



Camp Learning Hive

GET ACTIVE GET SMART GET HAPPY

Enrollment Packet

Thank you for your interest in Camp Learning Hive. This packet contains all the paperwork needed to enroll your child in our program.

Registration Checklist

Enrollment Application _____
Parent Agreement with Learning Hive _____
Emergency Medical Authorization _____
External Preparations _____
Disciplinary Policy _____
Vehicle Emergency _____
Transportation Agreement _____
Parent Handbook Agreement _____
Media Release _____
Permission for Water Activities _____
Immunizations _____
Copies of Parent/Guardian ID _____

My child will be attending camp the following weeks. (Check the weeks that apply below)

Week 1 ___ Week 2 ___ Week 3 ___
Week 4 ___ Week 5 ___ Week 6 ___
Week 7 ___ Week 8 ___ Week 9 ___
Week 10 ___ Week 11 ___ Week 12 ___

All other pages in this packet are for your information. You do not need to return them. After your child's paperwork has been received and you have met with the director, your child is on his/her way to a great adventure!

Looking forward to a great summer!

Learning Hive

Entrance Date

Withdrawal Date

Child's Name _____ Sex _____ Age _____ Birth date _____

Home Address(Street) _____

City _____ State _____ Zip _____

Home Phone _____ Parent Email _____

Father's Name _____ Telephone Number _____

Father's Home Address (if different from Child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone Number _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Telephone Number _____

Mother's Home Address (If different form child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone Number _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements :(check one) [] Both Parents [] Mother [] Father [] Other

Child's Legal Guardian(s): (check one) [] Both Parents [] Mother [] Father [] Other

The child may be released to the person(s) signing this agreement or to the following:

Name _____ Address(Street) _____

City _____ State _____ Zip _____

Relationship to Parent/Guardian _____ Relationship to Child _____

Other Identifying information (if any) _____

Name _____ Address(Street) _____

City _____ State _____ Zip _____

Relationship to Parent/Guardian _____ Relationship to Child _____

Other Identifying information (if any) _____

Persons to contact in the case of an emergency when parents cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of public or private school child attends, if any _____

PERSONS NOT AUTHORIZED TO PICK UP MY CHILD

Name _____ Address _____

(If applicable I will provide a copy of a court order or injunction stating that the person(s) named above may not pick up this child).

Child's Physician or Clinic's Name _____

Doctor or Clinic's Telephone Number _____

My child has the following special need(s): _____

The following special accommodation(s) may be required to most effectively meet my child's need while at this center: _____

Emergency Medical Authorization

Should (Child's Name) _____ Date of Birth _____

suffer an injury or illness while in the care of **Learning Hive** and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment of services.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Does your child have current immunizations? Please provide a copy of their immunization record.

Yes No

Immunization records attached

Parent/Guardian Signature _____ Date _____

Administrator Signature _____ Date _____

Parental Agreements with Child Care Facility

Learning Hive agrees to provide child care for _____
 (Name of Child)
 on _____ from _____ AM _____ PM from _____ to _____
 (Days of Week) (month) (month)

My tuition rate is \$_____ per _____

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast Morning Snack Lunch Afternoon snack Supper

Before any medication is dispensed to my child, I will provide a written authorization which includes: date, name of child, name of medication, prescription number, if any, dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.

Learning Hive agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize Learning Hive to obtain emergency medical care for my child when I am not available.

I have received a copy of the parent handbook and agree to abide by the policies and procedures for **Learning Hive**.

I understand that the center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signature (Parent/Guardian) _____ Date _____

Signature (Facility Administrator) _____ Date _____

External Preparations Form

Child _____ Date _____

I hereby give Learning Hive permission to apply one or more of the following external preparations, in accordance with directions for use on container:

Baby wipes

Band-Aids

Neosporin

Bacitricin or similar ointment

Bactine or similar first aid spray

Non prescription ointment (such as A&D, Desitin, Vaseline)

And other items contained in First Aid Kit

I release **Learning Hive** from any liability for administering these preparations.

Parent/Guardian Signature _____ Date _____

Disciplinary Policy

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, Learning Hive will practice the following discipline and behavior management policy.

Conflict Resolution skills will be encouraged. Children will be through to think through and resolve daily challenges with the support and instruction of program personnel. Conferences will be scheduled with parents if particular disciplinary problems occur. If a child's behavior consistently endangers the safety of the children around him/her, then the Director has the right to, after meeting with the parents and documenting behavior problems and interventions, terminate child care services for that particular child.

The following procedures will be followed:

1. Verbal warning will be given.
2. Child will be removed from classroom if behavior is disruptive.
3. Child may be denied fun/special privileges (including off campus activities). A disciplinary notice of action will be sent home to the parent.
4. **Learning Hive** Director will request a meeting with the parent to discuss concern.
5. **Learning Hive** reserves the right to *suspend* or *expel* children from **Learning Hive Child Development Center** when it deems necessary.

Parent /Guardian_____
Learning Hive Director

MEDIA RELEASE

Dear Parents,

We hope that your child enjoys Learning Hive. We are sure that they will have a lot to share with you over the course of the year. As we go through our fun filled days, we would like to make sure that we have your permission to include your child in the presentation and publications for the future. Please sign and date this form giving permission for your student(s) to be photographed by Learning Hive and its partners.

MEDIA RELEASE

I hereby give my consent to all photographs, audio recordings, or video recordings taken of me or my minor child by Learning Hive, staff, partners, or their designee. I understand that any such photographs, audio recordings, or video recordings become the property of Learning Hive and may be used by Learning Hive or others with their consent, for educational, instructional, or promotional purposes determined by Learning Hive.

Yes, I give permission.

No, I do not give permission.

Child's Name _____

Signature _____ Date _____

Vehicle Emergency Medical

Rule 591-1-1-.36 (6)(b) The transportation plan record shall require that an emergency medical information card for each child shall include a listing of the child's allergies, special medical needs and conditions, current prescribed medications that the child is required to take on daily basis for a chronic condition, the name and phone number of the child's doctor, the local medical facility that the home uses in the area where the home is located and the telephone numbers where the parents can be reached.

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached: (Alternate person if parent not home.)

Name _____ Phone _____

Address _____

Child's Doctor _____ Phone _____

Medical facility the center uses Gwinnett Medical Center _____

Address : 1000 Medical Center Blvd, Lawrenceville, GA 30046 _____

Child's Allergies _____

Current prescribed medication _____

Child's special medical needs and conditions _____

In the event of an emergency involving my child, and if Learning Hive cannot get in touch with me; I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature _____

(Parent/Guardian) _____ Witnessed

by _____ Date _____

Permission to Participate in Water Play

I/We _____

(Parent/Guardian name)

give our child(ren) _____

(Child(ren's) name)

permission to participate in water play. (Swimming/wading, sprinkler etc...) while at Camp Learning Hive. I/We understanding that there will be adequate amount of adults present while he/she is doing so. A bathing suit and sunscreen and towel (to be provided by parent) are requirements to participate.

I(we), acknowledge that water activities can be dangerous and may result in serious injury or death if policies are not followed. My child is aware that failure to follow policies will result in the loss of water activity privileges. I grant my child (named below) my permission to participate in water activities.

My child _____ is a

Swimmer

Non Swimmer

(Please Print)

Child's Name _____ Age _____

Parent's Name _____

Parent's Signature _____

Address _____

City/State/Zip _____

Phone Number (home) _____ (work) _____

Parent Handbook Agreement

I understand all the information contained in this parent handbook, and agree to abide by them. If there is a subject I need clarification on I will speak to the director to obtain further understanding.

Child's Name: _____

Parent's Name: _____

Parent Signature: _____

Date: _____

Directors' Signature: _____

Date: _____