

New Braunfels Christian Academy

2012 SUMMER CAMP ENROLLMENT AGREEMENT

Name of Student _____ Age _____

Summer Camp Tuition Rates:

\$100 for 3 Days

\$125 for 5 Days

Registration Fee (non-refundable): \$50 3-4 yr. \$60 5-12 yr.

To ensure a space for your camper select the weeks and number of days needed. Please give the director (Lisa Kaczmarek) two weeks written notice if you need to modify this contract in anyway. You will be responsible for payment of all weeks that you sign up for (we are holding that space for your child therefore payment must be made for that week). The registration and the first weeks tuition are non-refundable.

	3 Days	5 Days	
Week 1			May 29-June 1
Week 2			June 4-8
Week 3			June 11-15
Week 4			June 18-22
Week 5			June 25-29
Week 6			July 2-6 4 th is a Holiday
Week 7			July 9-13
Week 8			July 16-20
Week 9			July 23-27
Week 10			July 30-Aug.3
Week 11			Aug. 6-10

I understand tuition payments are due the Friday before the start of each week. My student will not be permitted to attend camp until payment is received. There will be a \$30 fee for any late payments. There will also be a \$25 late fee for each day that my child is picked up after 6:00pm. The Non- Refundable Registration Fee and the First Week Non- Refundable Tuition are payable at the time of enrollment. We will provide 5-12 yrs. one free t-shirt only.

Hours of operation for all campers are 7:30 am-6:00 pm.

Signature of Parent(s) or Guardian(s) financially responsible for student

Date: _____

Size T-Shirt for 5-12 yrs. Only (Please Circle One) Youth Size: S M L XL

T-Shirts are requirement for field trips this year. Adult: S M L XL

ADMISSION INFORMATION

Operation Name		Director's Name	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		- consent for my child to be transported and supervised by the operation's employees:	
1. <input type="checkbox"/> TRANSPORTATION:		Walk home <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school			
2. <input type="checkbox"/> FIELD TRIPS:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		- my consent for my child to participate in Field Trips:	
Parent's Comments:					
3. <input type="checkbox"/> WATER ACTIVITIES:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		- my consent for my child to participate in Water Activities:	
		<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:		I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:		<input checked="" type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:					
<input type="checkbox"/> Mondays	from:		to:		
<input type="checkbox"/> Tuesdays	from:		to:		
<input type="checkbox"/> Wednesdays	from:		to:		
<input type="checkbox"/> Thursdays	from:		to:		
<input type="checkbox"/> Fridays	from:		to:		
<input type="checkbox"/> Saturdays	from:		to:		
<input type="checkbox"/> Sundays	from:		to:		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature - Parent or Legal Guardian

Date

ADMISSION INFORMATION

SCHOOL AGE CHILDREN:	
<input type="checkbox"/> My child attends the following school:	
Name of School and Address	School Ph.#
CHECK ALL THAT APPLY:	
<input type="checkbox"/> His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.	My child has permission to: <input type="checkbox"/> walk to or from school or home, <input type="checkbox"/> ride a bus, and/or <input type="checkbox"/> be released to the care of his/her sibling(s) under 18 years old.
Name of sibling(s): _____	

IMMUNIZATION RECORD:
<input type="checkbox"/> I have provided the childcare operation with a copy of my child's most current immunization record.

<p>ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.</p> <p>Please check only one option:</p> <p>1. <input type="checkbox"/> HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.</p> <p style="text-align: center;"> _____ Health Care Professional's Signature Date </p> <p>2. <input type="checkbox"/> A signed and dated copy of a health care professional's statement is attached.</p> <p>3. <input type="checkbox"/> Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.</p> <p>4. <input type="checkbox"/> My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.</p> <p>Name and address of health care professional: _____ _____</p> <p style="text-align: center;"> _____ Signature - Parent or Legal Guardian Date </p>

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

 Signature – Parent or Legal Guardian Date

ADMISSION INFORMATION

HEALTH REQUIREMENTS

Name of Child:	Date of Birth:

Age ▶ Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____
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Signature or stamp of a physician or public health personnel verifying immunization information above.

_____ Signature	_____ Date
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Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent's signature	Date
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I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at
www.dshs.state.tx.us/immunize/public.shtm

Signature – Parent or Legal Guardian	Date
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EMERGENCY NUMBERS

Student's Name: _____

Home Phone # _____ Birthdate: _____

Address: _____ E-mail address: _____

Mother's Work #: _____ Mobile #: _____ Pager #: _____

Father's Work #: _____ Mobile #: _____ Pager #: _____

Physician's Name: _____ Phone #: _____

Give Names of people to call in case of an emergency if parents/guardian cannot be reached:

1. _____ Phone #: _____

2. _____ Phone #: _____

3. _____ Phone #: _____

I give permission for the following people to pick up my child from the New Braunfels Christian Academy:

1. _____ Phone #: _____

2. _____ Phone #: _____

3. _____ Phone #: _____

4. _____ Phone #: _____

5. _____ Phone #: _____

Signature of Parent or Guardian

Date

**NEW BRAUNFELS CHRISTIAN ACADEMY
Emergency and Field Trip Form**

Student's Name:	Date of Birth:	Sex:	Grade:
Social Security:	Address:	Zip:	
Father/Guardian:	Employed At:	Work#	
Mother/Guardian:	Employed At:	Work#	
Home#	Cell #		
<p align="center">Emergency Number: If parent(s) are not available, please indicate alternate adult(s) whom the school should call. Please indicate relationship, i.e. neighbor, aunt, etc. ... List those who can pick up your child during school hours. Students will NOT be released to persons not listed on this document.</p>			
Name :	Relationship:	Phone#	
Name :	Relationship:	Phone#	
Name :	Relationship:	Phone#	
Family Doctor and Phone#:	Family Dentist & Phone#		
1. I GIVE APPROPRIATE HEALTH OR ADMINISTRATIVE PERSONNEL AUTHORITY TO CALL THE DOCTOR CONCERNING MEDICAL NEEDS: YES _____ NO _____			
2. MY CHILD HAS THE FOLLOWING ILLNESSES: ALLERGY (SPECIFY TO WHAT) _____ Asthma _____ Epilepsy (Seizures) _____ Chicken Pox: Month _____ Year _____			
3. CURRENT MEDICATION: _____			
4. OTHER HEALTH CONDITIONS YOUR CHILD MIGHT HAVE: _____			
5. MY CHILD WEARS GLASSES: (Circle One) YES NO MY CHILD WEARS CONTACTS: YES NO			
6. MY CHILD IS COVERED BY THE FOLLOWING MEDICAL INSURANCE PLAN: _____			
7. IMMUNIZATIONS: DATE OF LAST TETANUS: _____			
<p align="center">NBCA does not assume any financial responsibility but does wish to provide emergency care. By signing this form, you are giving the appropriate school personnel authority to call EMS, to transport, or obtain medical care if you or an alternate adult cannot be reached. I hereby grant permission for emergency medical care to be given by the attending physician and/ or school personnel. I also give permission for EMS to be called and/or for my child to be transported if necessary by school personnel. I will not hold the school financially responsible for the emergency care and/or transportation of my child. By signing this release NBCA and employees from liability due to adverse reaction or complications my child could have from taking medication I request be given.</p>			

Signature of Parent /Guardian: _____ Date: _____

8. PARENT/GUARDIAN SIGNATURE VERIFIES ALL PROCEEDING INFORMATION AND CHANGES.

New Braunfels Christian Academy

Summer Camp

Web Site/Picture Permission Form

**I _____, Parent of _____ give
permission for the release of pictures of my child to be used for the Summer Camp
Program at NBCA. I understand that these pictures will be used for advertising and camp
use only and I waive all liability from the Summer Camp Program of NBCA.**

Parent Signature

Date

Discipline and Guidance Policy

Discipline must be: Individualized and consistent for each child, appropriate to the child's level of understanding, and directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

1. Using praise and encouragement of good behavior instead of focusing only upon acceptable behavior.
2. Reminding a child of behavior expectations daily by using clear, positive statements
3. Redirecting behavior using positive statement and ...
4. Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

1. Corporal punishment or threats of punishment
2. Punishment associated with food, naps, or toilet training
3. Pinching, shaking, or biting a child
4. Hitting a child with hand or instrument
5. Putting anything in or on a child's mouth
6. Humiliating, ridiculing, rejecting, or yelling at a child
7. Subjecting a child to harsh, abusive, or profane language
8. Placing a child in a locked dark room, bathroom, or closet with the door closed
9. Requiring a child to remain silent or inactive for inappropriately one period of time for the child's age

Texas Administrative Code, Title 40, Chapter's 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline guidance policy.

Signature

Date

Check One Please:

Parent

employee/caregiver

household member of child care home

NBCA Summer Camp
Operational Policies and Procedures

Mission Statement

The mission of New Braunfels Christian Academy is to educate, motivate, and disciple students in a Christ –centered environment.

Hours of Operation:

We are open 7:30 am- 6:00 pm Monday through Friday. We will provide care for 3years of age to 12 years. Campers must be picked by 6:00 pm or there will \$25.00 fee per child, per day charged to your account.

Should NBCA be closed due to weather conditions or should any other emergency occur, those in authority will have closure announced on local radio station KGNB AM (1420) or FM (92.1).

Summer Calendar:

There are three Summer Calendars: the 3-4 yr. calendar, the 5-7 yr. Calendar, and the 8-12 yr. calendar. Summer Camp begins May 29th and ends August 10th. Summer Camp is a total of 11 weeks.

Holidays are posted on the calendars.

Enrollment

The enrollment must be completed before any camper can attend Summer Camp. Lunches and snacks are to be provided by each camper’s parent unless otherwise stated on their calendar. We request that you read all the documents carefully and ask the Director (Lisa Kaczmarek) about any policies you may not understand.

Immunization Records

You must provide the school with a **Physician’s Statement** indicating that your child is free from communicable diseases and that he or she has been tested for TB. A record of all immunizations must be provided and updated regularly.

Maintaining Current Information

We encourage that all information be current for the Summer Program. Changes concerning home or work phone numbers, address, and pick up authorization need to be recorded in our files promptly. We must have a contact person should a child get sick or emergency occur. Should you not be at the phone number listed in your child's file for that day, we ask that you leave another number or contact person for that day. If you have an individual who is not on the pick up list, we will need it in writing. We will not release any child to a person that is not on the list or does not have a written note stating from you that they can pick up. Written Permission is imperative. Should your child be left after 6:00 and there has been no contact with you we call someone from the child's contact list. Any late pick ups will be charged a late fee.

Adjusted Period

While attending the Summer Program at NBCA, it is our hope for each camper to have a summer filled with Fun, Arts and Crafts, Games, Bible, Swimming, and Field Trips all with a Christian emphasis.

For our threes and fours transition may take a few days. Our teachers are very patient and nurturing. They will need a mat for nap time and they are welcome to bring their favorite little stuffed animal too sleep with as well.

Parents and Fieldtrips

It is our policy not to include parents on fieldtrips. Due to the amount of field trips we take every week, for safety and consistency, we do not allow parents to attend our fieldtrips. All of our Summer Camp staff (including the bus driver) have had two sets of criminal background checks, are CPR/First Aid Certified, and have had training for licensing.

(3-4 yrs. Do not go on field trips.)

Swimming

We do not have a pool on campus. All swimming will be done off campus. Rivers, ponds, lakes, and spring fed pools can not be used. Water/ Squirt Days will be on campus.

Animals

Animals should stay at home. We do not allow animals of any kind at Summer Camp.

Minimum Standards
And
Latest Licensing Inspection Report

A copy of the Texas Department of Protective and Regulatory Services Minimum Standard's for Childcare Centers/Camps is always available. If you would like to review this information, please let the Summer Camp Staff know. NBCA's most recent Licensing Inspection is also available for review and is posted in the front office for your convenience.

Procedures for Concerns or Questions:

1. If you have any concerns regarding your child please speak directly to your child's teacher and try to resolve the problem together. We encourage teamwork between parents and staff.
2. If you are not satisfied with the way your concern was handled, please feel free to visit with the Director (Lisa Kaczmarek) in the front office.
3. If ,after working with the Director, the matter is not resolved, to your satisfaction the school administrators are available to meet with you.After taking your concern to those listed above, then you may contact:
4. Local State Office: Dawn Shewbert, Licensing Rep. (830) 606-5038
5. CPS Intake Line: 1-800-252-5400
6. PRS website: www.txchildcaresearch.org
7. NBCA:www.nbchristianacademy.org

We take pride in our work with children in Summer Camp Program. However, we are not perfect. We try very hard to abide by Minimum Standards. If you have a complaint, please notify the Director immediately, so we can deal with it right away.

Pick-Up Procedures

7:30am - 6:00 pm

For 3-7 yrs.

1. Sign In and Out with the camper's teacher.
2. Verbally acknowledge to the summer staff that your child is leaving.
3. Classrooms are located in building B. Please use the doorbell to gain entrance.

For 8-12 yrs.

1. Sign In and Out with the camper's teacher.
2. Verbally acknowledge to the summer staff that your child is leaving.
3. Classrooms are located downstairs in the gym building. Please use the doorbell to gain entrance.

Check portable signs as to the children's location.

There is a schedule posted outside each of the Summer Camps Rooms. The schedule is subject to change without notice, so watch for the signs. We will do our best to keep you posted.

Please Note: We Are Licensed up until 6:00 pm. If you are late picking your child up your account will be assessed a fee of \$25.00 per child.

Injuries and Medical Emergencies

In case of accidental injury or severe illness, we will immediately attempt to contact the child's parents. If the parents cannot be reached, we will call the child's physician and the designated emergency persons. If necessary, we will arrange for emergency transportation to Santa Rosa Christa Hospital. It is the parent's responsibility to keep Summer Camp records up to date for emergencies. Any charges resulting from the medical services are to be paid by the parent or legal guardian and not by the Summer Camp program or NBCA.

Illnesses

A child who is not well enough to play outside and participate in planned activities, is not well enough to come into the summer camp program. In addition, if a child becomes ill while at Summer Camp he/she must be isolated from the rest of the children. Parents will be notified and required to pick up their child immediately. Children will not be allowed into camp after running a fever of 100.4 degrees or higher and/or have had uncontrollable diarrhea or vomiting within a 24 hr period. **Children should be 24 hrs. Fever free without the aid of medication before returning.**

Proper Clothing

During the summer dress is casual. We ask that our older girls please dress with modesty. We suggest for the older girls that they either wear one piece bathing-suit or shorts with their suit. We recommend the wearing of sneakers while on campus for better care of feet. Calendars will recommend whether or not other shoes will be needed. **The Summer Camp T-shirt is required for all field trips (5-12 yrs. only).**

Personal Items

The staff and Summer Camp are not responsible for personal items that are brought to Summer Camp. We do not allow toys to be brought for 3-7 yr. olds. We have toys here that campers can play with. For the 8-12 yr. campers they are allowed to bring Game-boys and such but, it is at their own risk. We will not be responsible for them if they are broken, lost, or stolen.

Safety Drills

Fire Drill- Fire alarm will alert children and staff of potential fire. The children will be evacuated as far away from the fire as possible without crossing the street. Refer to Fire evacuation plan located by the door in each classroom. Director/Head of School will advise children and staff that it be safe to return to the classroom. (This is the reason why we do not take our shoes off during nap for 3-4 yrs. We always want to be prepared.)

Tornado Drill-Two Sharp whistles will alert staff and children of a tornado. Children will be escorted to the hall where they will sit on the floor and cover their heads with arms until the drill is over.

Toxic Fumes Drill-The children will be evacuated as far away from the accident as possible. Parents will be notified.

In the event that the children are transported to another safe location, parents will be notified.

Tuition

Tuition payments are due the Friday before the start of each week. Campers will not be permitted to attend camp until payment is received. There will be a \$30 fee for any late payments. There will also be a \$25 late fee for each day that my child is picked up after 6:00pm. The Non- Refundable Registration Fee and the First Week Non- Refundable Tuition are payable at the time of enrollment.

Snack and Lunches

Your camper will need to bring a healthy morning snack, healthy lunch, healthy afternoon snack, water bottle, and drinks everyday. Please be sure to send healthy snacks. For the 5-12 yrs. they will need to check the calendar for days that they do not need to bring a lunch.

Medication Policy

If your child has been prescribed medication, a medication release form authorizing the staff to administer the medication is required. Please complete the form and give it directly to the director, morning staff, or the child's teacher. The medicine **MUST** be in the original container, and be clearly labeled with the child's name, required dosage, expiration date, and doctor's name. **PLEASE DO NOT LEAVE ANY MEDICATIONS IN CAMPER'S BAGS!** If the medication has to be administered for several days a medication form must be completed daily. NBCA will not dispense any medication that is expired. If the medication chart is not completed correctly, then NBCA will not be allowed to give medicine and the parents will be contacted.

Asthmatics- Please complete the asthma information record and return it to the office to be kept in the camper's file to facilitate emergency treatment if needed. If a camper uses an inhaler, either daily or as needed, please provide a school inhaler to be kept in the office in case of emergency. For campers requiring further treatment (nebulizer), parents must consult the Director on an individual basis. Remember to keep all phone and cell current for these emergencies.

Staff Qualifications:

Our Summer Staff are all CPR/First Aid Certified, the Director is also AED Certified and licensed by the state to be Director. All staff receives 24 hrs training per year and the Director receives 30 hrs per year. These are all required by the state for anyone who directly works with children.

New Braunfels Christian Academy admits campers of any race, color, national and ethnic origins to our Summer Camp Program. It does not discriminate on the basis, of race, color, national, or ethnic origin in administration policies and camp related events.

Operational Policy and Procedures

I have received the Operational Policies and Procedures provided to me by the Summer Camp Program of New Braunfels Christian Academy. I understand these policies and procedures must be carried out by all staff members and maintained within the rules and regulations for all children and parents. If you have any questions or concerns, please contact, Lisa Kaczmarek, Director. Any changes will require amendment dated on the date of the change.

Parent of Child at Summer Camp at NBCA

Date

Print Name of Parent

Date