

Porchlight Day Camp
SUMMER 2010 REGISTRATION
(ONE CHILD PER PAGE PLEASE)

Mail to: **Porchlight Day Camp, 220 Porchtown Road, Newfield, NJ 08344**

Child's Name _____

Age _____ D.O.B. _____ Grade as of Sept. 2010 _____

Sibling Attending: No / Yes (Name _____)

Home Address _____

Mother's Name _____

Home Address (if different) _____

Home Phone# _____ Work Phone# _____

Cell Phone# _____ (best place to reach _____)

Father's Name _____

Home Address (if different) _____

Home Phone# _____ Work Phone# _____

Cell Phone# _____ (best place to reach _____)

Allergies/ Medications/Special Instruction: _____

(please explain)

PORCHLIGHT DAY CAMP

2010 Contract

This contract is entered into by and Porchtown Zion United Methodist Church, doing business as **Porchligh Day Camp at 220 Porchtown Road, Newfield, NJ 08344**, hereinafter "Provider" and (parent) _____ of (address) _____ (town/zip) _____ and (phone) (_____) _____ hereinafter "Parent" for the purpose of securing arrangements of child care of (name of child of children) _____, hereinafter "child/ren".

THE PARENT AGREES:

1. To pay the Provider the rate of \$ _____ per _____ (day/week) for child care service for their child/ren. *This amount is due irregardless of the number of times attended per week by the child/ren unless agreed upon in advance due to scheduled vacation.*
2. To pay the provider on (when payment is due) _____
3. To provide the following supplies for their child/ren: _____
(ie.: bag lunch, swim suit & towel)
4. To sign trip permission slips and pay for trips or outings are they arise.
To have backup child care arranged in the event of an emergency or illness of the provider.

THE PROVIDER AGREES:

1. To provide child services of the above named child/ren for the hours and days stated below except in the case of illness and/or emergency for the 10 weeks of summer 2010 beginning June 28 & ending Sept. 3.
2. To provide a safe environment for the children according to Porchtown's Safe Sanctuary Policies.
3. To communicate with the parent about the needs and achievements of the child.
4. To provide appropriate activities and toys for the children.
5. To allow for one week of vacation with no fee due to the Provider, but must give at least one week notice.

BOTH PARENT AND PROVIDER AGREE:

1. That the hours of child care shall be (EDT, daily arrival / departure) _____ to _____
And days (circle all that pertain) Mon. Tues Wed. Thurs. Fri.
2. That child care will not be provided if the child is considered too ill to receive care.
3. That a minimum of 1 week notice be given by either party to terminate this contract.
4. That parents may visit or call at any time during normal child care hours to discuss or check on their child/ren.

PARENT SIGNATURE(S) _____ date _____

PROVIDER SIGNATURE _____ amount _____ by _____

Deposit received (date): _____ amount _____ by _____

Family Reg. Fee received (date) _____ amount _____ by _____

EMERGENCY CARD INFORMATION

Child's Name: _____

Date of Birth: _____

Child's Home Address: _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN

1. _____

(Name, Address, Phone#)

2. _____

(Name, Address, Phone#)

PEDIATRICIAN OR SOURCE OF HEALTH CARE

1. _____

(Doctor's Name, Address, Phone#)

EMERGENCY CONTACT PERSON(S)

1. _____

(Name, Address, Phone#)

2. _____

(Name, Address, Phone#)

MEDICAL EMERGENCY TREATMENT

I hereby give _____

(Name of program)

Permission to administer basic first aid and/or CPR to my child (Name) _____

and/or take my child (Name) _____, to a hospital for medical treatment

when I cannot be reached or when delay would be dangerous to my child's health.

(Parent Signature) (Date)

INSURANCE INFORMATION (OPTIONAL)

Company Name: _____

Participation Hospital: _____

Special Instructions: _____