



2024 Summer Camp Program
5010 Brown Station Road, #195
Upper Marlboro, Maryland 20772
240.510.3622

Child's Name: _____

Fees

REGISTRATION: \$75.00

1-3 weeks \$190.00

4-5 weeks \$160.00

6-10 weeks \$150.00

Please choose weeks carefully. You will be financially responsible for all weeks checked.

I agree to pay for all weeks checked on this application. Please initial _____.

WEEK ONE – JUNE 17, 2024

WEEK TWO – JUNE 24, 2024

WEEK THREE – JULY 1, 2024

WEEK FOUR – JULY 8, 2024

WEEK FIVE – JULY 15, 2024

WEEK SIX – JULY 22, 2024

WEEK SEVEN – JULY 29, 2024

WEEK EIGHT – AUGUST 5, 2024

WEEK NINE – AUGUST 12, 2024

WEEK TEN – AUGUST 19, 2024

Youth Shirt Size (circle one):

- Sm (6-8)
- Med (10-12)
- Lrg (14-16)
- XL (18-20)

Adult Shirt Size (circle one):

- Sm (4-6)
- Med (8-10)
- Lrg (12-14)
- XL (16-18)
- XXL (20-22)

Welcome to KidFit/GirlFit Summer Camp. We are delighted that you have chosen our center to provide for the needs of your child. You and your family are encouraged to visit our center prior to the first day of enrollment to give our teachers, and your child, an opportunity to meet and become better acquainted. The Parent Handbook has been written to describe our program, philosophy, policies, and all the practical details that go into making each day as happy and successful as possible. Please carefully read this handbook and keep it for future reference. The staff at KidFit/GirlFit would be glad to address any of your questions or concerns. Once again, welcome!

OUR PHILOSOPHY

We believe...

- Children are precious and must receive care from adults who are capable and caring--whose values enable them to be excellent role models.
- Children should experience numerous positive learning milestones, leading to an increased sense of competence and independence.
- Children's play is extremely vital to healthy physical development, acceptable social skills, and cognitive growth.
- Teachers, drawing upon their training and experience, must create an appropriate educational environment which carefully guides children from one developmental level to another.
- Parents contribute to and enhance the quality of care offered at KidFit/GirlFit.

HOURS OF OPERATION:

7:00am – 6:00pm

ENROLLMENT FORMS: All enrollment forms must be filled out completely and returned to our office before your child may begin the program. These forms include a registration/emergency form and health information. New forms must be filled out each year. You are responsible to notify the program immediately of any changes on this form.

SIGN IN/SIGN OUT: All children must be signed in and/or out by a parent/guardian or authorized person each day. Parents must come into the building to drop off or pick up their child. Please make sure staff is aware of your child's arrival and departure. No child can be released from the program to any other person other than his or her parent or a person currently designated in writing by such parent who is pre-authorized for pick up on the registration form. We must be notified in writing if another adult will be picking them up who is not listed. For safety purposes, photo identification will be required for all persons picking up children. We reserve the right to not allow any child to leave the building with anyone we believe to be under the influence of a substance, which would impair his or her ability to safely transport or care for a child.

ABSENTEE/ILLNESS: If your child is going to be absent, please call our office at 240.510.3622 as soon as possible. It is your responsibility to notify us if your child is going to be absent.

Your child's health is important to all of us. In order to keep our program a healthy place for children and staff, we must help prevent the spread of contagious illness. Please consider how you would feel if your child was exposed to other children who are ill when considering whether you should keep your child

home. If your child becomes sick while at the program, you will be asked to pick him/her up immediately in order to prevent the spread of illness. Children should be free of an elevated temperature (100 or higher) at least 24 hours before returning to the program regardless of the reason. Following an illness, children should not return until they can resume normal activities. We may require a doctor's note before allowing a child to return to the program. We reserve the right to send a child home for any health-related concerns.

INCLEMENT WEATHER/SCHOOL CLOSINGS: Our center will try our best to accommodate you during inclement weather and school closings. We will provide you with the information ahead of time.

LUNCH/SNACKS: Please be sure to pack your child a healthy lunch and snacks to last until pickup. We do have a microwave and refrigerator onsite. Cup of Noodles are no longer allowed due to the length of time it takes to prepare them.

DOCUMENTATION OF SPECIAL HEALTH CARE NEEDS: An Emergency Care Plan will be on file for any child with special health care needs (seizures, etc). A copy of the Emergency Care Plan must be kept in the classroom emergency binder. All staff working in the classroom must familiarize themselves with this plan, should an emergency arise. If necessary, staff will receive training regarding a child's specific health care needs.

APPROACH: Our goal is for kids with special needs to learn alongside typically developing children. Children, with support from staff will participate alongside their peers in the classroom.

DRESS CODE: Children should dress appropriately for the activities scheduled. KidFit/GirlFit recommends shorts and a light weight shirt or top, and some type of athletic shoe or sneaker in order to participate in recreational or athletic activities. Sandals, flip-flops, rubber "cros"-style shoes, and other open-toed shoes are not recommended as acceptable attire for active recreation activities. Clothing that displays drugs, alcohol, tobacco, offensive language, excessive bagginess, or is excessively revealing will not be permitted. If you are concerned about your child's clothing, please send a smock for craft time. We cannot assume responsibility for damaged clothing.

PERSONAL BELONGINGS: Please put the child's name on all articles of clothing, snack bags, bags, etc. Children should not bring toys, mobile phones, electronic devices, jewelry, money, or any possession of value with them to any of the programs. If you choose to send them items, we will not be responsible.

SUNSCREEN/INSECT REPELLENT: Please apply sunscreen and insect repellent prior to the start of each Program session. Children may bring sunscreen and insect repellent but must be able to reapply with staff supervision. Spray or mist sunscreen and/or insect repellent are recommended. Sunscreen and/or insect repellent must be labeled with child's name. Children may not share these items with others.

CAMPER CODE OF CONDUCT AGREEMENT: Camper safety is our priority. Cursing, bullying, name-calling or behavior deemed unsafe by camp staff compromises the experience for everyone and will not be tolerated. Parents or guardians will be notified if campers exhibit these negative behaviors. If immediate improvement in behavior is not evident, the camper will be dismissed from camp without refund. Dangerous behavior, such as fighting, is grounds for immediate dismissal.

PLEASE WRITE "N/A" IF NOT APPLICABLE Child/Children Information (Same Family)

Name:	Gender:	Date of Birth:
School:	Grade:	
Name:	Gender:	Date of Birth:
School:	Grade:	

PARENT/LEGAL GUARDIAN INFORMATION

Mother's Name:	Father's Name:
Address:	Address:
City:	State/Zip Code
Home/Cell:	Home/Cell:
Work:	Work:
Email:	Email:
Place of Employment	Place of Employment
Authorized to Pick Up Child: Yes or No	Authorized to Pick Up Child: Yes or No

Provide us with anyone you may give permission to pick up your child at any time or notify if parents cannot be reached:

Name	Address	Relationship	Phone #

DISCIPLINE POLICY

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief, KidFit/GirlFit Before & After School Program uses a positive approach to discipline and practices the following discipline and behavior management techniques.

WE DO

- Communicate to children using positive statements.
- Communicate with children on their level.
- Talk with children in a calm quiet manner.
- Explain unacceptable behavior to children.
- Give attention to children for positive behavior.
- Praise and encourage the children.
- Reason with and set limits for the children.
- Apply rules consistently.
- Model appropriate behavior.
- Set up the classroom environment to prevent problems.
- Provide alternatives and redirect children to acceptable activity.
- Give children opportunities to make choices and solve problems.
- Help children talk out problems and think of solutions.
- Listen to children and respect the children's needs, desires and feelings.
- Provide appropriate words to help solve conflicts.
- Use storybooks and discussion to work through common conflicts.

WE DO NOT

- Inflict corporal punishment in any manner upon a child. (Corporal punishment is defined as the use of physical force to the body as a discipline measure. Physical force to the body includes, but is not limited to, spanking, hitting, shaking, biting, pinching, pushing, pulling, or slapping.)
- Use any strategy that hurts, shames, or belittles a child.
- Use any strategy that threatens, intimidates, or forces a child.
- Use food as a form of reward or punishment.
- Use or withhold physical activity as a punishment.
- Shame or punish a child if a bathroom accident occurs.
- Embarrass any child in front of others.
- Compare children.
- Place children in a locked and/or dark room.
- Leave any child alone, unattended or without supervision.
- Allow discipline of a child by other children.
- Criticize, make fun of, or otherwise belittle a child's parents, families, or ethnic groups.

Conferences will be scheduled with parents if disciplinary problems occur. If a child's behavior consistently endangers the safety of the children around him/her, then the Director has the right, after meeting with the parents and documenting behavior problems and interventions, to terminate childcare services for that particular child.

HEALTH INFORMATION

MEDICATION POLICY: A parent or guardian will be called to pick up a child who is sick or injured. Medicine will not be administered without written permission from the parent or legal guardian.

PLEASE PROVIDE US WITH ANY MEDICAL INFORMATION PERTAINING TO YOUR CHILD WHICH WE SHOULD BE AWARE OF (food restrictions, activity restrictions, allergic reactions & special medications, special needs, disabilities, etc.)

EMERGENCY/MEDICAL INFORMATION

I, _____, parent/guardian of _____ (Date of birth) _____ do hereby give my permission and/or consent to the KidFit/GirlFit Program to secure and authorize such emergency medical care and/or treatment as my child (above named) might require while under the supervision of said KidFit/GirlFit Program staff. I also authorize said KidFit/GirlFit Program staff to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay the entire costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. I understand every effort will be made to notify parents IMMEDIATELY in case of emergency.

Physician

Physician Name:	Phone#
Address:	

WAIVER AGREEMENT

Waiver/Policy must be read and signed before registration is accepted. I assume all risks and hazards incidental to the conduct of the above-mentioned program(s) and do hereby further release and hold harmless the KidFit/GirlFit Program staff. I give permission to a licensed physician or hospital staff to administer emergency medical care deemed necessary for myself when normal permission is unavailable. I certify that my child or I are in good physical health and have no limitations other than those I have listed, which may predispose my child or I to risk during this program. I also fully realize that I must provide proper hospitalization.

KidFit/GirlFit does not provide insurance coverage. I have read and understood the Financial Policy. Photo Release: I understand that photos may be taken of participants during the activity. These photos will become the property KidFit/GirlFit and may be used to promote the program. Before and After School & Summer Camp Agreement: I have read the policies of the program and I agree to abide by such terms. The information on this form is accurate. I have provided all of the necessary information to properly care for my children. Transportation Consent: I authorize KidFit/Girlfit summer camp to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above named business. I/we understand all such trips are under the supervision of Provider and that health and safety will be our first priority.

Parent/Guardian Signature: _____ Date: _____

Summer Camp Financial Agreement

Child's Name _____ Age _____

Parent's Name _____

I _____, agree to the following payment policies, in order to have my child(ren) enrolled in KidFit/GirlFit Summer Program.

I agree to pay the weekly tuition fee \$_____ and any other fees in full, every Monday, prior to leaving my child at the center. I understand that payment is due every Monday regardless of if my child is ill or the program is closed for holiday. Furthermore, I understand that once tuition is paid there are no refunds, and that payment should be made in the Bright Wheel Portal. If tuition is not paid on time (by close of business on Monday) a \$5.00 late fee per day will be charged; and my child(ren) will be unable to return unless past due tuition and late charges are paid. Late fees also apply to debit card and credit card payments that are returned.

We accept payment through the Maryland Childcare Subsidy Program. The application must be filled out and returned to Social Services Child Care Assistance Program within 1 week of your child's enrollment. You will also be responsible for any charges not covered by Social Services Child Care Assistance Program, such as late fees. If you terminate the childcare arrangement without giving 2 weeks' notice, YOU will be held liable for the last 2 weeks fees, as well as any costs we incur in attempt to collect the debt.

Childcare fees are due regardless of whether or not your child attends. You are paying for a keeping your child's position.

I understand that the centers hours of operation are Monday through Friday 7:00am -6:15pm. Should I pick my child up after 6:15pm I agree to pay a late fee of \$15.00 for each 15 minutes or fraction thereof after 6:15 in which my child remains at the center. I understand that late pick-up fees are due at the time I pick up my child(ren) or before returning to the center.

I agree to pay for all weeks checked on the application. I understand that my failure to do so could result in legal action if deemed necessary. Parents will be liable for all collection cost in addition to all outstanding fees.

Your account will also be reported to ProviderWatch immediately for nonpayment. ProviderWatch is a national childcare credit reporting agency. This program allows Daycare Center, Before/Aftercare & Summer Camp programs to run credit checks on clients. Many daycare providers in Maryland now uses this service. Your delinquent account being reported to ProviderWatch will likely make it more difficult for you to find childcare providers willing to accept your children until any such accounts have been reported paid in full. You may contact ProviderWatch if any childcare provider informs you that their decision not to accept your children is based in whole or in part on information received from this agency. ProviderWatch will disclose any delinquent account information on record so that you may resolve those accounts. ProviderWatch 1.866.267.3691

I have read this financial agreement and agree to its term. Furthermore, I understand failure to follow this agreement could result in the termination of childcare for my child(ren)

Parent/Guardian Signature

Date

Child Intake Form

Please take a few minutes to complete this form for your child. The information provided will assist us with developing an appropriate plan for your child.

1. Child's Strengths – Describe your child's social and educational strengths.

2. Behavioral Performance – Describe your child's behavior at home or at school. List specific examples of any behaviors that might interfere with his/her academic performance.

3. Social Interaction - Describe your child's interaction with parents, siblings, teachers, and other students, including specific incidents.

4. Please describe your concerns for your child including future goals.

5. Please describe areas that you feel your child needs assistance.

6. Please describe any additional concerns or comments that you may have about your child.

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Signature _____ Date: _____