

Child will attend:
Camp Beebe _____

**Beebe Childcare Programs
CAMP BEEBE 2021**

Grade (ended) _____
School Teacher _____

Please complete each item.

Child's Name _____ Birth date _____

Address _____ City _____ Zip _____

Father's Name _____

Address _____ City _____ Zip _____

Father's Place of Employment _____ Work Hours _____ a.m. _____ p.m.

Father's Home Phone _____ Cell _____ Work _____

Email _____

Mother's Name _____

Address _____ City _____ Zip _____

Mother's Place of Employment _____ Work Hours _____ a.m. _____ p.m.

Mother's Home Phone _____ Cell _____ Work _____

Email _____

EMERGENCY CONTACT INFORMATION

Name of person to call if parents cannot be reached _____ Relation _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Is this person authorized to take child from center? _____

List all other adults who may take child from center:

Name _____ Relation _____

Phone Numbers Home _____ Work _____ Cell _____

Address _____ City _____ State _____ Zip _____

Name _____ Relation _____

Phone Numbers Home _____ Work _____ Cell _____

Address _____ City _____ State _____ Zip _____

Medical Information

Child's Physician _____ Phone _____

Consent for emergency care

I _____ Mother/Father/ Guardian (circle word that applies) of _____ do hereby request and give consent to the Director of the daycare facility or his duly appointed representative, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or his duly appointed representative to transport said child for emergency treatment, if the parents cannot be reached.

Parent Signature _____ Date _____

Enrollment Date _____ Withdrawn _____

I hereby give _____ do not give _____ the Director or his/her duly appointed representative permission to give
(Child's Name) _____ Acetaminophen. I understand I will be notified that Acetaminophen has been given.

Signature _____ Date _____

Has your child had the following diseases?

Measles _____, Mumps _____, German Measles _____, Chickenpox _____.

Does your child have Food Allergies? NO _____ YES _____

Explain _____

If yes, we will need a statement from their physician stating the food allergy. If your child requires special treatment for their allergy we will need an Individual Health Care Plan History sheet and Emergency Plan for Allergic Reaction sheet. See attached forms.

Does your child have Seasonal Allergies? NO _____ YES _____

Does your child have any Medicine Allergies? NO _____ YES _____

If yes, please list _____

Does your child currently have tubes in his/her ears? NO _____ YES _____

Frequent ear infections? NO _____ YES _____

Frequent throat infections? NO _____ YES _____

Defective heart? NO _____ YES _____

Physical or emotional problems the child might have _____

Other conditions or comments _____

Child's Abilities

Child's special abilities _____

Physical or emotional problems the child may have _____

Child's special food needs: Formulas _____

S882-5463 ext. 1240pecial problems: Sunburn sensitivity _____

Medication _____

Temper Tantrums _____ Diabetes _____ Frequent Colds _____ Biting _____ Seizures _____ Bed Wetting _____

Other _____

Does child need help in: Dressing _____ Undressing _____ Toileting _____ Eating _____ Washing hands _____

Is Child toilet trained? Yes _____ No _____ What word is used? _____

Favorite games _____ Toys _____

Foods _____ Siblings _____

Type of Previous Childcare _____

Other Information _____

Field Trips (Camp Beebe)

My child, _____, has my permission to go on the field trips with the Beebe Childcare Program. I understand these trips will be properly supervised. (Beebe Public Schools and Beebe Childcare Programs will not be responsible for accidents or injuries.)

(Parent's signature)

(Date)

**If your child has an allergy, please
fill out the next two pages.**

**Beebe Childcare Programs
Individual Health Care Plan History**

General History:

Allergies:

Reactions to allergen:

When was his/her last allergic reaction?

Treatment given, if any:

Current medications:

Involvement of Food Services:

Has an Epi- Pen been ordered by the Physician? ____Yes ____No

Can the student administer his/her own Epi-Pen?

Is he/she aware of the early signs of an allergic reaction? ___Yes ___No

List the signs of his/her allergic reaction:

Emergency Plan for Allergic Reaction

Student: _____ Physician: _____

Date of Birth: _____ Phone: _____

Hospital: _____

Phone: _____

Father's Work Phone: _____

Father's Cell Phone: _____

Mother's Work Phone: _____

Mother's Cell Phone: _____

Emergency Contact:

Name: _____

Relationship: _____

Home Phone : _____

Work Phone: _____

Cell Phone: _____

Student's Medical Condition:

Severity: _____

Location of medication(s)/supplies: _____

Persons authorized to administer treatment:

____ School Nurse

____ Authorized Office Personnel

____ Other (Specify):

SIGNS/SYMPTOMS OF EMERGENCY: _____

TREATMENT FOR SEVERE ALLERGIC REACTION

1. Administer Epi-Pen
2. Call 9-1-1
3. Call Parent
4. Call Physician
5. Record Medication administered
6. Transport to Emergency Room

Parents Signature _____ Date _____

**Camp Beebe 2021
Schedule of Payments
Pre-Kindergarten through Ninth Grade**

Child's Name _____

Age _____ Current Grade _____

Please Circle Shirt Size: Youth Small Youth Medium Youth Large Youth X Large
Adult Small Adult Medium Adult Large Adult X Large

Camp Beebe Summer Fees: June 10 – August 6, 2021.

\$110.00 weekly x 7 full weeks	\$770.00
\$44.00 June 10 th – 11 th (2-day week) (1 st week of Camp Beebe begin Thursday, June 10 th)	44.00
\$88.00 July 6 th – July 9 th (Closed July 5 th in observance of Independence Day)	88.00
\$40.00 registration fee for your first child (add \$20.00 for additional siblings)	<u>40.00</u>
*Total fees for Camp Beebe	* \$942.00

***This is the price of one (1) child to attend Camp Beebe.**

Please circle the weeks your child WILL be attending Camp Beebe or initial that your child will attend Camp Beebe all summer:

My child will attend Camp Beebe all summer _____

June 10 – 11 June 14 – 18 June 21 – 25 June 28 – July 2

July 6 – 9 July 12 – 16 July 19 – 23 July 26 – 30 August 2 – 6

Please initial at the end of each statement, then sign and date at bottom of page.

Payments are due on the Friday for the upcoming week. If payment is not received on or before Friday, there will be a late fee of \$5.00 added on Monday the week of. _____

I understand if my child is picked up after 6 p.m. a \$1.00 per minute late fee will be billed to my account. _____

I agree to pay tuition for the weeks my child/ren attends Camp Beebe. _____

I give permission for my child to go on all Camp Beebe field trips unless otherwise notified. _____

I give permission for my child's name and picture to be published in the newspaper. _____

I give permission for my child's name and picture to be published on
Camp Beebe / Before and After School Care Facebook page. _____

I give permission for my child to have sunscreen applied during warm weather. _____

I give permission for my child to watch PG movies. _____

Parent Signature _____ Date _____

Behavior Guidance Agreement and Understanding

My signature indicates I have received a copy of the Behavior Guidance for Camp Beebe. I have read and understand these guidelines for behavior. These guidelines are given by the Arkansas Department of Human Services Division of Child Care and Early Childhood Education Minimum Licensing.

Signature _____ Date _____
(Parent/guardian)

Child's name _____

Behavior Guidance

1. Behavior guidance shall be:
 - a. Individualized and consistent for each child
 - b. Appropriate to the child's level of understanding
 - c. Directed toward teaching the child acceptable behavior and self-control
2. Physical punishment shall not be administered to children.
3. The length of time a child is placed in time out shall not exceed one minute per year of the child's age.
4. Acceptable behavior guidance techniques include:
 - a. Look for appropriate behavior and reinforce the child with praise and encouragement when they are behaving well.
 - b. Remind the child on a daily basis of the rules by using clear positive statements regarding how they are expected to behave rather than what they are not supposed to do.
 - c. Attempt to ignore minor inappropriate behavior and concentrate on what the child is doing properly.
 - d. Use brief supervised separation from the group only when the child does not respond to a verbal command which instructs the child as to how he or she is supposed to behave.
 - e. When a misbehaving child begins to behave appropriately, encourage and praise small steps rather than waiting until the child has behaved appropriately for a long period of time.
 - f. Attend to the children who are behaving appropriately and other children will follow their example in order to obtain your attention.
5. Behavior guidance practices used by the center shall be discussed with each child's parents and provided to them in writing at the time of enrollment with a copy signed by the parent and maintained in the child's record.

Camp Beebe Summer 2021

Camp Beebe is a joyful time for School-age children/youth from Pre-Kindergarten through Ninth grade is welcome.

Things your child will need while attending Camp Beebe

Children in grades Pre-K through 3rd grade will need nap mats and blankets for rest time. **Please be sure and write your child's name on all these items with a permanent marker.**

Camp Beebe goes to the Beebe Pool for swimming, weekly.

ALL children/youth will need swimming suits, beach towel and swim shoes every Monday morning. The swimsuits and towels will be sent home each Friday to be washed and returned on Monday morning.

Pre – K will have water play on campus.

Information you will need to know about Camp Beebe

Cost \$110.00 per week, per child plus \$40.00 registration fee for Pre-Kindergarten through Ninth grade. Registration fee for 2nd sibling, or more, will be \$20.00 per sibling after the 1st sibling.

Tuition is due each Friday for the upcoming week. If no payment is made by Friday (or the last day of the week), there will be a \$5.00 late fee charge applied to your account on Monday.

Breakfast, lunch and snacks are provided daily.

Camp Beebe opens at 6:15 a.m. and closes at 6:00 p.m.

Breakfast is served from 7:30 a.m. to 8:30 a.m. All children arriving after 8:30 a.m. will need to have breakfast before arriving at Camp Beebe. **The cafeteria will not serve anyone after 8:30 a.m.**

Lunch will be served from 11:00 a.m. until 12:15 p.m.

Snacks are served daily from 3:00 p.m. until 4:30 p.m.

Field Trips information on Field Trips WILL be provided at a later date.

Arts, crafts and sporting activities occur daily.

Camp Beebe welcomes parent's input, ideas and opinions. A calendar with a schedule of daily activities will be provided at a later date.

We are looking forward to a safe, secure and FUN-filled summer of activities to keep your most precious children/youth happy and involved.

If you have any questions or suggestions, please call Camp Beebe Director, Nancy Bass or Administrative Assistant, Sharon Jones at 882-5463 ext. 1245 or 1240.