

Child will attend:  
Camp Beebe \_\_\_\_\_

**Beebe Childcare Programs**  
**CAMP BEEBE 2023**

Grade (ended) \_\_\_\_\_  
School Teacher \_\_\_\_\_

**ALL areas MUST be completed.**

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Father's Place of Employment \_\_\_\_\_ Work Hours \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
Father's Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Email \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's Place of Employment \_\_\_\_\_ Work Hours \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
Mother's Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_  
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Enrollment Date \_\_\_\_\_ Withdrawn \_\_\_\_\_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 \_\_\_\_\_

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**Does your child have Medicine Allergies?** NO \_\_\_\_\_ YES, \_\_\_\_\_

**Does your child have Food Allergies?** NO \_\_\_\_\_ YES, \_\_\_\_\_

Explain (both.either)\_\_\_\_\_

**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 a Individual Health Care Plan History sheet, and Emergency Plan for Allergic Reaction sheet. Ask us for these sheets.**

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 \_\_\_\_\_

Has your child had the following diseases?

Measles \_\_\_\_\_, Mumps \_\_\_\_\_, German Measles \_\_\_\_\_, Chickenpox \_\_\_\_\_.

Physical or emotional problems the child might have \_\_\_\_\_

Other conditions or comments \_\_\_\_\_

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**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 \_\_\_\_\_ Undressiing \_\_\_\_\_ 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 \_\_\_\_\_

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**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.)

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(Parent's signature)

(Date)

**Camp Beebe 2023  
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: May 33 through August 4, 2023 (10 weeks).

\$110.00 weekly x 8 full weeks	\$880.00
\$88.00 May 30 <sup>th</sup> – June 2 <sup>nd</sup> (4-day week) (1 <sup>st</sup> week of Camp Beebe begin Tuesday, May 30 <sup>th</sup> )	88.00
\$66.00 July 5 <sup>th</sup> – July 7 <sup>th</sup> (Closed July 3 <sup>rd</sup> & 4 <sup>th</sup> in observance of Independence Day)	66.00
\$40.00 registration fee for your first child (add \$20.00 for additional siblings)	40.00
*Total fees for Camp Beebe	* <b>\$1,074.00</b>

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

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.

**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 \_\_\_\_\_

May 30 – June 2      June 5 - 9      June 12 - 16      June 19 - 23      June 26 - 30

July 5 – 87      July 10 - 14      July 17 - 21      July 24 - 28      July 31 - August 4

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

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 \_\_\_\_\_



**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 \_\_\_\_\_

# **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.