

## **EXPRESSIONS -Summer Camp 2016 at the Cornwall Child Center**

Dear Parents,

We are very excited about the many adventures we will be having this Summer at the Cornwall Child Center. The staff and I are looking forward to having your child at camp. To eliminate as much administrative work during the summer as possible I am urging you to return all registration forms as soon as possible. By state regulation I cannot have a child present in the program without a current health form indicating that your child has seen his/her pediatrician within the last year and is current with their immunizations. I need to have all of the children's files complete before the first day of camp. Due to the nature of some of the activities that make the Summer program different than school please understand that your child will need to come to camp prepared. I have listed some things that your child will need everyday. Sun lotion and bug spray need to be kept separate from the children's cubbies and be labeled with each individual child's name. There also needs to be a permission form filled out prior to us applying these items. **You should apply both sun lotion and bug spray before your child leaves home.** The staff will add more if necessary when your child is with us.

### **What to bring to Camp:**

- Morning and Afternoon Snack (packed separately from the lunch)
- Bag Lunch (please do not pack anything that will require heating or refrigeration)
- \*\*\*\*\*WE ARE A PEANUT /NUT FREE CENTER
- Bug and Sun Lotion (must be labeled with child's name and left with the staff)
- Extra clothing in the event that your child gets messy during the day.
- Sweatshirt
- Water bottle
- Back Pack
- Hat for sun protection
- Water shoes
- Bathing Suit for Sprinkler/Water play

\*\*\*\*\*All children **must** wear sneakers and **not sandals or crocs.** We will be walking in the woods so please dress your child in play clothing appropriate for the weather.

While the staff of the Child Center will take every precaution to assure your child's safety and well being, he/she may come home with bug bites and or messy clothing. The Cornwall community with its lush green woodlands is filled with creepy crawling creatures. We are all suffering with the large tick population. The staff will check your child for ticks after we have been in the woods but it will be absolutely necessary for you to thoroughly check from head to toe everyday after camp. We are looking forward to a healthy and happy camp experience.

Thank you  
Amy Bresson

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

**Emergency Child Center Closing**

In the event of an early closing due to weather or other building emergencies you will be contacted at:

\_\_\_\_\_

or \_\_\_\_\_

If you, the parent, cannot be reached, the following people who live close to the Child Center have permission to pick up the child/children:

(You might consider a neighbor or other friend who lives close to you.)

Name \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_

In the case of an emergency, the Cornwall Child Center has my permission to care for my child/children in another building.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

Persons permitted to pick up your child from the Center:

(The teachers will not allow your child to go home with anyone unless there is a written permission from you.)

1. \_\_\_\_\_

phone: \_\_\_\_\_

2. \_\_\_\_\_

phone: \_\_\_\_\_

3. \_\_\_\_\_

phone: \_\_\_\_\_

Your signature below authorizes the Cornwall Child Center to administer CPR and first aid to your child in the event of an emergency. In emergency situations 911 will be called and the Cornwall Ambulance will transport your child to \_\_\_\_\_ Hospital in the town of \_\_\_\_\_ as per the consent for treatment for included in this enrollment packet.

Please list current information about your health insurance coverage which would be required for treatment in an emergency. \_\_\_\_\_

\_\_\_\_\_

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

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

## Cornwall Child Center Registration Form

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

Nick Name \_\_\_\_\_

Address \_\_\_\_\_

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

Parent 1 Name \_\_\_\_\_

Home Address \_\_\_\_\_

Employment Address \_\_\_\_\_

Employment Phone \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Home Address \_\_\_\_\_

Employment Address \_\_\_\_\_

Employment Phone \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Child's physician \_\_\_\_\_ Telephone \_\_\_\_\_

Please list all others living in the household and ages of siblings.

Name	Relationship to Child	Age
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## Field Trip Permission

Child Name \_\_\_\_\_

If a sibling is attending:

Child Name \_\_\_\_\_ Date \_\_\_\_\_

I give the Cornwall Child Center staff permission to take my child(ren) outside of the enclosed area, on field trips, as indicated by the following signatures, to:

The Cornwall Elementary school playground \_\_\_\_\_

The Camp Circle or River bank \_\_\_\_\_

The Little Guild \_\_\_\_\_

The Cornwall Firehouse \_\_\_\_\_

Any other trips will require a separate permission form.

Please PRINT Parent Name Here: \_\_\_\_\_

Parent Signature here: \_\_\_\_\_

## Sunscreen Permission

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

Date \_\_\_\_\_

I give the Cornwall Child Center staff, permission to apply the sunscreen I provide, to my child named above. I have provided a sunscreen or sun block with UVB and UVA protection of SPF 15 or higher (recommended) and labeled it with my child's name. PARENTS: PLEASE APPLY SUNSCREEN before DROP OFF DAILY DURING THE SUMMER MONTHS. Thank you!

Parent Signature: \_\_\_\_\_

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

**\*\*\*No combination products will be applied. Example, a sunscreen containing insect repellent or vice versa.**

## Insect Repellent

**Option 1:** I give the Cornwall Child Center staff, permission to apply the insect repellent I provide, to my child named above. The staff will apply the spray once in the morning and once in the afternoon.

Parent Signature: \_\_\_\_\_

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

**Option 2:** I give the Cornwall Child Center staff, permission to apply the insect repellent I provide, to my child named above. I have provided a repellent containing DEET and the staff will apply it no more than **once** a day.

Parent Signature: \_\_\_\_\_

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