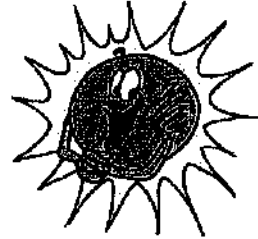


CLARENCEVILLE SUMMER CAMP 2024

Clarenceville School District

JUNE 10 – AUGUST 9 , 2024



Parent Contractual Agreement

Welcome to Clarenceville Summer Camp!

Clarenceville Summer Camp is for children that have completed Kindergarten thru grade 6th and also a Preschool 3yrs. – 5yrs. Old program. Summer Camp 2024 runs from Monday June 10 through Friday August 16. The Summer Camp program is open from 6:30 A.M. to 6:00 P.M.

Weekly field trips, occasional walks to neighborhood facilities, and activities on the playground are a regular part of our Summer Camp Program. A bi-weekly bowling trip, and a weekly swim day at Botsford Pool are also a regularly scheduled part of our program

The following is a list of fees and rules that are required for attendance in The Clarenceville Summer Camp. Please read carefully, complete the forms, and initial where appropriate. Feel free to ask questions concerning any items for which you need clarification.

1. **A non-refundable activity fee of \$125 per child** is required to hold your spot in Summer Camp and \$40 if the child is a preschooler. NO discounts on registration fees. This fee includes activity cost and the cost of a T-Shirt.
2. **The attached registration and scheduling form** must be completed. Along with this form, the following is required before a child can enter the program:
 - a. *A copy of your child's Immunization Record and health exam form for Preschool*
 - b. *A Childs Information Card*
 - c. A completed **health statement** for summer campers K-6th grade.

Important: Ensure all forms are completely filled out. If it not fully completed, the form may need to be returned to the parent to re do, and the child will not be allowed to start until they are completed.

3. SUMMER CAMP FEES ARE:

- / **\$175 for full time care per week**
- // **\$40 per day if less time is needed.**

Note: a 10% discount will be applied to the second child, third child, ECT.

The Registration and scheduling form will be used to compute your tuition bills.

NO refunds or credits will be given for days a child was scheduled but did not attend.

4. **Payments :**

- a. As stated on the bills that will be posted
- b. Tuition is due in advance for each billing period
- c. Payments should be made out to Clarenceville Schools in the form of a check, money order, or cash. A receipt will be given for all cash payments. Credit card can be accepted on the Square reader or through parent portal (District student of Clarenceville).
- d. There is a \$35.00 charge for returned Checks.
- e. Any bill that has not been paid by the due date will incur a \$25 late fee. If a balance is owed and not paid in full by the end of the second week of the billing period, the child will be withdrawn from the program.

5. Parents are expected to commit to at least FIVE weeks of this nine-week program. There is a three day minimum per week.

- a. Parents are responsible to pay full tuition for days off. Refund/Credit will not be given for days the child is absent.
- b. **Any deviation from your regular schedule must be submitted, in writing, two weeks in advance of the schedule change. The director must approve the changes, as coverage may not be available.**
- c. If it is necessary to withdraw a child from the program, a written notice must be submitted to the director two weeks prior to withdrawal.

6. A change of clothes should be available in the building at all times, labeled with your child's name.

- a. **Preschool, and Kindergarten thru 2nd grade MUST have a change of clothes.**

7. The program is open from 6:30 A.M. to 6:00 P.M. daily.

Hours are based on **CELL PHONE TIME.**

- a. Children and parents are not allowed in the room/building before or after these hours of operation.
- b. **Early and late fees will apply:**

\$30 for the first 15 Minutes and \$15 for every 15 minute increment thereafter. The third offense will result in the child's immediate withdrawal from the program.

8. Sick children will not be admitted into Summer Camp. We will use these symptoms to define a sick child:

- a. Oral temperature of 99 degrees or above.
- b. Undiagnosed rash:
- c. Communicable illness I.E. chicken pox, measles, head lice, pink eye, covid ETC.
- d. Diarrhea or vomiting
- e. Severe runny nose.

If any of the above mentioned symptoms develop through the course of the day, the parent will be called to come and take the child home.

9. The parent will be notified immediately if an emergency arises and/or a severe discipline problem occurs.

- a. In a severe emergency (life threatening), the child will be taken to Beaumont Hospital (Farmington Location); the ambulance is obligated by law to go to the nearest hospital. In

a non-threatening situation, a child can be taken to another hospital, but only if the parent agrees to pay the cost of a private ambulance.

- b. Restraint that is reasonable, necessary and based on a child's developmental level will be used to prevent a child from hurting him or herself, other persons, and/or property. Corporal punishment such as restricting movement, mental or emotional cruelty, deprivation of food, or confinement, **WILL BE PROHIBITED.**
- c. If a severe discipline problem occurs, and the problem is not resolved in the best interest of the children and the program, the child will be withdrawn from the program.
DEFINITION- a Disciplinary problem is defined as one in which a child is hampering the smooth flow of the program by either requiring constant one on one attention, is inflicting physical or emotional harm on other children, is physically and/or verbally abusing staff or is otherwise unable to conform to the rules and guidelines of the program.

10. Children are expected to pick up after themselves at all times, and to use supplies and equipment for their intended purpose.

11. T-Shirts will be ordered for all participants of the program. Note that they tend to run a bit small. Camp shirts **MUST** be worn on Thursday field trip day, additional shirts may be purchased for \$10.00. The sizes available are

- a. Small 6-8
- b. Medium 10-12
- c. Large 14-16
- d. Adult Small
- e. Adult Medium
- f. Adult Large
- g. Adult X-large

12. Nutritious Snacks will be provided both morning and afternoon, at the designated snack times. A snack menu will be posted weekly. If your child is allergic to any of the foods provided, the parent is responsible for the alternative snack.

13. The Daily procedure we expect of parents/guardians is as follows:

- a. A responsible adult must escort the child into the room, note on the attendance roster the child's time of arrival and sign their name.
****NOTE: Please do not sign 'mom' or dad' we need your name.**
- b. **IMPORTANT!** A responsible adult picking up the child(ren) must notify the staff that the child is leaving, sign out on the roster, and note the time of departure.
- c. The parent must notify the center when a child will be absent. A Child will be withdrawn from the program if lack of notification becomes consistent. Please call 248-919-0362 to let Summer Camp staff know about absences.
- d. If a different adult is to pick up a child, the staff must be notified, **IN WRITING**, if possible.

If a different adult is to pick up the child, teacher must be notified, and be listed on the information card. Identification (driver's license) will be required. A child **WILL NOT** be released to an unauthorized person.

14. It is the parent's responsibility to provide a prepared lunch each Thursday for their child. Lunch should not require refrigeration, heating, or microwaving. A nutritious balance lunch might include:

- a. Sandwich
- b. Fruit
- c. Vegetable
- d. Desert (served last)
- e. Beverage

If a child comes to camp without a lunch, the parent will be called and will be expected to make arrangements for a lunch. Staff cannot prepare a lunch, nor can they leave the building to purchase one.

Hot lunch might be served daily but it is not guaranteed. Thursday MUST be a packed lunch due to field trip day.

15. **NO TOYS FROM HOME.** No cell phones or electric devices are allowed in the Summer Camp Program. Please keep these at home.

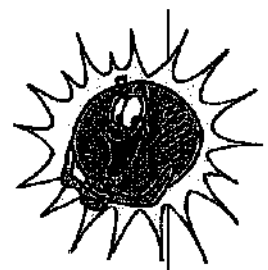
Under no circumstances will we release a child to anyone who cannot show proper identification when asked. THIS INCLUDES PARENTS! Do not feel offended – we are trying to keep your child/children safe and will not release a child to someone we do not know!!

Clarenceville Summer Camp will be housed at Botsford Elementary School during the 2024 year. Botsford address is 19515 Lathers, Livonia, Michigan, 48152. The phone number is 248-919-0362.

**** This is subject to change if necessary.****

****The start date could change if the state requires additional days at the end of the school year.**

Clarenceville Summer Camp, 2024 Parent Contractual Agreement Registration and Scheduling Form



Complete this form and return with your deposit.

Children attending Clarenceville Summer Camp:

Name	Grade Completed	T-shirt size
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My child/children will be attending these scheduled days:

Day	Arrival Time	Departure Time	Vacation Days are:
Monday	_____	_____	_____
_____ Tuesday	_____	_____	_____
_____ Wednesday	_____	_____	_____
_____ Thursday	_____	_____	_____
_____ Friday	_____	_____	_____

- My child / children and I agree to follow all the policies and procedures as written in this agreement, dealing with the safety, health and welfare of every child in the Summer Camp program, and the continuity of the program itself including weekly field trips, swimming, and activities _____. Initial here
- I understand the late pick-up policy _____. Initial here
- I understand that I may be contacted immediately, at work if necessary, in the case of an emergency. I understand that I may be contacted immediately, at work if necessary, in the case of a severe discipline problem. If the problem remains unsolved after director/parent conferences, I understand that a written request may be made for the withdrawal of my child from the program. _____. Initial here
- I give my permission for my child(ren) to be photographed or video for promotional advertisement or arts and crafts. _____ Initial here
- I give permission for my child(ren) to participate in the bi-weekly bowling and weekly swim day. _____ initial here
- The Clarenceville care programs will use the schools outdoor play areas and equipment that is approved for the school age children but are not in compliance with Michigan child care licensing regulations. _____ Initial here
- A request for withdrawal may include, but is not limited to: _____ Initial here
 - Non-payment, delinquent payments or inconsistent payments
 - Destructive and/or abusive behavior by child or parent to other persons or property
 - Failure by parent and/or child to adhere to program rules or policies

Signed _____
Parent / Legal Guardian

Date _____

Clarenceville Summer Camp Registration 2024

(For ALL students registered in the Clarenceville Summer program.)

Child's Name _____ Grade complete _____

For your child's safety: Department of Social Services regulations require that children be accompanied and picked-up by an adult and signed in and out each day. Be sure to have an individual listed on your emergency card that can pick up your child in case you are unable to. Your child will not be released to any person not listed on your emergency card. Any person listed on your card should be prepared to show a picture identification.

Please Indicate which weeks your child plans on attending (5 weeks minimum & at least 3 days), as well as the weeks your child will not attend (vacation, etc.) While this is not obligatory, we ask that you approximate as closely as possible so we are able to order the suitable number of crafts, snacks, etc.

	Times		Days		
Week of	Monday	Tuesday	Wednesday	Thursday	Friday
June 10	10	11	12	13	14
June 17	17	18	19	20	21
June 24	24	25	26	27	28
July 1	1	2	3	4 CLOSED	5 CLOSED
July 8	8	9	10	11	12
July 15	15	16	17	18	19
July 22	22	23	24	25	26
July 29 / Aug 2	29	30	31	1	2
August 5	5	6	7	8	9

X- days NOT attending Summer Camp

Clarenceville Summer Camp
19515 Lathers
Livonia, Mi. 48152
248-919-0362



PARENTAL HEALTH STATEMENT

I attest to the fact that my child _____ is in good physical health, and that there are no changes in his/her physical condition since receiving a physical on _____.

He/she is physically able to participate in the activities involved in the Clarenceville Summer Camp program, and is free from any illness or communicable disease at this time. His/ her specific limitations include:

I will assume the responsibility for my child's health while in the Summer Camp care. Should any of the above conditions change, I would promptly notify the Summer Camp Director and staff.

Signature of Parent/ guardian

Date

Signature of Director

Date

Summer Camp Health Care Plans and Procedures

Stored food that is used in the center is labeled to the date it was opened and is either refrigerated if needed or put in a sealed container.

Sick children will not be admitted to the latchkey room for the day if any of the following symptoms are evident:

- Oral temperature of 99 degrees or more
- Undiagnosed rash
- Communicable illnesses i.e., chicken pox, measles, head lice, pink eye, etc.
- Diarrhea or vomiting
- Severe runny nose

A child may return if they have a doctor's note or free of any symptoms for 24 hours.

If a child has a **minor accident** we will treat it with ice and or a Band-Aid. An injury requiring further attention a parent will be contacted.

In a **severe emergency, life-threatening situation**, 911 will be called and an ambulance is obligated to go to the nearest hospital (Botsford). In a non-life-threatening situation, a child can be taken to another hospital, but only if the parent agrees to pay the cost of a private ambulance.

Medication must be in the original bottle and a medication form signed by a parent and doctor must be obtained before any medication can be given to a child.

Abuse and neglect will be reported to the Department of Human Services immediately if suspected. All staff and volunteers have signed a statement that they are aware of their responsibilities on this policy.

Cleaning and sanitizing, steps to be followed:

- Wash the surface or article vigorously with warm water and detergent.
- Rinse the surface with clean water.
- Submerge, wipe or spray the surface or the article with a sanitizing solution.
- Let the article or surface air-dry.

Examples of sanitizing solutions include but are not limited to:

- Water and non-scented chlorine bleach solution with a concentration of bleach between 50 (1 tablespoon) - 200 (1/4 cup) parts per million. Test strips must be used to check the concentration and are available from most food service suppliers.
- Commercial sanitizers specified on the label to be safe for food contact surfaces and used according to the manufacturer's directions.

Note: Bleach is recommended as a sanitizing product as it is safe, effective, and inexpensive. However, there are other commercial sanitizing agents that centers may use. Centers may check with their local health department sanitarians for approved sanitizers.

Handling Bodily Fluids/Universal Precautions

The center will use precautions when handling potential exposure to blood, including blood-containing body fluids and tissue discharges, and when handling other potentially infectious fluids. The staff all has blood borne pathogen training.

Hand washing, Hands shall be washed with soap under running water. The following are not approved substitutes for soap and running water:

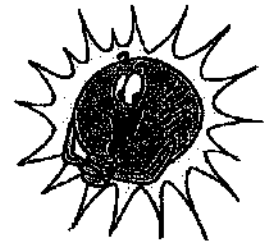
- Hand sanitizers
- Water basins,
- Pre-moistened cleansing wipes.

Procedures:

- Rinse hands under running water until they are free of soap and dirt. Leave the water running while drying hands.
- Dry hands with a clean, disposable paper or single-use cloth towel. If taps do not shut off automatically, turn taps off with the disposable paper or single-use towel.
- Dispose of the single service towel in a lined trash container.
- Use hand lotion to prevent chapping, if desired.
- Additional Hand Washing Information
- By using a paper towel to turn off the water faucet, staff who has just completed hand washing prevent recontamination of their hands.
- Shared cloth towels can transmit infectious disease.
- Taps that turn off automatically or those that can be turned off without using hands avoid the recontamination problem.

A completed child information card must be provided before a child can enter the program. A child's health statement must be provided when enrolling. The phone number of two persons who can pick up the child in case of emergency or illness will be provided to the director on the emergency card.

Clarenceville Summer Camp
19515 Lathers
Livonia, Mi. 48152
248-919-0362



Transportation Permission slip

I give my permission for _____, a student at Clarenceville Summer Camp, to participate in any scheduled field trips. We will travel by school bus transportation, which will be furnished by the Clarenceville School District.

I understand that while my child is on any Summer Camp field trips, my child is under the authority of the Director and teachers of the camp while traveling to, during and from each trip.

Signature: _____ Date: _____

Medication Permission slip

All Medication must be in the original bottle, child's full name and a medication form signed by a parent and/or doctor must be obtained before any medication can be given to a child.

_____ int.

Any topical nonprescription medication, including but not limited to triple antibiotic, sunscreen and insect repellent.

Signature: _____ Date: _____

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PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Human Services

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.

I have read the above statement issued by **Botsford Preschool, Latchkey & Summer Camp**

Name of Child Care Center

Child(ren)'s Name(s) _____

Parent Name _____

Parent Signature _____ Date _____

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

BCAL-5053 (8-10)