

Dear Parents,

Welcome to Holy Cross Summer Camp! Summer Camp is a child care opportunity for children ages 3 (potty-trained) - 13 during the summer. We will be offering care from May 30<sup>th</sup> – August 11 (for Holy Cross) and May 30<sup>th</sup> -August 17 (for the EEC). The preschool building hosts camp for children who are 3 years and potty-trained - 5/6 years and have not been to kindergarten. The elementary school hosts camp in the 8<sup>th</sup> grade rooms for 5/6 years and just finished kindergarten – 13 years.

The preschool camp is run by Penny Miller and Anne Anderson. Penny is currently the preschool director during the school year and Anne is a 6<sup>th</sup> grade teacher at Holy Cross. This will be their 3rd year working at Summer Camp. The elementary school will be run by Julie Lewis. This will be her second year as the camp director. She teaches junior high social studies here at Holy Cross.

Summer Camp is a place to have your child enjoy their summer but we also offer a lot of structured activities. The children will have pool days, field trips and in-camp adventures. We provide hot lunches to all the children. Weekly themes help keep the campers entertained with arts and crafts, stories and activities.

**NEW THIS SUMMER: All children ages 5 and up will need to purchase an Overland Park Pool Pass. We will no longer be using cash to pay for the pool fee.** Attached is a form to become a member of the Overland Park Pools. You must mail the form and payment to the City of Overland Park. You can also do this online. **WE WILL NOT BE MAILING IN YOUR REGISTRATION FOR THE MEMEBERSHIP.**

We are blessed to get to attend Vacation Bible School this summer! **VBS will be June 19<sup>th</sup> – June 23rd from 9:00-12:00.** VBS will be held at Holy Cross Catholic School. Your summer camp child will be charged an extra \$15 to help offset the costs of VBS. Summer Camp will provide the rest of the VBS fee. If your child is enrolled for the VBS week, they will automatically be enrolled for VBS. If you do not wish for your child to attend VBS, then please do not sign them up for this week of camp.

In this packet, you will find all the forms necessary to start our camp. There is a registration form, a weekly signup sheet and a policies and payment contract. Health forms will be mailed at a later date or can be printed off the website. **Both the registration and activity fee per child are due at the time of registration.**

To receive the Early Bird discount, registration fees and paperwork are due by April 18<sup>th</sup>. After April 18<sup>th</sup>, the price of registration will go up by \$15. Registration is accepted on a first come first serve basis. Space is limited.

Holy Cross Summer Camp will have the same start days for the 2 different buildings this year. **Summer Camp for both schools will start on May 30<sup>th</sup>.**

We are excited for the summer to begin! If you have any questions, comments or concerns, please contact Penny Miller or Julie Lewis.

Penny Miller (preschool) – 913-381-7151 or [pmiller@holycrosscatholicschool.com](mailto:pmiller@holycrosscatholicschool.com)

Julie Lewis (elementary school) – [jlewis@holycrosscatholicschool.com](mailto:jlewis@holycrosscatholicschool.com)

God Bless,

Penny Miller, Anne Anderson and Julie Lewis

# Holy Cross Summer Camp

## Policies and Payment Contract

- All registration and activity fees are to be paid prior to the start of Summer Camp.
- All required forms must be turned in before your child can start.
- Children enrolled must be at least 3 years of age and potty trained.
- Summer Camp hours of operation are 7:30am – 5:30pm.
- If the responsible party has an outstanding balance from either Holy Cross EEC or Holy Cross Catholic School, **registration WILL NOT be accepted until the outstanding balance has been paid in full.**
- Registration is accepted on a first come first serve basis.
- Responsible parties are to make payments for every week enrolled according to child's signup sheet turned in at time of registration, regardless of the number of weeks used.
- Weekly payments are due on the first day of the week your child attends.
  - Payments not received by 5:30pm on Friday of each week will result in a \$15.00 late fee for each week it goes unpaid.
  - Accounts that have an outstanding balance 2 weeks after the due date will result in automatic termination of your child's enrollment.
- Monthly payments are due on the first day of the month your child attends.
  - Payments not received by 5:30pm on the 10<sup>th</sup> of the month will result in a \$15.00 late fee for each week it goes unpaid.
  - Accounts that have an outstanding balance after the 30<sup>th</sup> of the month will result in automatic termination of your child's enrollment.
- ALL children ages 5 and up MUST HAVE A POOL TO THE OVERLAND PARK POOLS. **We MUST have the pool pass in hand by the first day of camp.** HCSC is NOT responsible for pool fees.
- All children enrolled for the week of Vacation Bible School will attend VBS. Holy Cross Summer Camp will pay \$10.00 per child. There will be an additional fee of \$15.00 per child that week to help offset the cost.
- All children are to be **signed in and out** by the responsible party dropping off or picking up at Holy Cross Summer Camp. Holy Cross Summer Camp is not held responsible for your child until they are signed in for the day by the adult dropping them off. Holy Cross Summer Camp is not responsible for your child after they are signed out or when they leave the building with the adult responsible for picking them up.
- Statement of accounts will be issued bimonthly or upon request.
- A late pick-up fee of **\$2.00/minute/per child** will be charged for children not picked up by 5:30pm. **Late fees are to be paid in cash directly to the staff member present at time of pick up.** Please call to notify if you will be late picking up your child. Excessive late pick-ups will not be tolerated.
- No credit is given for absences or unplanned closings.
- A two week notice is required to withdraw a child from the program.

Holy Cross Summer Camp shall be open to any child provided the school can meet the needs of that child. Holy Cross Summer Camp admission policies shall be non-discriminatory in regards to race, color, religion, national origin, ancestry, physical handicap, or sex in accordance with Kansas Civil Statute K. S. A. 44-1009.

\*\*\***Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***By signing this document you are agreeing to policies and the payment contract above for the duration of Summer Camp.***

# Holy Cross Summer Camp

## 2017 Enrollment Form

**Child's First and Last Name :**

1. \_\_\_\_\_ Birthdate&Current Grade \_\_\_\_\_ T-shirt Size \_\_\_\_\_
2. \_\_\_\_\_ Birthdate&Current Grade \_\_\_\_\_ T-shirt Size \_\_\_\_\_
3. \_\_\_\_\_ Birthdate&Current Grade \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Contact Information	Mother of Child	Father of Child	Stepparent / Legal Guardian	Stepparent / Legal Guardian2
<b>Name</b>				
<b>Home Address</b>				
<b>Home Phone</b>				
<b>Buisness Phone</b>				
<b>Cell Phone</b>				
<b>Email</b>				
<b>Child lives with (please check)</b>				

I will be paying tuition the beginning of every: \_\_\_\_\_ Week \_\_\_\_\_ Month

**List three persons authorized for routine pick up:**

1. \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Relationship \_\_\_\_\_
2. \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Relationship \_\_\_\_\_

**List three persons to contact for pick up in case of illness/injury if you are unavailable:**

1. \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Relationship \_\_\_\_\_
2. \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Relationship \_\_\_\_\_

**Does your child suffer from food or other allergies? If so, please list them below (severity, treatment, etc)**

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# Holy Cross Summer Camp

## PRICING SCHEDULE 2017

<b>Daily and Weekly Rates 7:30 am - 5:30 pm</b>	<b>1-3 Weeks</b>	<b>4-7 Weeks</b>	<b>8-12 weeks</b>
Daily Rates / per Child (no sibling discount)	\$47.00	\$42.00	\$38.00
Weekly Rate	\$230.00	\$205.00	\$185.00
Weekly Rate (2nd and 3rd child 20% discount)	\$188.00	\$164.00	\$148.00
<b>Registration Fees: Per Child (Non-Refundable) Due at time of enrollment</b>		<b>Early Bird Enrollment before April 18th</b>	<b>Enrolled after April 18th</b>
Ages 3 and 4		\$35.00	\$50.00
Ages 5 - 12		\$55.00	\$70.00
<b>Activity Fees: 3 and 4 Year Olds / Per Child Due at time of enrollment</b>			
1 - 3 Weeks of Attendance			\$17.00
4 - 7 Weeks of Attendance			\$34.00
8 - 12 Weeks of Attendance			\$50.00
<b>Activity Fees: 5 - 12 Year Olds / Per Child Due at time of enrollment</b>			
1 - 3 Weeks of Attendance			\$32.00
4 - 7 Weeks of Attendance			\$64.00
8 - 10 Weeks of Attendance			\$95.00
<b>Miscellaneous Fees</b>			
<b>Vacation Bible School --- June 19th - 23rd</b>			<b>\$15.00/child</b>
Late Pick-Up Fee (Per Minute/Per Child after 5:30)			\$2.00
Late Payment (after each week a payment goes unpaid)			\$15.00
Returned Check Fee			\$20.00

# Holy Cross Summer Camp Sign-Up Sheet

Days of the week your child will be attending (please check all that apply)

MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THURS \_\_\_\_\_ FRI \_\_\_\_\_

My child will be attending camp for (please check only 1):

1-3 Weeks Out of the Summer \_\_\_\_\_

4-7 Weeks Out of the Summer \_\_\_\_\_

8-12 Weeks Out of the Summer \_\_\_\_\_

The weeks my child will be in attendance are (please check all that apply):

**\*\*Please do not check the week(s) that your child will be on vacation\*\***

Week 1: May 29th - June 2nd \_\_\_\_\_ **Closed MONDAY - Memorial Day**

Week 2: June 5th - June 9th \_\_\_\_\_

Week 3: June 12th - June 16th \_\_\_\_\_

Week 4: June 19th - June 23rd \_\_\_\_\_ **VBS 9am - 12pm - \$15.00/ per child**

Week 5: June 26th - June 30th \_\_\_\_\_

Week 6: July 3rd - July 7th \_\_\_\_\_ **CLOSED Monday & Tuesday - 4th of July Break**

Week 7: July 10th - July 14th \_\_\_\_\_

Week 8: July 17th - July 21st \_\_\_\_\_

Week 9: July 24th - July 28th \_\_\_\_\_

Week 10: July 31st - Aug. 4th \_\_\_\_\_

Week 11: July 7th-Aug.11th \_\_\_\_\_ **Friday, Aug. 11th - Last day 6 - 13 year olds**

Week 12: Aug. 14- Aug. 18th \_\_\_\_\_ **Thurs., Aug. 17th - Last day 3- 5 year olds**



**MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES,  
INCLUDING PROVIDER'S OWN CHILDREN**

**Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.**

Child's First Day in Child Care \_\_\_\_\_

Name of Child Care Facility \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
MM/DD/YYYY M/F

**Parent/Guardian Information**

**Parent/Guardian Information**

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip Code

Home Address \_\_\_\_\_  
Street City Zip Code

Home Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Address \_\_\_\_\_  
Street City Zip Code

Work Address \_\_\_\_\_  
Street City Zip Code

Work Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Best way to contact \_\_\_\_\_

Best way to contact \_\_\_\_\_

Names and ages of children in family \_\_\_\_\_

Persons authorized to pick up the child or to notify in case of emergency. Include name, address, and telephone number. Attach an additional page, if necessary. \_\_\_\_\_

Child's Physician \_\_\_\_\_

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

Child's Dentist \_\_\_\_\_

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

Hospital Preference (for emergencies) \_\_\_\_\_

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider?  No  Yes, as follows:

Does your child have any of the following conditions (yes or no)? If yes, provide information on Authorization for Emergency Medical Care form CCL. 010.

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> Allergies         | <input type="checkbox"/> Frequent sore throats/colds | <input type="checkbox"/> Ear Aches |
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Speech, Visual, Hearing     | <input type="checkbox"/> Diabetes  |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Other _____                 |                                    |

If yes answered to any above, please provide additional information \_\_\_\_\_

Have there been major changes at home that might affect your child in care?  No  Yes, as follows:

Please provide additional information or special instructions that will help the person caring for your child. \_\_\_\_\_

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

## History of Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last MM/DD/YYYY

**Section I. For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).**

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
<b>Diphtheria, Tetanus, Pertussis (DTaP)</b>						
<b>Poliomyelitis (IPV/OPV)</b>						
<b>Measles, Mumps, Rubella (MMR)</b>						
<b>Hepatitis B (HepB)</b>						
<b>Varicella (VAR)</b>			Hx of Disease: Physician Signature		Date of Illness:	
<b>Hemophilus Influenzae Type B (Hib)</b>						
<b>Pneumococcal Conjugate (PCV)</b>						
<b>Hepatitis A (HepA)</b>						
<b>Rotavirus</b> **Recommended <8 mo of age; not required						
<b>Influenza(Flu)</b> ** Recommended annually >6 mo of age; not required						

**Section II.**

**Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(d)].**

The following two options are the **ONLY** exemptions allowed by law. **Please check either (A) or (B) below and complete as required:**

**(A) Certification from licensed physician stating that immunization would endanger child's life:**  
 Exempt from following immunizations:  
 \_\_\_\_\_DTaP/DT \_\_\_\_\_Tdap/TD \_\_\_\_\_Pertussis Only \_\_\_\_\_Polio \_\_\_\_\_MMR \_\_\_\_\_HepA \_\_\_\_\_HepB \_\_\_\_\_Hib  
 \_\_\_\_\_PCV \_\_\_\_\_Varicella \_\_\_\_\_Other

**Physician's Signature** (required): \_\_\_\_\_ **Date:** \_\_\_\_\_

**(B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.**

**Section III.**

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

### Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Licensed Day Care Homes, Group Day Care Homes, Child Care Centers and Preschools. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth. The Health Assessment Form used should be attached to the KDHE Medical Record Form (CCL. 029).

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
First Last

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> None	Do you see this child for regular health supervision: <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies to food or medicine (describe, if any): <input type="checkbox"/> None	
List current medications (if any): <input type="checkbox"/> None	

Length/Height: _____ IN/CM    %ILE _____		Weight: _____ LB/KB    %ILE _____
Physical Examination	✓ If Normal	If Abnormal - Comments
Head/Ears/Eyes/Nose/Throat		
Teeth		
Cardio/Respiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic & Developmental		
Screening Tests	Screening Date	Note Here if Results are Pending or Abnormal
Lead		
Anemia (HGB/HCT)		
Urinalysis (UA)		
Hearing		
Vision		
Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (Attach additional sheets if necessary) <input type="checkbox"/> None		
Signature of Licensed Physician or Nurse approved for Child Health Assessments		Date
Print the Name of the Individual Signing Above		Phone Number
Address	City	Zip Code



**Kansas Department of Health and Environment**

Bureau of Family Health  
1000 SW Jackson, Suite 200  
Topeka, KS 66612-1274  
Child Care Program: (785) 296 -1270 Fax: (785) 296 -0803  
Foster Care Program: (785) 296 -1270 Fax: (785) 296 -7025  
Website: www.kdheks.gov/kidsnet



**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

**Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).**

Name of facility exactly as stated on the license.	License #
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I hereby authorize \_\_\_\_\_ (Name of individual/staff member) and/or \_\_\_\_\_ (Name of individual/staff member) who is (are) representative(s) of the above named facility to give consent for any and all necessary emergency medical care for my child or youth \_\_\_\_\_ (First and Last Name of Child or Youth) while said child or youth is in said facility's custody between the dates of \_\_\_\_\_ and \_\_\_\_\_.  
MM/DD/YYYY MM/DD/YYYY

Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
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**Notarization of Parent's or Guardian's signature if required by local hospital or clinic.**

State of Kansas	
County of _____	
Signed or attested before me on _____	by _____
MM/DD/YYYY	Name of Person
(Seal, if any.)	
_____ Signature of notarial officer	
_____ Title (and Rank)	
My appointment expires: _____	

List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:  
\_\_\_\_\_  
\_\_\_\_\_

Is child covered by health insurance?  Yes  No  
If yes, complete the following:  
Health Insurance Policy Name \_\_\_\_\_ Policy Number \_\_\_\_\_  
Medical Assistance Program \_\_\_\_\_ Card Number \_\_\_\_\_  
Military Medical Care I.D. Number \_\_\_\_\_

If known, date of last Tetanus inoculation: \_\_\_\_\_

**THE MEDICAL RECORD/ASSESSMENT FORM (OR HEALTH STATUS HISTORY FORM FOR SCHOOL AGE PROGRAMS) AND THE AUTHORIZATION FOR EMERGENCY MEDICAL CARE MUST BE TAKEN TO THE EMERGENCY ROOM. BOTH FORMS MUST ALSO BE IN A VEHICLE WHEN THE CHILD OR YOUTH IS TRANSPORTED BY THE FACILITY.**