Enrolled</p> <p>_____ Family new to preschool</p>	<p>Fun Friday Participant:</p> <p>_____yes _____no</p>

St. Michael's ELC

Child/Family Information Sheet

Child's name _____

Child's DOB _____

Our hours are 7:15 am -6:00 pm. For scheduling purposes, please indicate the approximate time you need to drop-off and pick-up: Drop-off _____ Pick up _____

How did you learn about our summer camp? _____

Parents Married? ____ Parents Divorced? ____ Parent's Separated? ____ Legal Guardian? ____

(If appropriate please provide St. Michael's with a copy of any court papers regarding custody.)

Names of Siblings with ages: _____

Previous Program(s) attended: _____

Reasons for leaving: _____

Special information concerning your child that will be helpful to the staff at St.

Michaels: _____

Allergies, health concerns, and daily medications: _____

Emergency Information:

Doctor _____ Phone #: _____

Dentist _____ Phone #: _____

Hospital Preference _____

Persons Authorized to Act for Parents in Case of Emergency (Local Only)

Person #1 _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Person #2 _____ Relationship _____

Home # _____ Work # _____ Cell # _____

St. Michael's ELC

Policy for Procedure for Illness and Administering Medication

Medication (prescription or over the counter) will not be administered unless the director has a signed permission slip from the parent explaining the exact dosage, time, and duration of the treatment. These slips are available in the office. Any medication must be given in the original container, be labeled with the child's name, and be given to the director or the child's teacher.

A child who is taking an antibiotic **must take the medication for at least 24 hours and be fever free to be considered non-contagious and allowed to return to the school.**

Your child should not attend school if he/she has had any of the following symptoms within the previous 24 hours:

- Fever of 100 degrees or more
- Contagious disease
- Sore throat or swollen glands accompanied by a fever
- Earache accompanied by a fever
- Undiagnosed red eyes or drainage from the eyes
- Vomiting or diarrhea within the past 24 hours
- Untreated head lice, ringworms or scabies
- Persistent cough or runny nose

You will receive a call for pick-up for the following reasons:

- Fever of 100 degrees or more
- Sore throat or swollen glands accompanied by a fever
- Earache accompanied by a fever
- Red eyes w/drainage
- Vomiting or more than 2 loose stools
- Head lice, ringworm (that is not treated)

Thank you for respecting these policies

I have read, and I understand the St. Michaels ELC Policy on administering medicine and the illness policy.

Parent's Signature

Date

Child's Name

Class

St. Michael's Early Learning Center Photo/Media Release Form

Grant Permission

I give permission for my child, _____ (print child's name)
to be photographed during school activities and events for the following purposes:

Please initial any or all the situations where you give your permission for your child to be
photographed:

_____ Preschool displays within the classroom and school

_____ Positing pictures on the center/church website

_____ Publicizing the center's activities in the local media

Parent's Signature

Date

Deny Permission

_____ (please initial) I DO NOT give my permission for my child
_____ (print child's name) to be photography
for preschool displays within the classroom or school, posting on the center/church website, or for
publicizing in the local media.

Parent's Signature

Date

St. Michaels and All Angel's Early Learning Center

Permission for the use of Sunscreen and Insect Repellent Containing DEET

Childs Name: _____ Date of Birth: _____

Medication: Sunscreen PFC 50	Medication: Insect Repellent containing DEET
Purpose of Medication: To prevent sunburn	Purpose of Medication: To repel mosquitoes and other insects
Time to be used/given at center: During outside activities	Time to be used/given at center: During outside activities

Sunscreen

_____ I GIVE permission for Sunscreen PFC 50 to be used on my child _____
(Child's Name)

_____ I DO NOT GIVE permission for Sunscreen PFC 50 to be used on my child _____
(Child's Name)

Parent Signature

Date

Insect Repellent containing DEET

_____ I GIVE permission for Insect Repellent containing DEET to be used on my child _____
(Child's Name)

_____ I DO NOT GIVE permission for Insect Repellent containing DEET to be used on my child _____
(Child's Name)

Parent Signature

Date

St. Michael and All Angels' Early Learning Center
Permission Form to Obtain Emergency Medical Treatment

Permission/authorization to obtain emergency medical treatment and to administer medication

This form grants temporary authorization to St. Michael's ELC to provide and arrange for medical care for your child in the event of an emergency as well as administer medication with the appropriate permission form.

Child's Name _____

Male or Female (circle one)

Home address _____

Date of Birth _____

Information for medical treatment:

Physician's Name and Location of Practice _____

Preferred Hospital (Name, Address & Phone #) _____

Medical Insurance Company and Policy number _____

Allergies _____

Current Medications _____

Authorization and consent of parent(s) or legal guardian(s)

I do hereby state that I have legal custody of the above child. I grant my authorization and consent for emergency medical treatment and emergency transport with a St. Michael's staff member, according to page 18 of the parent handbook to St. Michael's ELC to obtain emergency medical care if needed for the above-mentioned child. I also grant permission to administer medication and understand a separate/detailed medication permission form must be completed each time medication is administered.

Parent Signature _____

Date _____

Parent Signature _____

Date _____

I understand that St. Michael's ELC does NOT participate in swimming activities.

Parent Signature _____

Date _____

Parent Signature _____

Date _____

St. Michaels ELC

Positive Discipline and Classroom Management Policy

Our guidelines for positive discipline are to foster and teach children to be independent learners who are able to monitor their own behavior in a Christian environment. This will be achieved through behavior guidelines provided by teachers.

- St. Michael's ELC teachers use positive techniques of guidance which include but are not limited to redirection, positive reinforcement, role modeling and encouragement
- St. Michael's ELC forbids any form of corporal punishment
- Consistency in our daily schedule helps children establish routines, and this allows our children to understand how their day will proceed.
-

Teachers at St. Michael's ELC will provide verbal guidance by:

- Modeling Christian values
- Speaking kindly to children
- Avoiding comparisons between children
- Giving positive verbal praise when interacting with children
- Giving clear instructions
- Promoting positive self-esteem

St. Michael's teachers will:	St. Michael's teachers will NOT:
1. Praise, reward and encourage children	1. Spank, pinch, slap or physically punish a child
2. Set limits for the children	2. Leave children without supervision
3. Listen to children	3. Deny food or rest as punishment
4. Ignore minor behaviors	4. Criticize or belittle children, children's parents, families, or ethnic groups
5. Provide alternatives for inappropriate behavior to the children. Redirect children to other area and/or activities	5. Shame or punish children when bathroom accidents occur
6. Modify the classroom environment	6. Make fun of, yell at, threaten or verbally abuse children
7. Treat children and their needs, desires, and feelings respectfully	7. Allow another child to discipline a child

Parent Signature _____ Date: _____

Childs Name: _____

Authorization to Pick-Up My Child

The following listed individuals have permission to pick up my child from St. Michael's ELC. The name, relationship, phone numbers of persons authorized to pick up your child must be listed on this form. When someone other than a parent/guardian comes to pick up your child, verification of identification (such as a DL or other picture ID) will be required for anyone not known by the staff.

Our Family Code Word: _____

Name: _____ Relationship to child: _____

Home # _____ Cell # _____

Name: _____ Relationship to child: _____

Home # _____ Cell # _____

Name: _____ Relationship to child: _____

Home # _____ Cell # _____

I have read, and I understand the St. Michael's ELC policy on pick-up-authorization

Parent Signature

Date

Child's Name

Class

St. Michael's ELC ACH Authorization Form

I want to begin paying my child's tuition and applicable fee's via ACH starting on: _____(mm/dd/yyyy)

_____ (please initial) I understand that applicable fees could include Nap Mats, Late Payment Fees, Fun Friday Lunch, Annual Registration Fees and Annual Supply Fees, and will be included with my regularly scheduled ACH tuition. A notice will be given when any applicable fees need to be withdrawn from your account.

If you **DO NOT** want the additional applicable fees (nap mats, late payment fees, annual registration fees & annual supply fees) taken out by ACH please initial here_____ You will still be issued a notice on when these applicable fees need to be paid by with either cash or check.

My ACH schedule will be:

___ Weekly. I understand that my school will draw ACH on the **Monday** of each week.

___ Bi-weekly. I understand that 2 weeks of tuition will be draw on every other **Monday**.

___ Monthly. I understand that my monthly tuition will be drawn on the first **Monday** of the month.

If paying bi-weekly or monthly, I will be given a paper with all the dates that my ACH will be withdrawn on. I will see my balance due in my Life Cubby Family app, and I will receive an emailed receipt from Life Cubby showing the amount drawn per ACH draw.

By signing below, I authorize that St. Michael's ELC to debit my checking account for tuition and fees applicable to my child(ren)'s enrollment. My account information is provided below:

ACH INFORMATION REQUIRED	
Name on Account	
Routing Number	
Account Number	
<u>Parent</u> Address	
<u>Parent</u> City, State, & Zip	

Child(ren)'s Name(s): _____

Parent Name (printed): _____

Parent phone number: _____

_____(initial) I understand that I will be charged a \$1.00 ACH transaction fee for each ACH transaction.

Parent Signature

Date

I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until St. Michael's ELC receives a written statement from me. I understand that if the total amount owed to the business above is increased, I authorize this plan to continue. If I want to change my bank account, I will need to complete a new ACH form. This form may be cancelled if non-sufficient funds happens twice while completing the ACH. If NSF occurs, I am knowledgeable that I will be charged a \$35.00 NSF fee and will have to pay that fee. I indemnify and hold St. Michael's ELC, bank and merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.