

Important Reminders

VPK:

*Please obtain your VPK Voucher at
www.phelc.org

*Vouchers are due in the office no later than March 31st, 2017. Vouchers must be turned in to avoid additional tuition charges.

ALL Campers under the age of 5 as of 6/1/17:

*A copy of current shot records and physical must be turned in with Enrollment Forms.

*Please fill out ALL Forms, if they do don't apply to your child, please write N/A and your child's name on the form.



Camp Classes and Information

CHILDS NAME: _____ BIRTHDATE: _____

Parent/Guardian: _____ Phone Number: _____

E-Mail: _____

PLEASE SELECT A PROGRAM:

☐ **2, 3 and 4 Year Old Enrichment Program:** *(All pricing is weekly)*

____ M-W-F, 9-12, \$45 ____ M-W-F, 9-3, \$90 ____ T-TH, 9-12, \$30 ____ T-TH, 9-3, \$60 ____ M-F, 9-12, \$75 ____ M-F, 9-3, \$150

In the mornings this camp will focus on all Early Literacy components taught through an interactive, hands-on approach, with a developmentally appropriate curriculum of literacy-readiness that is designed with our littlest learners in mind. Play centers, outdoor play, music, and art ensure that our campers have a well rounded experience. After lunch our sessions will focus on hands-on Math and Science Exploration using both small group and whole group approaches. For our nappers we have a quiet, separate, napping area from 1-2:30.

☐ **FREE Summer VPK:** *(Child must have been 4 on or before 9/1/16)*

M-F 8am-3:30pm (VPK Voucher is accepted for this program) *This program runs June 5th – August 4th*
Extended care hours are also included from 7:30am – 8:00am and again from 3:30pm – 5:00pm for families that need it.

Our VPK program truly models a Kindergarten classroom. The children start their day in Morning Meeting and interact with each to learn about their day. The children are exposed to best practice in Reader's and Writer's Workshop, Science Exploration, Math Whole and Small Group lessons.

☐ **Kindergarten Readiness:** *(Students who will be attending Kindergarten in the Fall)*

____ M-W-F, 9-12, \$45 ____ M-W-F, 9-3, \$90 ____ T-TH, 9-12, \$30 ____ T-TH, 9-3, \$60 ____ M-F, 9-12, \$75 ____ M-F, 9-3, \$150

This camp will closely model our VPK classroom. We will revisit many of the same curriculums that we use on a daily basis in VPK, we will use this to asses where each child is and see where their strengths and weaknesses lie. We will focus on making sure they have all the skills they will need to become Kindergarten Super Stars!

☐ **1st/2nd Grade Enrichment and Exploration:** *(Students who will be attending 1st or 2nd Grade in the Fall)*

The mornings will focus on Reading Comprehension, Phonics and Creative Writing. The afternoons will be divided between Math Facts and Fluency, Math with Manipulative and Messy Science!

____ M-W-F, 9-12, \$45 ____ M-W-F, 9-3, \$90

☐ **Kindergarten/1st/2nd/3rd Grade Small Group Tutoring :** *(Students who will be attending K, 1st, 2nd or 3rd Grade in the Fall)*

*Tutoring runs in 4 week sessions (\$150.00)

Session 1: June 6th – June 29th Session 2: July 10th – August 4th

____ T-TH, 9-10 (K & 1st) ____ T-TH, 10-11 (2nd & 3rd)

(Private tutoring available upon request, please call)



Summer Camp 2017

Please submit this form with total amount due along with updated immunization and medical exam for children under 5. These forms are required at the time of registration

Summer Camp Enrollment Form – Please Fill Out One Form Per Child

Child's Name: _____ Child's Age: _____ Child's Birthdate: _____

Address: _____ City: _____ Zip: _____

Extended Care: Yes _____ No _____ AM (7:30 – 9:00) _____ \$50 per week PM (3:00 – 5:30) _____ \$50 per week AM/PM _____ \$100 per week

Potty Trained (4 and up must be potty trained): Yes _____ No _____ Napper (Napping for 2's and 3's only): Yes _____ No _____

Grade Entering _____ Current School Attending _____

List all allergies to food or medications: _____

Registration Information

(PLEASE PRINT LEGIBLY)

Parent/Guardian: _____ Cell _____
Phone: _____ Email: _____

Parent/ Guardian: _____ Cell _____
Phone: _____ Email: _____

Emergency Contact Person: _____ Contact Phone: _____

*I hereby accept full legal responsibility for the conduct of my child while attending The Reading Corner and shall hold harmless all employees and The Reading Corner from any and all liabilities or injuries sustained while participating at The Reading Corner. I authorize any employee of The Reading Corner to obtain medical treatment for my child in case of injury or illness and agree to pay any expenses incurred for such treatment.

I give my permission to The Reading Corner Staff to apply bug spray and/or sun block as needed.

I acknowledge that I have read and understand this Release of Liability and knowingly and voluntarily sign this Release of Responsibility on behalf of myself and my child.

*Parent's Signature _____ Date _____

Dates	6/5 - 6/9	6/12 - 6/16	6/19 - 6/23	6/26 - 6/30	7/5 - 7/7*	7/10 - 7/14	7/17 - 7/21	7/24 - 7/28	7/31 - 8/4
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Camps	\$	\$	\$	\$	\$	\$	\$	\$	\$
Extended Day	\$	\$	\$	\$	\$	\$	\$	\$	\$
Weekly Total	\$	\$	\$	\$	\$	\$	\$	\$	\$
Deposit Paid	\$	\$	\$	\$	\$	\$	\$	\$	\$
Balance Due	\$	\$	\$	\$	\$	\$	\$	\$	\$

***A NON-REFUNDABLE INITIAL PAYMENT OF 50% OF TOTAL CAMP CHARGES IS DUE AT TIME OF REGISTRATION. The balance is due the Friday before each camp starts.**

Total Due \$ _____

Payment Method: _____

Check:# _____ (Make checks payable to: *The Reading Corner*)

Cash: _____

Credit Card Payment: _____

CC Number: _____

Expiration date: _____ Type of Card: _____

3 Digit Code: _____ Billing Zip Code: _____

Name on Card: _____

Authorized Signature: _____





State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: ____ Date of Enrollment: _____

Full Name: _____

Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information: Child Lives With: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Work Phone: _____ /Cell: _____

Work Phone: _____ /Cell: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work#	Home#
Name	Address	Work#	Home#
Name	Address	Work#	Home#
Name	Address	Work#	Home#

Helpful Information About Child:

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or**
Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date



Permission for Food-related Activities & Special Occasion food consumption

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays. All foods brought into school must be store bought and labelled with ingredients.

I _____ give/decline permission for my child _____
(Parent or Guardian) (circle one) (Child's Name)

to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

___My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

___My child DOES NOT have a food allergy or dietary restriction. He or she may not participate in activities.

___My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):

___My child DOES have a food allergy or dietary restriction. He or she may not participate in activities

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

(Date) (Parent or Guardian)



FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

PLACE
PICTURE
HERE

Name: _____ D.O.B.: _____

Emergency to: _____

Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following foods: _____

HEREFORE:

☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

☐ If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

FOR ANY OF THE FOLLOWING:

SEVERE SYMPTOMS



LUNG

Short of breath,
wheezing,
repetitive cough



HEART

Pale, blue,
faint, weak
pulse, dizzy



THROAT

Tight, hoarse,
trouble
breathing/
swallowing



MOUTH

Significant
swelling of the
tongue and/or lips



SKIN

Many hives over
body, widespread
redness



GUT

Repetitive
vomiting, severe
diarrhea



OTHER

Feeling
something bad is
about to happen,
anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.



INJECT EPINEPHRINE IMMEDIATELY.

Call 911. Tell them the child is having anaphylaxis and may need epinephrine when they arrive.

Consider giving additional medications following epinephrine:

- » Antihistamine
- » Inhaler (bronchodilator) if wheezing

Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.

If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.

Alert emergency contacts.

Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy/runny
nose,
sneezing



MOUTH

Itchy mouth



SKIN

A few hives,
mild itch



GUT

Mild nausea/
discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

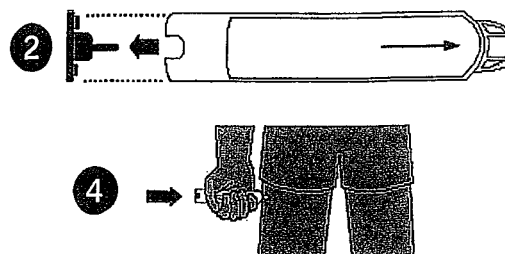
Other (e.g., inhaler-bronchodilator if wheezing): _____

**FARE**

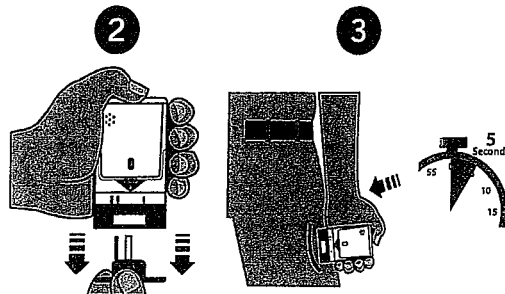
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS**

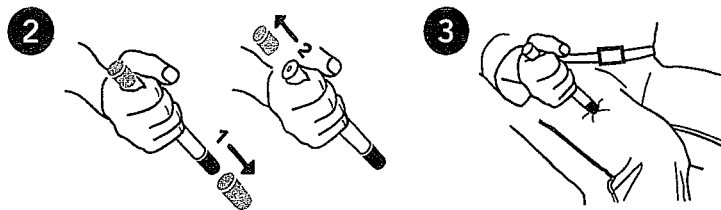
1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.

**AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS**

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.

**ADRENALCLICK®/ADRENALCLICK® GENERIC DIRECTIONS**

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

reat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911

ESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE