

May 2016

Dear Parents,

We are excited to begin enrollment for **M&M KIDS 2016 Summer Camp “FULL S.T.E.A.M ENCHANTMENT”**.

This program is open to any child who has completed Kindergarten through 12 years of age. We'll be exploring common fairy tales and utilizing STEM principles to problem solve our way through various conundrums, as well as learning full-scale art techniques each week.

We are pleased to provide the following for your family:

- Individual & team building activities
- Exciting field trips (schedules vary depending on age)
- AM & PM Snack (nutritious sack lunch to be provided by parent)
- Monthly billing based on your needs
- Two campuses: Vinland Elementary & Cougar Valley Elementary
- Age-appropriate curriculum provided for each age group (groups to be determined)

**NK Summer Camp** is located at **VINLAND Elementary School** (*please note: this is a change from previous years which was held at Poulsbo Elementary*). Camp will run from **Weds, June 22<sup>nd</sup> through Fri, June 26<sup>th</sup>**.

**CK Summer Camp** is located at **Cougar Valley Elementary School** (Multi-Purpose Room). Camp will run from **Fri, June 17<sup>th</sup> through Tues, August 30<sup>th</sup>**.

**What we need:**

- *Complete* Registration Form (all sections, which are required by licensing standards)
- Registration fee (Re-Registration is \$20 before April 30<sup>th</sup>, \$30 after May 1<sup>st</sup>)
- Your child's schedule (June/July Calendar Included)
- 50% of first month's tuition (for new enrollments only)
- Sunscreen permission & labeled sunscreen (may be brought first day of camp)
- Permission to use Hand Sanitizer when on field trips (if running water isn't available)

**What your child needs daily:**

- Closed-toe shoes (no sandals or flip-flops)
- Sack lunch clearly labeled with child's name (please no soda to drink – water, milk or juice only)

For more information, please talk with the Site Coordinator at your child's school or call our main office at (360) 394-4089. Our center's Policies & Procedures are also presented in hard copy or digital format for your convenience. We look forward to seeing you this summer!

Sincerely,  
M&M KIDS Staff

## Martha & Mary Kids' Club

Summer Program 2016

**New Child Registration Fee:** \$50.00 first child; \$40.00 each additional child  
**Continued Enrollment Fee:** \$20.00 per child (early enrollment April 1<sup>st</sup> through 30<sup>th</sup>)  
 \$30.00 per child (enrolled after May 1<sup>st</sup>)

<u>Days Scheduled Per Week</u>	<u>Amount Per Day</u>
5 Days	\$30.00
3-4 Days	\$35.00
1-2 Days	\$40.00
Drop-in Care**	\$50.00
<u>Summer School Rate</u> <u>(for children attending a district sponsored summer school)</u>	<u>Amount Per Session</u>
AM Only	\$14.00
AM and/or PM	\$25.00 per day

\*\* If drop-in care is needed, you **must** call before and ensure there is space for your child (reservations on field trip days must be made 24 hours in advance and field trip space cannot be guaranteed). **Drop-ins will not be accepted if there is no space.**  
Drop-in fees must be paid on the day of attendance.

### Discounts Offered (one per family)

- Sibling Discount (10%)
- Active Duty Military (10%)
- North & Central Kitsap School Employees (10%)

(Discount applied to one child per family - oldest child's tuition. Discount applied to scheduled days only.)

### Attendance Policies

- ***A minimum of two sessions per child per month is required. If care is not needed for at least two sessions during the month, a space hold fee of \$50.00 per child will be automatically assessed.***
- If your child is absent, you are still charged.
- Once the month begins, two weeks' notice is required to make changes to child's schedule at the non-drop-in rate.
- Monthly Calendars are due no later than the 15<sup>th</sup> of the previous month.
- Late Pick-Up Fee (per child): \$2.00 per minute (\$10.00 minimum) due at pick-up

### Payment Schedule

- Payments are due by the 20<sup>th</sup> of each month.
- Late payment fee of \$30.00 is assessed on the 25<sup>th</sup> of the month on all unpaid balances.
- Delinquent accounts not made current by the last day of the month will result in termination of enrollment. Upon re-enrollment, a registration fee will be charged.
- Two weeks written notice is required if you wish to terminate your child's enrollment with Martha & Mary Kids' Club.
- Check return fee of \$35.00 is assessed on all returned checks.

**Hours of Operation:** 6:00 a.m. to 6:00 p.m., Monday through Friday

**Office Phone:** (360) 394-4089

**E-mail:** [kids@mmhc.org](mailto:kids@mmhc.org)

**Website:** [marthaandmary.org](http://marthaandmary.org)



## Summer 2016 Registration Form

*For Office Use Only*

Site (circle):      Cougar Valley      Vinland  
Date Received: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Group: TREKKERS    EXPLORERS    VOYAGERS

### CHILD/FAMILY INFORMATION

Child's First Name: _____	Last Name: _____
School: _____	Age: _____
Child Resides With: _____	Gender: _____ Birth Date: _____
Parent/Guardian 1: _____	Home Phone: (____) _____
Address: _____	Cell Phone: _____
Employer: _____	Work Phone: _____
Parent/Guardian 2: _____	Home Phone: (____) _____
Address: _____	Cell Phone: _____
Employer: _____	Work Phone: _____

Email Addresses (used for monthly invoice delivery and parent communication):

Parent/Guardian 1: \_\_\_\_\_  
Parent/Guardian 2: \_\_\_\_\_

### AUTHORIZATIONS

*(must be at least 18 years old; ADDRESS REQUIRED)*

Emergency Contacts *(parents will always be contacted first)*

Name	Full Address	Phone
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____

Additional persons authorized to pick up child *(notice from parent of alternate pickup day-of is requested)*

Name	Full Address	Phone
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____

Persons RESTRICTED from picking up OR visiting *(legal documentation required to restrict biological parents)*

\_\_\_\_\_



- ☐ New Registration
  - ☐ Continued Enrollment
  - ☐ Full Registration Fee Paid
  - ☐ Complete Immunization Form Submitted
  - ☐ Complete Immunization Form On File
- Office Use Only*

## Summer 2016 Registration Form

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### MEDICAL INFORMATION

*If no physician or dentist information is available, a separate written plan for medical or dental emergency must be provided.*

Physician Name : \_\_\_\_\_ Date of Last Physical Exam: \_\_\_\_\_  
Physician Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Dentist's Name : \_\_\_\_\_ Date of Last Dental Exam: \_\_\_\_\_  
Dentist's Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Does your child have limitations, medical concerns, or behavioral concerns of which we should be aware?  
\_\_\_\_\_

If any of the following apply, contact Main Office for specifications:

- ☐ Allergies: \_\_\_\_\_
- ☐ Medications: \_\_\_\_\_ *(if administering on-site, additional forms required)*
- ☐ My child has no known medical allergies and is not on any medications. **Parent Initials** \_\_\_\_\_

### CONSENT

#### **Participation Release:**

I give permission for my child to leave the center by foot for outdoor exercise and educational purposes with the understanding that my child will be accompanied by center staff and under proper supervision at all times. I also give permission to Martha & Mary to transport my child to and from the site on field trips and other activities (additional permission form to be signed day-of) by bus or company vehicle.

#### **First Aid:**

I give Martha & Mary staff authorization to administer first aid and emergency treatment by a qualified staff member of Martha & Mary as necessary.

#### **Medical Treatment:**

In the event I cannot be reached, I give Martha & Mary staff permission to obtain medical care for my child. I further authorize consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment. I expect that a conscientious effort will be made to locate my designees or myself. I will accept any expenses incurred.

#### **Photography:**

I give permission for my child to be photographed and videotaped while in care during program functions and field trips. I understand that photographs/videos may be taken by center staff or by parents/guardians and may be shared via email to family members. I will be asked to sign a separate permission form before any photos/videos are used for public relations purposes and understand that I have the right to refuse permission for such use.

#### **Policy:**

I acknowledge that I have received and understand the parent information packet and agree to abide by the policies stated therein. I fully understand the rights, responsibilities and relevant facility policies and procedures. I acknowledge that I understand and agree to abide by the policies of Martha & Mary.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For office use only*

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_ ☐ Sunscreen Form ☐ Hand Sanitizer Form



Child's Name:

Site:

## Enrollment Agreement Financial Information

### SITE HOURS OF OPERATION

The School Sites are open from 6:00 a.m. to 6:00 p.m., Monday through Friday. Sites will be closed in observance of the following holidays: New Year's Day, Presidents Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, the day after Thanksgiving, and Christmas Day. In addition, sites will close at 4pm on Christmas Eve.

I understand that, in accordance with school age licensing regulations, my child may be released to the custody of Child Protective Services or other local authorities, if I (*or other authorized persons*) fail to pick up my child and/or contact the site and I (*or other authorized persons*) cannot be reached within 30 minutes after close-of-business.

The sites will be open whenever possible on regularly scheduled day, during normal business hours. The procedure for notifying families of delays and closures due to inclement weather and/or emergencies will be posted at each site. If it becomes necessary to close early, it will be my responsibility to arrange for my child's prompt pick-up.

### FEE SCHEDULE AND FINANCIAL TERMS

1. I agree that, in consideration of admission to Martha & Mary Kids and the rendering of services to my child(ren), I am obligated to pay all charges incurred in accordance with the payment regulations and current rate schedules of Martha & Mary Kids. The current rate schedule is attached.
2. Payments are due by the 20th of each month for monthly services. A late charge of \$30.00 is assessed on accounts not paid in full by midnight on the 24th of the month. Accounts not made current by the last day of the month are in default. At that time, the child's enrollment will be terminated until the account has been paid in full. I understand that a new registration fee may be required in order for my child(ren) to return. Past due accounts bear interest in the amount of 12% per annum. Should the account be referred to an attorney for collection, the undersigned agrees to pay reasonable attorney's fees and all collection expenses.
3. Martha & Mary will not be responsible for unbalanced ledgers due to parent/guardian disputes. If a bill is paid by more than one party, the division of fees is strictly the responsibility of the parties involved.
4. Tuition fees are not subject to pro-ration for absences, illnesses, or emergency closure of the center. If my child's attendance pattern (*days/times*) need to change in any way, I will notify site management immediately. I understand that, once the month begins, scheduled days may not be switched, but days can be added if space is available. Two weeks' notice is required to add days at regular rates; otherwise, drop-in rates apply.
5. I understand a minimum of two sessions per child per month is required. If care is not needed for at least two sessions during the month, an additional space hold fee of \$50.00 per child will be automatically assessed.
6. I agree that I will pay the full tuition fee, even if my child(ren) is absent for one or more scheduled days.
7. A late pick up fee of \$10.00 for the first 5 minutes and \$2.00 per minute thereafter will be assessed (*per child*) when a child attends past close-of-business. I understand that late pick up fees are due on the day of service, and must be paid before my child(ren) returns to care the following day. The late pick up fee does not constitute as agreement to provide after-hours services.

Child's Name: \_\_\_\_\_ Site: \_\_\_\_\_

8. I understand that there is a fee of \$35.00 for returned checks. Payments from customers with prior outstanding redeemed returned checks must be in the form of a money order or cashier's check. Returned check activity may be subject to immediate termination of services.
9. Two weeks' written notice is required prior to the last day of attendance. If I do not give proper notice, I agree to pay any fees or full tuition that may be due for the final two weeks, regardless of my child(ren)'s attendance. I also understand any prepaid funds of \$20.00 or less which remains at the time of my child's disenrollment will not be remitted to me unless requested in writing within 90 days.
10. Where other parties such as state or federal agencies (DSHS) pay a portion or all of the childcare charges, I hereby agree to pay my participation of the charges, or all charges for any period the child is determined to be ineligible for the program, as well as all charges incurred which are properly charged toward the child under such programs. I understand it is my responsibility to ensure that coverage with outside agencies is kept current and up to date.
11. When seeking to obtain financial assistance through DSHS, I understand that DSHS coverage will be effective as of the date of receipt and that "back-dating" is not accepted, even if authorized by DSHS.
12. I understand that reauthorization of eligibility must be received from DSHS before the current end date of authorization or enrollment will be terminated. Re-enrollment will not be guaranteed, and will not be considered until such time as proof of eligibility is provided.

#### DISCOUNTS AND PAYMENT

Only one discount can be applied per family. Discounts do not apply to families receiving DSHS subsidies. For families with multiple children in our care, the discount is applied to the oldest child's tuition. Discounts are applied to scheduled days only.

##### Payment Type (select one):

- ☐ Private Pay  
☐ Employee\*  
☐ DSHS\*

##### Discounts (one per family):

- ☐ Sibling Discount  
☐ Military Discount\*  
☐ CKSD or NKSD Employee Discount

*\*additional forms required*

#### ACKNOWLEDGMENT

I certify that I have read, understand and accept all of the terms and conditions in this Agreement. This Agreement will be effective as of \_\_\_\_\_.

Primary Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Center Director Signature \_\_\_\_\_ Date \_\_\_\_\_

##### \*Staff Use Only\*

Date received: \_\_\_\_\_ By: \_\_\_\_\_  
Date orientation held: \_\_\_\_\_ By: \_\_\_\_\_

##### Additional forms obtained:

- ☐ DSHS Award Letter  
☐ DSHS Policies Agreement  
☐ Employee Payroll Deduction Authorization  
☐ Military Discount Form



## Sunscreen Authorization Form (Sunscreen Brought from Home)

Child's Name:	Type of Sunscreen:
Start Date: 06/15/2016	Stop Date: (up to 6 mo. after 'start date') 09/02/2016
Times to be Applied:	Possible Side Effects:
Special Instructions: (Include previous sunscreen reactions)	

Reason for medication: Protection from sun

Amount to be given: Cover exposed areas of skin

Route: Topical

Storage: Room temperature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number



## Sunscreen Application Record

(Must be filled out by the person who applies the sunscreen)

**Child's Name:**

**Name of Sunscreen:**

Date	Time	Initials	Date	Time	Initials	Date	Time	Initials	Date	Time	Initials
6/16			7/11			8/1			8/22		
6/17			7/12			8/2			8/23		
			7/13			8/3			8/24		
6/20			7/14			8/4			8/25		
6/21			7/15			8/5			8/26		
6/22											
6/23			7/18			8/8			8/29		
6/24			7/19			8/9			8/30		
			7/20			8/10					
6/27			7/21			8/11					
6/28			7/22			8/12					
6/29											
6/30			7/25			8/15					
7/1			7/26			8/16					
			7/27			8/17					
7/4	CLOSED		7/28			8/18					
7/5			7/29			8/19					
7/6											
7/7											
7/8											

List any **side effects** and date below. Notify parent/guardian immediately.

Signatures (& initials) of persons applying sunscreen:

\_\_\_\_\_ ( )

\_\_\_\_\_ ( )

\_\_\_\_\_ ( )

\_\_\_\_\_ ( )

\_\_\_\_\_ ( )

\_\_\_\_\_ ( )





## Hand Sanitizer Authorization Form

Child's Name:	Date of Birth/Age:
Name of Medication: Hand Sanitizer	Reason for Medication: No Running Water Immediately Available
Start Date: 06/15/2016	Stop Date: 09/02/2016
Times to be given: As Needed on Field Trips	Amount to be given:
Possible Side Effects:	<input checked="" type="checkbox"/> Topical <input type="checkbox"/> Other
Special Instructions:	

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

## Medication Record

(Must be filled out by the person who gives the medication)

**Child's Name:**

**Name of Medication:** Hand Sanitizer

Date	Time	Dosage	Initials	Reason NOT Given	Side Effects Observed

Initials and signatures of persons giving medication:

\_\_\_\_\_  
\_\_\_\_\_