



The Mine Hill Educational Foundation
Enhancing Educational Opportunities

☺Canfield Kids☺
Where Learning is Fun

Dear Parents:

How quickly the school year is going by! We thank you for your interest in our 2010 Canfield Kids Summer Camp. We are looking forward a very exciting 11 week summer program!

Attached, you will find our complete summer enrollment packet. In order to secure your child's spot in our program, please complete the enrollment packet and return to my attention as soon as possible along with a \$50.00 deposit for each child. We have had a great response for this year's program, so please don't delay in returning your paperwork! In the weeks leading up to summer camp, a detailed daily activity schedule will be available.

We know you have a choice of summer programs, and we thank you for choosing Canfield Kids. Should there be any questions concerning the program or enrollment information, please contact us at 973-366-1864. Any questions regarding tuition and billing can go to our office manager, Pam Knudson at canfieldkids@gmail.com.

Best Regards,

Bryna Hubert
Director



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Summer Program Enrollment Checklist

Child's Name: _____

You child will only be admitted to Canfield Kids **after** receiving **all** of the following required documents:

1. _____ \$50.00 Registration Fee
2. _____ Enrollment Form
3. _____ Parent Policy Manual Contract (attached to Policy and Procedures Manual)
4. _____ Medical Emergency Authorization Form
5. _____ Blanket Permission for Walking Trips Form
6. _____ Health Status Form
7. _____ Child's Immunization Records (provided by doctor)
8. _____ Information to Parents Document
9. _____ Photo/Video Release Form



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Canfield Kids Enrollment Form 2010 Summer Camp

C H I L D	Name of Child				Date of Birth	
	Home Address					
	Age as of Camp		Grade in September 2010		Male/Female	

P A R E N T S	PARENT 1			PARENT 2		
	Name			Name		
	Home Phone			Home Phone		
	Cell Phone			Cell Phone		
	Home Address			Home Address		
	Email			Email		

W O R K	PARENT 1 WORK			PARENT 2 WORK		
	Place of Work			Place of Work		
	Work Phone			Work Phone		
	Work Address			Work Address		

P I C K U P	Who else is allowed to pick up your child?	
	Name, phone, and relation to child:	Name, phone, and relation to child:
	Name, phone, and relation to child:	Name, phone, and relation to child:



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	Is there any activities you feel your child should not participate in?
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Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.

E M E R G E N C Y	First person/number to call in case of emergency:			
	Name of Contact #1		Name of Contact #2	
	Phone		Phone	
	Relationship		Relationship	

D O C T O R	Child's Doctor	
	Telephone	

M E D I C A L	Medical Conditions: _____
	Allergies: _____
	Medicine(s) Child is Taking: _____
	Is your child up to date on immunizations? Yes_____ No_____
	<u>*If your child must take medication while at camp, you must complete "Permission to Administer Medication Form". Please see Camp Director to obtain this form.</u>

C U S T O D Y	Is there any kind of custody issue regarding your child? Yes_____ No_____
	If yes, please attach a copy of appropriate court order
	Name of any persons PROHIBITED from picking up your child: _____

As the legal parent/guardian of the above child, I attest that all the given information is correct.

Parent's Signature: _____ Date: _____



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PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

CHILD'S NAME _____

Age _____ Date of Birth _____

CHILD'S MEDICAL INFORMATION

Medical Conditions or Disabilities _____

Allergies _____

Medicine(s) Child is Taking _____

Medicine(s) Child is Allergic to _____

Name of Child's Health Care Provider _____ Telephone _____

CHILD'S HEALTH INSURANCE

Company _____

Group Number _____ Identification # _____

Subscriber's name on insurance card _____

List preference for transport arrangement in an emergency situation:

Hospital preference: 1st Choice _____ 2nd Choice _____

The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately.
2. The child's health care provider will be contacted.
3. We will attempt to contact you through all of the emergency persons listed on the child's application form.
4. If we cannot contact you, your child's health care provider, or other emergency contacts, we will do any or all of the following:
 - (a) Call for emergency first aid assistance/transportation.
 - (b) Have the child transported to an emergency hospital in the company of a staff member.

****In cases of severe emergency, 911 will be the first action taken, followed by parent/guardian.**

I _____, as the parent/guardian having legal custody of _____, attest that the information given is correct. I authorize the Director or Director Designee to contact my child's health care provider to alert him/her to my child's situation. I also authorize the above child care center Director or Director's designee to obtain emergency treatment for my child if the condition is too serious or severe to be treated on site. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a medical facility, under the general or special supervision of a licensed physician or surgeon. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available.

Parent Signature: _____ Date: _____



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BLANKET PERMISSION FOR WALKING TRIPS

I hereby give permission for my child (name) _____ to participate in walking trips in the neighborhood around Canfield Avenue School.

I understand that the walking route includes **no safety hazards** and that the walks will not involve entrance into any facility other than the **Civic Center** in case of an off site evacuation drill and/or real evacuation emergency.

Parent's Name: _____

Parent's Signature: _____

Date: _____



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CK Summer Camp Health Status Form

Child's Name: _____

Date of Birth: _____ Grade in September: _____

Is your child under any medical/physical restrictions? _____ Yes _____ No

If yes, check all that apply:

Asthma _____ Diabetes _____ Seizures/Convulsions _____

Other: _____

Is your child taking any medication? Yes _____ No _____ If yes, please list: _____

Has your child been under a doctor's care or hospitalized within the last three years?

Yes _____ No _____ If yes, please explain: _____

Is your child allergic to any medications/foods/insect stings? Yes _____ No _____

If yes, please list: _____

Family Health care provider's Name: _____

Telephone Number: (_____) _____

Address: _____

As a parent/guardian of the above participating child, I certify that he/she is in good physical health, has no special needs, and may participate in all of the activities of the Center's program, except as noted above.

Parent/Guardian Signature : _____ Date: _____



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OFFICE OF LICENSING INFORMATION TO PARENTS

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 10:122), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing in the Department of Human Services (DHS). In keeping with this requirement, the center must secure every parent's signature attesting to his/her receipt of the information.

* * * * *

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing, Child Care & Youth Residential Licensing in the Department of Human Services. A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may secure a copy of the Manual of Requirements by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to:

State of New Jersey
Department of Human Services
Licensing Publication Fees
PO Box 34399
Newark, New Jersey 07189-4399.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing standards, you are entitled to report them to the Office of Licensing by calling toll-free 1-877-667-9845. Of course, we would appreciate your bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parent(s) to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.



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Parents are entitled to review the center's copy of the Office of Licensing's Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the Office's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review.

Our center must cooperate with all DHS inspections/investigations. DHS staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the Office for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act, P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry Hotline:

Toll-Free at: 1-877-NJABUSE (1-877-652-2873). Such reports may be made anonymously.

Parents may secure information about child abuse and neglect by contacting:

Community Education Office
Division of Youth and Family Services
PO Box 717
Trenton, New Jersey 08625-0717.



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Information to Parents

Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as a parent of a child enrolled at our center, with this informational statement.

The statement highlights, among other things, your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Central Registry and Child Abuse Hotline.

Please read this statement carefully, and if you have any questions, feel free to contact me at (973) 366-1864.

Sincerely,

Bryna Hubert
Director

Please complete and this portion and return to the center.

Name of Child: _____

Name of Parent(s): _____

I have read and received a copy of the Information to Parents Statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Human Services.

Signature: _____ Date: _____



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Photograph and Video Release Form

The Mine Hill Educational Foundation often reproduces photographs and videos of children, parents, and staff members participating in our Canfield Kids Program. At Canfield Kids, some of these photos will be used in classroom/hallway displays, art projects, or gifts for family members. We may also reproduce these images for the purpose of promoting our program in marketing materials, news, and other publications and/or our web site. The Foundation may want to reproduce and use one or more of these photos and/or videos of Canfield Kids and would like your permission to include your child in these materials.

Thank you for your cooperation.

Sincerely,

Bryna Hubert
Director

Child's name: _____
(please print)

Parent's name: _____
(please print)

Please check one and sign below.

____ I give my full permission to The Mine Hill Educational Foundation and Canfield Kids to use my child's photo/video for classroom/hallway activities and decoration, as well as for the purpose of promoting the program in materials, news, and other publications and/or web site.

____ I give my permission to The Mine Hill Educational Foundation and Canfield Kids to use my child's photo/video for classroom/hallway activities and decoration **ONLY**.

____ I **DO NOT** wish to allow the use of my child's picture/video for classroom/hallway activities and decoration or for the purpose of promoting The Canfield Kids program in materials, news, and other publications and/or web site.

X _____ Date _____



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Important Canfield Kids Registration Information

Thank you for showing interest in Canfield Kids Summer Camp. Below you will find all of our Weekly Themes, Events, and Trips. Please indicate the weeks your child will be attending Canfield Kids All trips include all ages, unless otherwise indicated. Availability for all trips will be contingent upon available bus seating, offered first to full time campers, next to 3-day a week campers, and finally half day and daily drop-ins. Trips are included in full time enrollment prices, but **NOT** all others. Canfield Kids reserves the right to close out **ANY** trip registration at any point during the summer. **NO** permission slips or payments will be accepted the morning of a trip, as we are required to pay all vendors and give final head counts **PRIOR** to the event date. In the event that there is availability for a trip due to cancellations we will post a sign-up and we will accept campers on a first come, first serve basis.

<input type="checkbox"/>	Week 1: June 21- June 25 Theme: Welcome Week Trips or Events: None 5-Day (\$215):_____ 3-Day(\$125)_____ Half Day(\$99):_____ Daily (\$45):_____
<input type="checkbox"/>	Week 2: June 28- July 2 Theme: Wonderful World of Animals Trips or Events: Rizzo's Reptiles (on site) and Hackettstown Pool 5-Day (\$215):_____ 3-Day(\$125)_____ Half Day(\$99):_____ Daily (\$45):_____
<input type="checkbox"/>	Week 3: July 6- July 9 (4-Day week ONLY-closed on July 5 th) Theme: Red, White, and Blue Trips or Events: Statue of Liberty (2 nd grade and up) 4-Day (\$175):_____ 3-Day(\$125)_____ Half Day(\$99):_____ Daily (\$45):_____
<input type="checkbox"/>	Week 4: July 12- July 16 Theme: Wet and Wild Week Trips or Events: Hackettstown Pool 5-Day (\$215):_____ 3-Day(\$125)_____ Half Day(\$99):_____ Daily (\$45):_____
<input type="checkbox"/>	Week 5: July 19- July 23 Theme: Star Sports Trips or Events: Pax Amicus Theatre: Beauty and the Beast 5-Day (\$215):_____ 3-Day(\$125)_____ Half Day(\$99):_____ Daily (\$45):_____



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<input type="checkbox"/>	July 26- July 30 Theme: Under the Big Top Trips or Events: Imagine That Museum (preschool-grade 1) and The Fun Plex (Grades 2-6) 5-Day (\$215):_____ 3-Day(\$125)_____ Half Day(\$99):_____ Daily (\$45
<input type="checkbox"/>	August 2- August 6 Theme: Science Week Trips or Events: Liberty Science Center and Mad Science Workshops (on site) 5-Day (\$215):_____ 3-Day(\$125)_____ Half Day(\$99):_____ Daily (\$45
<input type="checkbox"/>	August 9- August 13 Theme: Get Up and Move Week Trips or Events: Hackettstown Pool 5-Day (\$215):_____ 3-Day(\$125)_____ Half Day(\$99):_____ Daily (\$45
<input type="checkbox"/>	August 16- August 20 Theme: Island Aloha Trips or Events: Rockaway Lanes (Grades 2 and up) and Giggles Playstation (preschool-Grade 1) 5-Day (\$215):_____ 3-Day(\$125)_____ Half Day(\$99):_____ Daily (\$45
<input type="checkbox"/>	August 23- August 27 Theme: Wild, Wild West Trips or Events: Wild West City 5-Day (\$215):_____ 3-Day(\$125)_____ Half Day(\$99):_____ Daily (\$45
<input type="checkbox"/>	August 30- September 3 Theme: Goodbye Campers! Trips or Events: End of the Summer Picnic 5-Day (\$215):_____ 3-Day(\$125)_____ Half Day(\$99):_____ Daily (\$45

I understand that I am locked into the indicated rate and that I am responsible for payment of the weeks I signed up for, regardless of attendance.

Parent Signature: _____ Date: _____