

**2023 SUMMER DAY CAMP Agreement**  
**The Buhl Child Development Center**  
**June 12, 2023 – August 11, 2023**

**I. Personal Information**

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

Date of Birth: \_\_\_\_\_

Are you currently a youth or family member of The Buhl Community Recreation Center? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ **Parent Email:** \_\_\_\_\_

Phone Number at Home: \_\_\_\_\_ Phone Number at Work: \_\_\_\_\_

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

Second Parent or Guardian Name (if applicable): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number at Home: \_\_\_\_\_ Phone Number at Work: \_\_\_\_\_

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

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**II. Read and Initial**

\_\_\_\_ I/we, the Parents/Legal Guardian or responsible adult of \_\_\_\_\_, agree to enroll our child in the Buhl Community Recreation Center Day Camp, summer 2023. The BCDC Summer Camp has reserved the right to modify rules and policies at its discretion with 30 days' notice. In event of emergency or licensing mandates, the written notices will not be applicable.

\_\_\_\_ I/we agree to pay the provider full weekly tuition on the registered weeks regardless of absences due to illness or unable to attend. We understand that the BCDC Day Camp reserves the right to adjust the tuition rates with 30 days written notice.

\_\_\_\_ I/we acknowledge that the BCDC cannot deduct days that our child is absent from my fee, because my fee pays for direct operational costs, i.e., staff, field trips, crafts, and program supplies.

\_\_\_\_ I/we agree that weekly tuition fees as well as any additional costs, if applicable, are to be paid in full the Friday before the week attending by 12:00, noon to the director in charge of the BCDC Day Camp. We also agree to pay applicable late payment penalties, late pick-up, and non-scheduled hours fees that have been established in the parent policy manual.

\_\_\_\_ I/we acknowledge that the BCDC staff will release \_\_\_\_\_ to only those persons authorized on the Emergency Contact / Parental Consent Form. We are in the agreement with the Provider's standard procedures used at the release of children in special circumstances.

\_\_\_\_ Finally, I/We acknowledge that the BCDC may terminate this agreement without notice if \_\_\_\_\_'s continued participation in the program creates a direct threat to the safety of himself/herself or others around him/her.

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## Swimming and Trips

### SCHEDULE COMING SOON!

2023 Summer Camp Fees and Rates per child per week.

10% Discount off total weekly fee if multiple children are enrolled

Options:	Buhl MEMBER RATE	NON-MEMBER RATE
3 Full Days	\$90.00	\$110.00
4 Full Days	\$120.00	\$140.00
5 Full Days	\$150.00	\$175.00

If any provision of this contract, the program policies, rules and responsibilities are held invalid or unenforceable, it should be ineffective only to the extent of the validity, without affecting or impairing the validity or enforceability of the remainder of the provision or the remaining provisions and intent of this contract.

This contract constitutes the entire agreement among the parties involved and supersedes any prior understandings or agreements. Each party acknowledges and states that no representation, inducement, or conditions not stated in this contract has been made or relied upon by either party.

**Services to Be Received: Childcare and activities between the hours of 8am-5pm, meals, gross motor time: Swimming, field trips. Campers attending less than five days will have the same days each week unless prior approval with the director.**

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

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**\*\*\*Do Not Write Below This Line, Office Use Only\*\*\***

As of \_\_\_/\_\_\_/\_\_\_, the BCDC Day Camp agrees to provide camp services for the following child:

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

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Approved By: \_\_\_\_\_

Date : \_\_\_/\_\_\_/\_\_\_

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

<b>CHILD'S NAME</b>		<b>BIRTHDATE</b>
<b>ADDRESS</b>		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>EMERGENCY CONTACT PERSON(S)</b>	<b>NAME</b>	<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	<b>NAME</b>	<b>ADDRESS</b>
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		<b>TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>SPECIAL DISABILITIES (IF ANY)</b>		<b>ALLERGIES (INCLUDING MEDICATION REACTION)</b>
<b>MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION</b>		<b>MEDICATION, SPECIAL CONDITIONS</b>
<b>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD</b>		
<b>HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS</b>		<b>POLICY NUMBER (REQUIRED)</b>
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>	<b>ADMIN. OF MINOR FIRST - AID PROCEDURES</b>	
<b>WALKS AND TRIPS</b>	<b>SWIMMING</b>	
<b>TRANSPORTATION BY THE FACILITY</b>	<b>WADING</b>	

## PERIODIC REVIEW

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

# The Buhl Child Development Center



## INDIVIDUALIZED EDUCATION PLAND (IEP) & INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP) INFORAMTION SHEET

Because of the diverse set of needs of the children in the program, it is important to gather as much information about the best ways to educate each child. IEP's and IFSP's are created by service providers working with children with special needs and include this information. The Keystone STARS Performance Standards therefore require the Buhl Child Development Center to request copies' of IEP's and IFSP's for the children in our care. The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPAA).

Parent Sign Off Sheet

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

Your child's growth and development is measured with developmental assessments. If your child currently has and IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. We suggest and encourage our teachers to attend the IEP meetings.

- I am providing a copy of my child's IEP or IFSP.
- I am not providing a copy of my child's IEP or IFSP and/or this is not applicable to my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# The Buhl Child Development Center

Summer Day Camp 2023

## PHOTO RELEASE FORM



Occasionally, opportunities arise where the Buhl Child Development Center would like to use pictures of participants in various medias such as videos, brochures, newspapers, web pages, newsletters and other Public Relations pieces. However, we do not wish to do anything inappropriate by publicizing these photos without your permission. Therefore, we would like your permission to use pictures of you and/or your child(ren) for items such as those listed above. We would never use these photos in any inappropriate manner.

Please put an "X" next to the statement that you agree with:

\_\_\_\_\_ No, I do NOT give you permission to use these pictures for The Buhl Club/CDC related PR projects.

\_\_\_\_\_ Yes, I DO give permission to use these pictures for The Buhl Club/CDC related PR projects.

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Signature of Parent/Guardian

Date



## Permission to use Sunscreen/ Hand Sanitizer

**Summer 2023**

There may be times when soap and water are not available to sanitize hands at The Buhl Club. In these cases, child approved hand sanitizer will be used under supervision of the Buhl Summer Camp Staff. The staff may also help apply sunscreen that you supply.

Please sign below if you do or do not give permission. This permission is good until the end of camp on August 2023. You may change the permission at any time with the completion of a new form and advising the camp staff.

Thank you

Buhl Summer Camp

\_\_\_\_\_ I DO give permission for my child to use hand sanitizer and sunscreen supervised by staff. This will NOT take the place of washing with soap and water.

\_\_\_\_\_ I DO NOT give permission for my child to use hand sanitizer and sunscreen while at summer camp.

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

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

Parents may write immunization dates; health professional should verify and complete all data.

<b>DO NOT OMIT ANY INFORMATION</b> This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.						
HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY): <input type="checkbox"/> NONE						
DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY. <input type="checkbox"/> NONE						
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> NONE						
LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES. <input type="checkbox"/> NONE						
IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN YOUR ANSWER:						
HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> )  <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.</b>			
			VISION (subjective until age 3)			
			HEARING (subjective until age 4)			
			LEAD			
<b>RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD</b>						
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						
MEDICAL CARE PROVIDER:				SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT		
ADDRESS:						
		PHONE:		LICENSE NUMBER:		DATE FORM SIGNED:



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\_\_\_\_\_ I DO NOT give permission for my child to use hand sanitizer and sunscreen while at summer camp.

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

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_