

Kid Central Fees:

All camper slots based on first come/ first served

Parents Due to staffing obligation and field trip reservations, we cannot provide refunds or transfer of funds to other sessions.

Kid Central is also a partner in the USDA's summer nutrition program and it will offer a healthy breakfast and lunch free of charge to those 17-years and younger throughout the summer months.

Registration Fee: \$65.00 per Child Includes camp T-shirt

<u>Week 1-9</u>	<u>One Child</u>	<u>Two Children</u>	<u>Three Children</u>
	\$120.00	\$215.00	\$325.00
Week 10	\$140.00	\$275.00	\$385.00

Payment Due Dates:

<u>To Attend:</u>	<u>Payment is Due:</u>	
June13-17	Prior to June 3	First come/First served
June 20-24	June 10	First come/First Served
June 27-July 1	June 17	First come/First Served
July 5 th -July8 th	June 24	First come/ First Served
July 11-July 15	July 1	First come/ First Served
July 18- July 22	July 8	First come/ First Served
July 25- July 29	July 15	First come/ First Served
August 1- August 5	July 22	First come/ First Served
August 8- August 12	July 29	First come / First Served
August 15- August 19	August 5	First come / First Served

Culpeper County Child Care "Kid Central"

SUMMER CAMP 2011 REGISTRATION

Child's Name: _____ Nickname _____

Circle sex of child Male Female Date of Birth: _____ Age: _____

School _____ Grade: _____

Father's Information

Name: _____

Home Address: _____

Home Telephone: _____

Place of Employment: _____

Work Telephone: _____

Cell Phone: _____

Other # _____

Work hours: _____ until _____

Mother's Information

Name: _____

Home Address: _____

Home Telephone: _____

Place of Employment: _____

Work Telephone: _____

Cell Phone: _____

Other # _____

Work hours: _____ until _____

Name, address, and telephone numbers of two (2) persons authorized to pick our child in case of an
Emergency

1. Name: _____

Address _____

Home Telephone: _____

Cell Phone: _____

Work Phone: _____

2. Name: _____

Address _____

Home Telephone: _____

Cell Phone: _____

Work Phone: _____

*****YOUR CHILD WILL NOT BE PERMITTED TO LEAVE WITH ANY PERSON(S) NOT
previously APPROVED BY PARENT OR GUARDIAN. NO EXCEPTIONS!!!!!!!!!!!!!!!!!!!!**

*Appropriate paperwork such as custody papers must be attached if a parent is not allowed to pick
up child.*

Date daycare is to begin _____

Child's physician

Name _____ Phone number _____

A copy of your child's immunization records and recent physical must be provided before care can begin.

Does child have any allergies to food or medication? YES NO

If yes explain: _____

Is child currently taking any medication? YES NO If yes complete:

Medication: _____ When given: _____

What is Medication for _____

Does child have any medical condition that may prevent him/her from participating in physical activities? _____

Signature of

Parent _____ Date: _____

Agreements...

1. The child childcare center agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible, if so requested by the center. If your child becomes ill or injured you will be notified and must arrange to have your ill child picked up immediately. Illnesses include, but are not limited to, fever, diarrhea, vomiting, Rashes (unless being treated by a doctor), and upset stomach
2. The parent/ guardian authorizes the child childcare center to obtain immediate medical Care if any emergency occurs when parent/guardian cannot be located immediately.
3. I agree to inform Culpeper County Child Care within 24 hours or the next business day after my child or any member of our immediate household has developed any reportable communicable disease as defined by the State Board of Health, except for life threatening diseases which will be reported immediately.

From time to time, Culpeper County Child Care would like to recognize students for special accomplishments by putting their names and/or picture in the newspaper. This letter is for your approval for using your child name or picture in the newspaper, on television, or video when the occasion presents itself. Please sign and return this form to the school if you have no objections.

I hereby do do not give permission for my son/daughter. _____

Name and/or pictures to be used for special accomplishment or projects during the summer And school year. I understand that this is a positive way of giving my child recognition.

Signatures

Parent or Guardian

Date

Administrator of Center

Date

Date Child Entered Care: _____

Date Left Care _____

*If there is an objection to seeking emergency medical care, a statement should be obtained from the parents or guardian that states their objection and the reason for their objection.

Office use only Identity Verification

Place of Birth: _____

Birth Date: _____

Birth Certificate Number: _____

Date Issued: _____

Other Form of Proof: _____

Proof of the child's identity and age may include a certified copy of the child's birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or proof of the child's identify form a child placing agency.

Record from a public school in the U.S. that a certified copy of the child's certification by a principal or his designee of a public

school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is

Not Necessary when the child attends a public school in Virginia and the center assumes responsibility of the child directly to the

School (i.e. after school program) or the center transfers responsibility of the child directly to the school

(I.e. before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

CHILD ENDANGERMENT RELEASE POLICY

Culpeper County Child Care's program will follow these procedures in releasing children from the centers

If the staff suspects that the adult picking up the child is under the influence of alcohol, drugs, or misused medication:

- Step one** Staff will review the signed "Child Endangerment Release Policy"

- Step Two** If the adult insists on taking the child from the center, a staff member will immediately call in a "Child Abuse Report" to protective Services and/or to the police.

- Step Three** A staff member will then call their supervisor and / or the administrator to inform them of the incident.

- Step Four** A staff member will document the incident on the "Child Abuse Report" Form and send it to the Program Director.

I HAVE READ AND UNDERSTOOD THE ABOVE CHILD ENDANGERMENT POLICY

Parent Signature: _____ Date: _____
Staff Signature: _____ Date: _____
Director's Signature: _____ Date: _____
Site: _____

Emergency and Identification Information

(TO be completed by the parent or guardian and updated recertification and as changes occur)

- I Family Information
Child's Name (last name first): _____ Birth date: _____
Mother's Name: _____
Mother's Home Phone: _____ Mother's Cell Phone: _____
Mother's Home Address: _____
Mother's Business Address: _____ phone # _____
Father's Name: _____
Father's Home Phone: _____ Father's Cell Phone: _____
Father's Home Address: _____
Father's Business Address: _____ phone # _____

- II Name of persons authorized to take the child from the facility (They will not be allowed to leave with Any other person without written authorization from parent or guardian.)

Name	Telephone #	Relationship
_____	_____	_____
_____	_____	_____

- III Additional persons who may be called in emergency to take child from facility

Name	Telephone #	Relationship
_____	_____	_____
_____	_____	_____

- IV. Physician to be called in emergency:

Name: _____ Phone# _____
Address: _____
If physician cannot be reached, what action should be taken? _____

- V. Medical Insurance: _____
Insurance Number: _____

- VI. Allergies or other medical limitations _____

- VII. Permission for medical treatment. Administrative procedures vary among medical personnel And medical facilities with regard to provision of medical care for the child in the absence of the Parent. The exact procedure required by the physician or hospital to be in emergencies should Be verified in advance.

In case of an accident or an emergency, I authorize a staff member of the Culpeper County Child Care program to take my child to the above named physician or to the nearest emergency hospital For such emergency treatment and measures as are deemed necessary for the safety protection of the child, at my expense.

Signature _____ Date: _____

**KID CENTRAL 2011
SWIMMING/TRAVEL PERMISSION FORM**

My Child _____ has permission to go swimming with the staff of KID CENTRAL to the locations listed below and the following dates:
Swim at Remington Pool: June 14,15,17,21,22,24,28,29
July 1, 5,6,8,12,13,15,19,20,22,26,
July 27,29
August 2,3,9,10,12

{Splash Down Water Park: July 7th}

My Child is a **Beginner/ Intermediate/ Experienced Swimmer**. (circle one)
I understand, my child will never go in water over his/her chest, unless first tested by a certified pool lifeguard. I also understand that even though my child may be an experienced swimmer, he/she may be required to stay in water that is only chest high due to group safety requirements.

My Child _____ has permission to travel with the staff of Kid Central to the following location with their group: (During the weeks of June 13—August 19, 2011):
*Dominion Skating Center *Mt. Run Bowling Lanes *Remington Pool *4-H Educational Center Pool and Fun-n-Beyond

Session Trips To:

June 23 Funland in Fredericksburg, Va
June 23 Chuckie Cheese in Fredericksburg, Va
July 1st Kings Dominion
July 7th, Splashdown in Manassas, VA
July 7th Majestic Fun in Manassas, VA
July 8 Farmshow in Culpeper, VA
July 14th Riverside Theater in Fredericksburg, VA
July 28th All groups to Washington Nationals in D.C
August 18th Fredericksburg Movies and Picnic Chancellorville Battlefield
August 18th National Marine Interactive Museum
August 19th All groups to Fredericksburg "Golden Skate World"

Parent Signature _____ **Date** _____

Travel/Swim Permission

If It Is Necessary, my child may be transported to or from an activity in the Kid Central County Vehicle:

Parent Signature _____ **Date** _____

Culpeper County Child Care Payment Agreement

Child's Name: _____ School: _____

Mother's Information

Name _____
Address _____
Phone # home _____ Work _____ cell _____
Social Security Number ___/___/_____

Father's Information Name _____
Address _____
Phone # home _____ Work _____ cell _____
Social Security Number ___/___/_____

Payment Agreement:

I agree to make my weekly payments on time. I understand that if I get behind on payments that
My child will lose his/her childcare slot and I will be responsible for any unpaid amount.
I understand that if it is not paid in full within 30 days my account will be sent to
collections.

Mother's signature Date

Father's Signature Date

New Income Eligibility Guidelines

Dear Parents or Guardians:

Culpeper County Child Care participates in the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP). Please help us comply with the requirements of the CACFP by completing, signing and returning the attached statement as soon as possible. The statement will be filed as confidential information. Although all children enrolled in our center receive their meals free of charge, this information is necessary to determine the amount of federal funding received by our center for the meals served to children. Higher reimbursement will contribute to the overall quality of care your provider maintains.

If you receive Food Stamps or benefits under the Virginia Temporary Assistance to Needy Families (TANF) on behalf of your child, then please list either your Food Stamp case number or your TANF case number in Part 3A and sign and date the statement in Part 4. This means that your child is "categorically eligible" and will automatically qualify for reimbursement.

If a Food Stamp or TANF case number is not reported, Part 3B must be completed. You must include your total current household income by source and the names of all household members. CACFP defines a household as a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses). The reported income should be what each member received last month. If last month's income does not accurately reflect your circumstances, provide a projection of your income using last year's income as a basis. Please remember to put the name and social security number of the primary wage earner underneath the chart. You must also sign and date Part 4.

If this application is for a foster child, please complete Parts 2 and 4 only. A foster child who is the legal responsibility of the welfare agency or court may be certified as eligible for free meals regardless of your household income. If you have a foster child, please contact our office for additional information before completing the application.

All meals served to children under the Child and Adult Care Food Program and served free regardless of race, color, sex, national origin, and disability. There is no discrimination in admissions policy, meal service, or the use of facilities. Any complaints of discrimination should be submitted to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202)720-5964 (voice and TDD).

Thank you for your cooperation.


Katreice Williams
Director

**Income Eligibility Statement
Child and Adult Care Food Program
Child Day Care Center: Non-Pricing Program**

PART 1

Name: _____ Classroom _____
Last First M.I.

PART 2 - FOSTER CHILD: Complete this Part and sign the statement in Part 4. DO NOT complete Part 3A or 3B
If this is a foster child, check this box . Write the child's income and how often it is received here: \$ _____ / _____

PART 3A - HOUSEHOLDS NOW GETTING FOOD STAMPS OR VA TANF FOR THEIR CHILDREN Complete this part and sign the statement in Part 4 - DO NOT complete Part 3B.
Food Stamp Case Number: _____ VA TANF Case Number: _____

PART 3B - ALL OTHER HOUSEHOLDS - If you did not write a Food Stamp or VA TANF number, complete this Part and sign this Statement in Part 4.

NAMES List Everyone in Your Household	CURRENT INCOME AND FREQUENCY							
	Earnings from Work (Before Deductions) Job 1		Earnings from Welfare, Child Support, Alimony		Payments from Pensions, Retirement, Social Security		Earnings from Job 2 or Any Other Income	
	Income	Frequency	Income	Frequency	Income	Frequency	Income	Frequency
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____

and Social Security Number of Primary Wage Earner or Household Member Who Signs This Form (Privacy Act Statement)

My Social Security Number _____

I do not have a Social Security Number

PART 4 - SIGNATURE: An adult household member must sign this Statement before it can be approved.

WARRANTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the Food Stamp number or VA TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal Funds; that organization officials may verify the information on this Statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal Laws.

Signature of Adult: _____ Printed Name of Adult: _____

Signed _____ Home Telephone _____ Work Telephone _____ Home Address _____ Zip Code _____

PART 5 - RACE/ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so:

Please mark one of the following ethnic identities:

Hispanic or Latino Not Hispanic or Latino

Please mark one or more of the following racial identities:

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Section 9 of the National School Lunch Act requires that, unless your children's food stamp or VA TANF number is provided, you must include a social security number on the statement. This may be either the social security number of parent or guardian who is the primary wage earner or the social security number of the adult household member signing the statement, or an indication that neither household member possesses a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that neither the primary wage earner nor the adult household member signing the statement has one, the statement cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or TANF office to determine the current certification for receipt of food stamps or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the document produced by the household member to prove the amount of income received. The efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

Center/Sponsor Use Only:

Stamp Household/VA TANF Categorically Eligible Free: _____ OR
Household Income: _____ Household Size: _____

Meal Classification: Free _____ Reduced _____ Paid _____

Name of Determining Official: _____ Signature of Determining Official _____

**Culpeper County Child Care
Enrollment Form**

_____ Age or DOB _____ is enrolled at:

Name of Child _____

Name of Center

Address of Center

Starting on _____
(Month/Day/Year)

Normal Days In Child Care: M T W TH F SAT SUN (circle all that apply)

Normal Hours in Care: from _____ to _____

Normal Meals Expected to be Served Daily: Breakfast _____ AM Snack _____

Lunch _____ PM Snack _____ Dinner _____ (check all that apply)

Please explain any unusual circumstances related to child's attendance at center:

Signature: _____ Date: _____
(Parent/Guardian)

Optional fields for parents/guardian:

Address _____ Telephone No. _____

You are not required to answer these questions. If you choose to do so:

Please mark one of the following ethnic identities: [] Hispanic or Latino
[] Not Hispanic or Latino

Please mark one or more of the following racial identities: [] American Indian or
Alaska Native [] Black or African American [] Native Hawaiian or Other Pacific
Islander [] White

For Center Use Only:

Participant Withdrew on _____
(Date)