



State of Illinois Certificate of Child Health Examination

Student's Name			Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#
Last	First	Middle	Month/Day/Year			
Address			Parent/Guardian	Telephone #	Home	Work
Street	City	Zip Code				

IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for every dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

REQUIRED Vaccine / Dose	DOSE 1			DOSE 2			DOSE 3			DOSE 4			DOSE 5			DOSE 6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
DTP or DTaP																		
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus influenza type b																		
Pneumococcal Conjugate																		
Hepatitis B																		
MMR Measles Mumps. Rubella										Comments: * indicates invalid dose								
Varicella (Chickenpox)																		
Meningococcal conjugate (MCV4)																		
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose																		
Hepatitis A																		
HPV																		
Influenza																		
Other: Specify Immunization Administered/Dates																		

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.

Signature	Title	Date
Signature	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.
 *MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.
Date of Disease _____ **Signature** _____ **Title** _____

3. Laboratory Evidence of Immunity (check one) Measles* Mumps Rubella Varicella Attach copy of lab result.**
 *All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.
 **All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____
 Physician Statements of Immunity MUST be submitted to IDPH for review.

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.

Last	First	Middle	Birth Date Month/Day/Year	Sex	School	Grade Level/ ID
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HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)	Yes No	List:	MEDICATION (Prescribed or taken on a regular basis.)	Yes No	List:
Diagnosis of asthma?	Yes No		Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No	
Child wakes during night coughing?	Yes No		Hospitalizations? When? What for?	Yes No	
Birth defects?	Yes No		Surgery? (List all.) When? What for?	Yes No	
Developmental delay?	Yes No		Serious injury or illness?	Yes No	
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes No		TB skin test positive (past/present)?	Yes* No	*If yes, refer to local health department.
Diabetes?	Yes No		TB disease (past or present)?	Yes* No	
Head injury/Concussion/Passed out?	Yes No		Tobacco use (type, frequency)?	Yes No	
Seizures? What are they like?	Yes No		Alcohol/Drug use?	Yes No	
Heart problem/Shortness of breath?	Yes No		Family history of sudden death before age 50? (Cause?)	Yes No	
Heart murmur/High blood pressure?	Yes No		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other		
Dizziness or chest pain with exercise?	Yes No		Information may be shared with appropriate personnel for health and educational purposes.		
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____			Parent/Guardian Signature		Date
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)					
Ear/Hearing problems?	Yes No				
Bone/Joint problem/injury/scoliosis?	Yes No				

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

HEAD CIRCUMFERENCE if < 2-3 years old	HEIGHT	WEIGHT	BMI	BMI PERCENTILE	B/P
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>					
LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.) Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date _____ Result _____					
TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm . No test needed <input type="checkbox"/> Test performed <input type="checkbox"/> Skin Test: Date Read _____ Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____ Blood Test: Date Reported _____ Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Value _____					

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit				Sickle Cell (when indicated)
Urinalysis				Developmental Screening Tool

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears		Screening Result:	Gastrointestinal	
Eyes		Screening Result:	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other	

NEEDS/MODIFICATIONS required in the school setting	DIETARY Needs/Restrictions
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SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
 If you would like to discuss this student's health with school or school health personnel, check title: Nurse Teacher Counselor Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
 Yes No If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified please attach explanation.)

PHYSICAL EDUCATION Yes No Modified **INTERSCHOLASTIC SPORTS** Yes No Modified

Print Name _____ (MD,DO, APN, PA) Signature _____ Date _____

Address _____ Phone _____

**SUMMARY OF
LICENSING
STANDARDS
FOR
DAY CARE
CENTERS**

Introduction

The Department of Children and Family Services (DCFS) is responsible for licensing day care centers. When a day care center is licensed, it means that a DCFS licensing representative has inspected the facility and the facility was found to meet the minimum licensing requirements. A license is valid for three years. The day care center's license must be posted. It will indicate the maximum number of children allowed in the facility and the areas where children may receive care.

Licensed day care facilities are inspected annually by DCFS licensing staff. If a complaint has been received regarding a violation of the licensing standards of a day care center, a licensing representative will conduct a licensing complaint investigation to determine if the alleged violation should be substantiated or unsubstantiated. Individuals may contact the Day Care Information Line to learn of substantiated violations.

Day Care Information Line **1-877-746-0829**

This statewide toll-free information line provides information to the public on the history and record, including substantiated violations, of licensed day care homes, day care centers, and group day care homes. This number operates Monday through Friday from 8:30 a.m. to 5:00 p.m.

Summary of Licensing Standards for Day Care Centers

The following is a summary of the licensing standards for day care centers. It has been prepared so that you may monitor the care provided to your child. This is a brief summary and does not include all of the licensing standards for day care centers. State licensing standards are *minimum* standards, while some municipalities may impose stricter standards on day care centers operating within their jurisdictions. If you observe a violation of any of these standards, you are encouraged to discuss your concerns with the day care center operator. In most cases, parents and day care operators are able to resolve the parents' concerns and issues. If you believe the day care operator is not responding to your concerns, and may not be meeting state licensing standards, you may make a complaint to the local DCFS Licensing Office or by calling the Child Abuse Hotline at 1-800-252-2873 and stating that you want to make a licensing complaint. A DCFS licensing

representative will investigate your complaint and report the results back to you. The day care center is required to provide a copy of its own written policies regarding the operation of the facility to each staff person and to parents of enrolled children.

Staffing

- The day care center must have a qualified child care director on site at all times. The director must be at least 21 years old, have completed two years of college or have equivalent experience and credentials.
 - Early childhood teachers must be at least 19 years old, have two years of college or have equivalent experience and credentials.
 - School-age workers must be at least 19 years old. They must have completed one year of college or have the equivalent experience and credentials.
 - Early childhood assistants and school-age assistants must have a high school diploma or the equivalent and must work under direct supervision of an early childhood teacher or a school-age worker.
 - Student and youth aides must be at least 14 years of age, at least five years older than the oldest child in their care, and must work under direct supervision of an early childhood teacher or a school-age worker.
 - Student and youth aides are not generally counted for purposes of maintaining staff/child ratios.
 - The director and all child care staff must have 15 hours of in-service training annually.
 - All staff must have current medical reports on file and are subject to background checks for any record of criminal conviction or child abuse and neglect.
 - A person certified in first aid, including CPR and the Heimlich maneuver, must be present at all times.
 - All child care staff in a facility licensed to care for newborns and infants must have training on the nature of Sudden Unexpected Infant Death (SUID), SIDS and the safe sleep recommendations of the American Academy of Pediatrics.
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Group Size and Staff Requirements:

AGE OF CHILDREN	STAFF/CHILD RATIO	MAXIMUM GROUP SIZE
Infants (6 weeks through 14 months)	1 to 4	12
Toddlers (15 through 23 months)	1 to 5	15
Two years	1 to 8	16
Three years	1 to 10	20
Four years	1 to 10	20
Five years (preschool)	1 to 20	20
School-age: Kindergartners present	1 to 20	30

- Exception: One early childhood teacher and an assistant may supervise a group of up to 30 children if all of the children are at least five years of age.
- Whenever children of different ages are combined, the staff/child ratio and maximum group size must be based on the age of the youngest child in the group.

General Program Requirements

- Parents must be allowed to visit the center without an appointment any time during normal hours of operation.
 - Staff must demonstrate respect for each child enrolled regardless of differences in gender, ability, culture, ethnicity, or religion.
 - There must be a balance of active and quiet activity. Children of all ages shall be encouraged to participate daily in at least 2 occasions of age-appropriate outdoor time, with active movement or play for mobile children.
 - In pre-school programs where children receive care for less than three hours per day, outdoor activity is not required.
 - Children will be limited in the amount of daily passive screen viewing.
 - Children may not be left unattended at any time.
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Infants and Toddlers

- Infants and toddlers must be in separate space away from older children.
- A refrigerator and sink must be easily accessible.
- Toys and indoor equipment must be cleaned and disinfected daily. Safe, durable equipment and play materials must be provided.
- Either the day care center or the parent may provide food for infants not consuming table food. Feeding times and amounts consumed must be documented in writing.
- No food other than formula, milk, breast milk or water may be placed in a bottle for infant feeding. Microwaves are not to be used for bottle warming.
- Infants must be placed on their backs to sleep.
- The facility must have a clearly defined diaper changing area with the procedures for changing diapers clearly posted. A hand-washing sink must be accessible.
- Staff changing diapers must wash their hands and the child's hands with soap and running water after diapering.
- Information about feeding, elimination and other important information must be recorded in writing and made available to parents when the child is picked up at the end of the day.
- Only new cribs manufactured on or after June 28, 2011 can be utilized.

School-Age Children

- The facility must have a designated area for school-age children so they do not interfere with the care of younger children.
 - Clear definitions of responsibility and procedures are to be established among parent, day care center and school when children move to and from school.
 - A variety of developmentally appropriate activities and materials must be available for children. Opportunities must be provided to do homework, if requested.
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Evening, Night and Weekend Care

- Family-like groups of mixed ages are allowed.
- Staff must be awake at all times and in the sleeping area whenever children are sleeping.
- Dependent on age, each child must have an individual cot, bed or crib.
- An evening meal and a bedtime snack must be served.
- Breakfast must be served to all children who have been at the facility throughout the night and are present between 6:30 a.m. and 8:30 a.m.

Enrollment and Discharge

- Parents must be provided the names, business address and telephone number of persons legally responsible for the program.
- Parents must be provided the following in writing: Information on the program, fees, arrival and departure policies explaining to the parents and guardians what actions the caregiver will take if children are not picked up at the agreed upon time, as well as policies related to guidance and discipline.
- Parents must complete an initial enrollment application, which includes a certified copy of their child's birth certificate (which will be copied by the center and returned to the parent), emergency numbers, and persons authorized to pick up their child.
- A child may only be released to a parent or other responsible person designated by the parent in writing.
- Daily arrival and departure logs must be kept by the center.

Guidance and Discipline

- Parents must be given a copy of the guidance and discipline policy.
 - The following are prohibited:
 - corporal punishment
 - threatened or actual withdrawal of food, rest or use of the bathroom
 - abusive or profane language
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- public or private humiliation
 - emotional abuse, including shaming, rejecting, terrorizing or isolating a child
 - “Time-out” is to be limited to one minute per year of the child’s age.
 - “Time-out” may not be used for children less than two years of age.

Transportation

- The driver must be 21 years of age and hold a driver’s license that has been continuously valid for three years.
- Children must not be allowed to stand or sit on the floor of the vehicle.
- Age appropriate safety restraints must be used when transporting children in vehicles other than school buses.
- Any vehicle used to transport children must have liability insurance coverage in an amount required by statute.
- The driver must make sure that a responsible person is present to take charge of a child when delivered to his or her destination.

Health Requirements for Children

- Parents or guardians of infants, toddlers and preschool children enrolling in day care for the first time must provide a medical report dated fewer than 6 months prior to enrollment; children transferring from another licensed day care center may use their current medical report, if it is less than one year old.
 - Parents or guardians of school-age children may submit a copy of the most recent regularly scheduled school physical (even if it is more than 6 months old) or the day care center may require a more recent medical report by its own enrollment policy.
 - A medical report indicating that the child has been appropriately immunized must be on file for each child. Parents are encouraged to be informed about childhood immunizations by going to the following Web site:<http://www.idph.state.il.us/about/pgci.htm> . A tuberculin skin test is to be included in the initial exam unless waived by a physician.
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- The medical report is valid for two years for infants and preschool children. Exams for school-age children are required consistent with the requirements of the public schools.
 - The center must comply with the Illinois Department of Public Health's Hearing and Vision Screening Codes and the Illinois Child Vision and Hearing Test Act.
 - Children aged one to six years must have either a lead risk assessment or a lead screening.
 - Water must be freely available to all children.
 - Children's hands must be washed with soap and water upon arrival at the center, before and after meals or using the toilet, after wiping or blowing their noses, after outdoor play and after coming into contact with any soiled objects.
 - Prescription and non-prescription medication may be accepted only in its original container. The center must maintain a record of the dates, times administered, dosages, prescription number (if applicable) and the name of the person administering the medication.
 - Medication must be kept in locked cabinets or other containers that are inaccessible to children.

Nutrition and Meals

- Menus must be posted.
- Meals and snacks must meet nutritional guidelines and shall be prepared so as to moderate fat and sodium content.
- Children in care two to five hours must be served a snack. Children in care five to 10 hours must be served a meal and two snacks or two meals and one snack. Children in care more than 10 hours must be served two meals and two snacks or one meal and three snacks.

Napping and Sleeping

- Children under six years of age who remain five or more hours must have the opportunity to rest or nap.
 - Infants must sleep in safe, sturdy, freestanding cribs or portable cribs.
 - Toddlers may use either stacking cots or full-size cribs.
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- A cot or bed must be provided for each toddler or preschool child in attendance five or more hours. Each cot, bed or crib must be labeled with the name of the child.

Physical Space

- Infants and toddlers must be housed and cared for at ground level unless special approval has been granted from the Department.
 - Indoor space must provide a safe, comfortable environment for the children. Floors and floor coverings must be washable and free from drafts and dampness.
 - Toilets and lavatories must be readily accessible to the children.
 - Hot and cold running water must be provided.
 - Hazardous items must be inaccessible to children.
 - Parents must be notified before pesticides are applied.
 - Lead paint or asbestos removal must be in accordance with public health standards and statute.
 - Exits must be unlocked and clear of equipment and debris.
 - Drills for fire and tornado must be conducted. A floor plan must be posted in every room indicating the areas providing the most safety in the case of a tornado and the primary and secondary exit routes in case of fire.
 - Smoking or the use of tobacco products in any form is prohibited in the child care center or in the presence of children while on the playground or on trips away from the center.
 - The facility must test for radon at least every 3 years and post the results in an area visible to parents, along with an informative notice about the effects of radon.
 - Play materials must be durable and free from hazardous characteristics.
 - The facility may not use or have on the premises any unsafe children's product as described in the Children's Product Safety Act. Lists of unsafe children's products and recalls from 1989 forward are available at: <http://srs.dph.illinois.gov/webapp/SRSApp/pages/>.
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- The facility must be cleaned daily and kept in sanitary condition at all times.
 - First-aid kits must be maintained and readily available for use.

Outdoor Play Area

- Play space must be fenced or otherwise enclosed or protected from traffic and other hazards. There must be a shaded area in summer to protect children from excessive sun exposure.
- All areas of the outdoor play space must be visible to staff at all times.
- Equipment must be free of sharp points or corners, splinters, protruding nails or bolts, loose or rusty parts, the potential for entrapment and/or other hazards.
- Protective surfaces must be provided under equipment from which a child might fall.
- All swimming pools must be fenced or otherwise inaccessible to children.
- During hours of operation and at all times that children are present there must be a means for parents of enrolled children to have direct telephone contact with a center staff person.

This summary has been developed to assist parents in monitoring the care provided by the day care center. Licensing Standards for Day Care Centers may be accessed through the DCFS website: www.DCFS.illinois.gov. You may also contact your nearest DCFS office for assistance. Locations of DCFS offices are also available on the DCFS website. Locations of DCFS offices are available on the DCFS website.

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent

Date

Signature of Parent

Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.





2024 SUMMER CAMP ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD

We are excited to offer the safety, convenience and ease of our Monthly Credit Card Billing Program, a payment processing system that allows secure, on-time summer camp fee payments to be made from your credit card. Please complete the form below to participate in our electronic payment processing program.

I hereby authorize The River Forest Community Center to initiate credit card charges to the below referenced credit card account **(Section A)**. I accept that electronic payments will be initiated according to the **RFCC Summer Camp Payment Schedule**. I am aware that I will be assessed a \$40.00 Credit Card Decline Fee. To properly affect the cancellation of this agreement, I am required to give 10 days written notice.

Customer's Signature

Date

SECTION A (Credit Card - Visa, MasterCard, Discover)

Cardholder Name Phone #

Cardholder Address City State Zip

Account Number Expiration Date CW#

Cardholder Signature Date

CAMPER INFO SECTION

Child's Name: _____

Camp: Breakfast Club, Little Explorers, Summer Scene, Young Voyagers, Adventure Camp or Urban Safari (circle)

Thank you for your cooperation. All information will be kept confidential.

For Official Use Only

Date Received

Employee Signature

River Forest Community Center Young Voyagers Summer Camp 2024

General Information:

Child's Name: _____

Grade Entering: _____ Birth Date: _____ Age: _____ Gender: _____

Enrollment Date: _____ Discharge Date: _____ (office use only)

Sessions Attending:

Camp hours 10:00 AM – 4:00 PM
\$595 per session

Session I: June 10 – June 28 _____

Session II: *July 1 – July 19 _____

Session III: July 22- August 9 _____

**No Camp July 4th*

Extended Care:

AM Care 7:00 AM – 10:00 AM - \$180/Session
PM Care 4:00 PM – 6:00 PM - \$180/Session
Both AM & PM Care - \$280/Session

Session I: AM _____ PM _____

Session II: AM _____ PM _____

Session III: AM _____ PM _____

Children's (2T) (3T) (4T) (6-8) (10-12) (14-16)

Sizes are not guaranteed but we will try our best to accommodate your requested t-shirt size.

How did you hear about our camp?

RFCC Brochure: _____

Flyer: _____

Enrolled last year: _____

Internet Search: _____

Other (please specify): _____

RFCC Office Use Only

Enrollment Checklist

_____ Enrollment Form

_____ Authorization/Release Forms

_____ * Medical Forms

_____ First Session Attending – Paid In Full

_____ DCFS Acknowledgement Form

_____ Background Information Forms

_____ Financial Policies & Agreement Forms

_____ *Certified Copy of Birth Certificate

_____ \$50.00 deposits for each additional session

River Forest Community Center Young Voyagers Summer Camp 2024

**Birth Certificates and Medical Forms must be received prior to starting in the program*

CHILD'S FULL NAME: _____

Name child prefers to be called if different from above _____

Child lives with _____

PARENT/GUARDIAN #1 Information

Name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____

Place of Employment: _____ Occupation: _____

Address of Employment: _____

Work phone: _____ E-mail Address: _____

Driver's License #: _____ Expiration Date: _____

PARENT/GUARDIAN #2 Information

Name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____

Place of Employment: _____ Occupation: _____

Address of Employment: _____

Work phone: _____ E-mail Address: _____

Driver's License #: _____ Expiration Date: _____

River Forest Community Center Young Voyagers Summer Camp 2024

AUTHORIZATION TO PICK UP CHILD

List below the name, address, phone number and relationship to the child of any adults authorized to pick up your child from the program. Your child will be released ONLY to his/her parents or to those listed below:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY INFORMATION

Other Household Members (siblings, grandparents, etc.)

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list other children not living at home: _____

Have parents lived apart during child's lifetime? _____ If so, how old was the child at the time? _____

Parent's Marital Status: Single _____ Married _____ Divorced _____
Separated _____ Widow _____ Widower _____

Is either parent prohibited by court order from access to child? _____
(If yes, please attach legal documents)

EMERGENCY CONTACT/MEDICAL INFORMATION

In case of emergency which parent should be contacted first? _____

Emergency contact (if parent is not available)

Name: _____ Address: _____
Phone: _____ Relationship: _____

Child's Physician: _____ Phone Number: _____

Address: _____

Insurance Company: _____

What arrangement will you make for your child's care during illness? _____

River Forest Community Center Young Voyagers Summer Camp 2024

BACKGROUND INFORMATION

SPECIAL RELATIONSHIPS

Has your child been in childcare before? _____

If yes, please list previous childcare centers: _____

How does child react to people he/she does not know well? _____

New situations? _____

What makes your child upset? _____

What frightens your child? _____

What is your way of handling your child's behavior - your preferred method of discipline?

What are your child's favorite toys and activities?

Circle the following which best describe your child:

Happy

Impulsive

Friendly

Dependent

Attentive

Stubborn

Quiet

Good body control

Affectionate

Active

Independent

Shy

Aggressive

Able to sit quietly for periods of time

Puts away own belongings

River Forest Community Center

Young Voyagers Summer Camp

2024

DEVELOPMENTAL

Birth weight: _____

Is your child adopted? _____

At what age? _____

Does your child know he/she is adopted? _____

Age child began talking: _____

Any difficulties speaking? _____

Please list language(s) child speaks: _____

Has your child ever had problems with:

Hearing _____

Vision _____

Speech _____

Balance _____

Does your child use any special words to express needs? _____

Does your child suck thumb or fingers? _____

Does your child have a "fussy" time? _____ When? _____

How do you handle this time? _____

When was child toilet trained? _____

HEALTH

Does anyone in the immediate family have health problems? _____

If yes, briefly describe: _____

Has child ever been hospitalized? _____ Reason: _____

Any physical disabilities or limitations? _____

Are there any other behaviors and/or circumstances that the Community Center should be aware of in order to provide a quality child care experience for your child? _____

If yes, please explain: _____

List all known allergies (Asthma, Hayfever, Medications, Foods...)

Do you restrict your child's diet in any way, or provide a special diet? _____ If yes, please describe:

What special instructions are there if your child becomes ill? _____

Is child taking any medications regularly? _____ Reason: _____

River Forest Community Center

Young Voyagers Summer Camp

2024

Positive Guidance & Discipline Policy

Our goal is to help children develop self-control, take responsibility for their behavior and understand the value of appropriate behavior. We encourage children to learn how to grow independently and make appropriate choices to manage and self-regulate their behavior.

The environment is designed to promote positive and enjoyable learning experiences for each child and emphasis is placed on the following as preventive measures to minimize issues or concerns:

- Room arrangement
- Choice of age appropriate materials and learning activities
- Consistent schedule and predictable routines
- Age appropriate expectations
- Positive staff-child interaction
- Active adult supervision.

Staff set clear, consistent, and reasonable limits and then follow through enforcing these limits. We remind children of the expected behavior and use simple language to explain reasons for the limits. To help achieve goals, our staff utilizes supportive, positive guidance and discipline techniques which help children acknowledge their behavior, make choices about the solution and accept responsibility for consequences.

Specific positive guidance and discipline techniques include:

- Using redirection and distraction rather than negative reinforcement
- Changing the learning environment when it interferes with positive behavior
- Helping children verbalize their feelings and needs
- Using logical or natural consequences by stating the cause and effect of behavior and allowing the child to choose
- Modeling and teaching problem solving techniques

When a child's negative behavior involves frequent hitting, pushing, biting, or harm to himself or other children or equipment, the child shall be removed from the situation for problem solving, re-direction and/or quiet time alone. This technique differs from the punitive time-out by helping a child learn to regain control and learn socially appropriate ways to express strong emotions. Parents will be informed of recurring inappropriate behavior and the discipline measures used at the time. Staff may ask parents to discuss a problem behavior with the child at home.

The Community Center believes ongoing discussions between parents and staff are the most effective way to address a concern and will use this approach in order to develop a solution together. At times, the Community Center may consult with other professionals or identify other resources which may be beneficial for a child. If a reasonable solution cannot be reached, the Community Center reserves the right to make a determination regarding the dismissal of a child from the program. No adult (including a parent) may ever use corporal punishment or other frightening or humiliating disciplinary techniques in a DCFS licensed program. **Under the Abused and Neglected Child Reporting Act [325 ILCS 5/4], RFCC staff are required to report to the child abuse hotline (1-800-25A-BUSE), whenever there is reasonable cause to believe that a child may be abused or neglected.**

I have read the RFCC guidance and discipline policies and agree to abide by them.

Parent/Guardian Signature

Teacher Signature

River Forest Community Center Young Voyagers Summer Camp 2024

GENERAL

The River Forest Community Center does not discriminate on the basis of age, race, religion, gender or ethnic background.

WAIVER/RELEASE

It is acknowledged that I/we are parent(s) or legal guardian(s) of the participant(s) which have been enrolled in this RFCC program and consent for him/her to participate in this designated program. It is understood that, by its very nature, any program involving minors involves some risk to the participants and I/we have read the program description and/or spoken with a representative of the RFCC to understand the risks involved. I/we further understand that it would be impossible to fully specify or articulate every risk. In partial consideration for enrollment in the program, I/we assume all risk and hazards incidental to such participation and do hereby waive, release, absolve the RFCC, its employees, volunteers and agents from any and all claims sustained and/or arising from, connected with or associated with the participation in said program. I/we also agree to indemnify and hold harmless the RFCC, its employees, volunteers and agents from any and all claims sustained and/or arising out of, connected with or associated with participation in said program. This indemnity provision includes the cost of litigation, including reasonable attorney's fees.

AUTHORIZATION TO DISPENSE APPROVED MEDICATIONS

I/we authorize the RFCC Early Childhood program, its staff or agents, to administer prescribed medicine to my child as specified in written instructions.

Signature of Parent/Guardian _____

Date _____

AUTHORIZATION TO TAKE EMERGENCY MEASURES

I/we authorize the RFCC Early Childhood program its staff or agents, to take emergency measures which are judged necessary for the care and protection of my child. RFCC will first attempt to contact parents/guardians or other person(s) listed on the application as emergency contacts before such measures are taken. I/we will be responsible for the emergency medical charges upon receipt of the statement.

PLEASE NOTE THAT HOSPITALS GENERALLY DO NOT PROVIDE MEDICAL TREATMENT (except in serious emergency cases) UNTIL A PARENT PERSONALLY SIGNS A RELEASE.

Signature of Parent/Guardian _____

Date _____

FIELD TRIP AUTHORIZATION

I/we authorize the RFCC Early Childhood program its staff or agents, to take my child on walking or van/bus driven trips/excursions. All such trips are under supervision of the RFCC staff and all health and safety precautions that are taken are in compliance with DCFS standards for licensure. Prior written notice will be given for all van/bus trips/excursions.

Signature of Parent/Guardian _____

Date _____

River Forest Community Center Young Voyagers Summer Camp 2024

PROMOTIONAL PARTICIPATION AUTHORIZATION

I/we authorize the RFCC Early Childhood program its staff or agents, to take pictures, movies or videos of my child for use in presentations and other reasonable advertising promotions, and educational activities, without compensation.

Signature of Parent/Guardian _____

Date _____

AUTHORIZATION TO EXCHANGE INFORMATION

I/we authorize the RFCC Early Childhood program to exchange information regarding my child with those professional agencies or people concerned with my child's education and health. I fully understand that this may entail psychological, social, medical or educational information and will be kept strictly confidential.

Signature of Parent/Guardian _____

Date _____

STUDENT DIRECTORY AUTHORIZATION

I/we give permission to have name/address/home phone information used in a student directory for the RFCC Early Childhood program. I understand that this directory will be distributed to all program participants.

Signature of Parent/Guardian _____

Date _____

DAILY PROCEDURES & LATE PICK-UP FEES

- I understand that I must sign my child in and out of the program each day.
- I agree to pay a late pick-up fee as stipulated in the Young Voyagers Parent Handbook.
- I agree to call (708) 771-6159 by 8:30 a.m. to report my child absent.
- I understand if someone other than me or person designated on the enrollment form will be picking up my child, that I will notify the Community Center prior to their arrival.

Signature of Parent/Guardian _____

Date _____

I have received and understand the information in the Parent Handbook. I agree to abide by all RFCC policies as stated in the Parent Handbook and in this Enrollment Agreement.

Signature of Parent/Guardian _____

Date _____

Signature of Parent/Guardian _____

Date _____

River Forest Community Center Young Voyagers Summer Camp 2024

FINANCIAL POLICIES

PAYMENT POLICIES/PROCEDURES

- All camp sessions must be paid in full before the session begins. A \$10.00 late payment fee will be assessed to any past due payments.
- Tuition is not pro-rated for absences.
- Any participant who cancels out of Yong Voyagers two weeks prior to the beginning of a session will receive a full refund, minus a \$50.00 cancellation fee.
- Any refund for cancellation later than 2 weeks before the start of a session will receive a household credit that can be used towards any program offered by the Community Center including future sessions of summer camp, early childhood programs, after school programs, recreation programs, special events, room rentals or birthday parties.

OTHER

Checks that are returned from the bank for any reason will be charged a processing fee of \$40. The outstanding balance must be paid in full before the child may return to the program.

A child may be suspended from the program if tuition is not paid in full by the specified due date.

FALSIFICATION OF ANY INFORMATION PROVIDED IN THIS APPLICATION MAY RESULT IN SUSPENSION FROM THE RFCC EARLY CHILDHOOD PROGRAM.

*****UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED*****

**River Forest Community Center
Young Voyagers Summer Camp
Parent Handbook
2024**



**8020 Madison Street
River Forest, IL 60305
(708) 771-6159**

Young Voyagers Summer Camp Parent Handbook 2024

WELCOME TO CAMP!

Dear Parents:

On behalf of the River Forest Community Center staff, we would like to welcome you and your child to the Young Voyagers program. For your information and convenience, many of the camp program's policies and procedures are included in this camp handbook. If you have any future questions or concerns regarding the camp program please call the Community Center at (708) 771-6159 ext. 207. All comments and suggestions are welcomed in order to maintain a high-quality program.

The River Forest Community Center offers this exciting Summer Day Camp and an Extended Care program to children ages 3 through incoming first grade (all children must be toilet trained). A variety of activities are planned for the Young Voyagers and Extended Care programs. The purpose of our program is to promote positive relationships with adults and children outside the home and to instill self-confidence through a group setting. The camp is designed to encourage group participation and cooperation through organized games, art and crafts activities, water play, and team sports. Opportunities for fun and enjoyment will be offered each day through a variety of these experiences.

PAYMENT AND CAMP SESSIONS

Payment Information:

1. Full payment for the first session your child attends is due upon registration.
2. If registering for more than one session, a \$50.00 non-refundable deposit per session will reserve a space for your child. The balance for all camp sessions must be paid in full one week prior to session start date.
3. Payments can be made by cash, check, Visa, MasterCard, Discover, or money order. Checks should be made payable to the River Forest Community Center.

PLEASE NOTE: THE COMMUNITY CENTER WILL ONLY ACCEPT CASH, CREDIT CARD, OR MONEY ORDERS FOR ANY PAYMENT MADE TWO WEEKS OR LESS PRIOR TO THE START OF A CAMP SESSION.

Camp Sessions:

SESSION I	JUNE 10–JUNE 28
SESSION II	*JULY 1 – JULY 19
SESSION III	JULY 22 – AUGUST 9

*Camp will not be in session on July 4th

STAFF

The Camp Director and Counselors are responsible for the camp. Staff members include early childhood teachers who have all previously worked with children in a variety of settings.

Young Voyagers Summer Camp Parent Handbook 2024

FEES

All camp fees listed are per session and include arts and crafts supplies, sports activities, any field trips, lunch, and snacks.

Program	Fees	Days	Time	Fee
Young Voyagers	3 yrs - 1st grade	M-F	10:00-4:00	\$595

Extended Care:

A.M. only	3 yrs - 1st grade	M-F	7:00-10:00	\$180
P.M. only	3 yrs - 1st grade	M-F	4:00-6:00	\$180
A.M. & P.M.	3 yrs - 1st grade	M-F	(above hrs)	\$280

Daily Extended Care Rates:

For those who need to use extended care on an “as needed” basis:

Advance Registration (before the day you are requesting):

AM only	\$15/day/child
PM only	\$15/day/child
AM & PM	\$20/day/child

Same Day Registration:

AM only	\$20/day/child
PM only	\$20/day/child
AM&PM	\$30/day/child

Refund Policy:

1. Any participant who cancels out of Yong Voyagers two weeks prior to the beginning of a session will receive a full refund, minus a \$50.00 cancellation fee.
2. Any refund for cancellation later than 2 weeks before the start of a session will receive a household credit that can be used towards any program offered by the Community Center including future sessions of summer camp, early childhood programs, after school programs, recreation programs, special events, or room rentals.
3. No refunds for any days absent.

Late Pick Up Fee:

Camp	(4:00 – 4:15) * \$15.00 per child
Extended Care	(6:00-6:15) * \$15.00 per child

*LATE PICK UP FEE AFTER 4:15 OR 6:15 ADD \$1.00 PER MINUTE PER CHILD.
PAYMENT IS EXPECTED AT THE TIME YOUR CHILD IS PICKED UP LATE. ANY UNPAID LATE PICK UP FEES WILL BE BILLED TO YOUR ACCOUNT.

Young Voyagers Summer Camp

Parent Handbook 2024

ACTIVITIES AND GENERAL INFORMATION

Camps will begin at 10:00 a.m. each morning and end at 4:00 p.m. Please do not send your child before 10:00 am (unless they are registered for AM Extended Care). Also, please pick up your child at 4:00 pm. (unless enrolled in PM Extended Care) or you will be charged a late fee. Please remember to sign your child in and out of camp. A sign in / out book will be located near the door to your child's room.

A variety of activities have been planned so that each child will have a fun and enjoyable camp experience. Please read the camp schedule/calendar carefully so you and your child will know what to expect each day at camp.

Please keep in mind that each camp session is only three weeks long. Our goal is to make camp safe and fun for everyone involved. Not all children like the same activities so we offer a "little of everything" and make every effort to keep each participant happy.

Sports:

Our camp will provide a variety of opportunities to engage in sports activities. The campers will have access to the playground and local parks to play a variety of sports, games, and many more.

Art and Crafts:

In many creative ways, the campers will improve small motor skills through various arts and craft projects. In addition to the weekly art project, the groups will have access to arts and crafts supplies (paint, clay, construction paper, markers, etc.).

Calendar:

Please read the camp calendar carefully each day. A camp calendar will be passed out at the beginning of each session.

Special Pick-Up Request:

If you must pick up your child during camp hours due to a dentist appointment, etc., these arrangements must be made in ADVANCE. A note to your child's counselor is necessary to ensure that we have your child at the proper location at the necessary time. We strongly encourage you to limit these special requests, since activities are planned and adjustments must be made to accommodate any special pick-up requests.

Absentee Policy:

Please call RFCC BY 8:30 a.m. to report any absences at (708) 771- 6159. Please remember that on trip days the bus will not wait for late campers. If campers are late, it is the parent's responsibility to find the child's group.

We realize that there will be days in the summer when temperature and/or humidity will be extreme. The decision whether your child should attend camp is left to each parent. Refunds are not issued for days absent.

Field Trips:

All field trip fees are included in the tuition. PLEASE DO NOT SEND YOUR CHILD WITH MONEY OR VALUABLES. The community center cannot be responsible for any lost, stolen, or broken items. A school bus will be rented by the Community Center to transport children on most trip days.

T-Shirts:

Participants will receive one camp T-shirt per session. All participants are required to wear a camp T-shirt on all field trips for safety purposes. Families will be assessed a charge for extra T-shirts given to your child.

Young Voyagers Summer Camp

Parent Handbook 2024

Camp Attire:

Campers should wear comfortable, cool clothing to camp that is suitable for athletic activities and messy play. Appropriate clothing would include jeans or shorts, sweats, socks and gym shoes. Please put all of your child's belongings in one bag with his/her name on it. Do not send money, toys, or jewelry with your child. Please put sunscreen on your child BEFORE they arrive at camp.

Snacks/Lunch

All children will be offered a snack during AM extended care and before 4:00 pm. A hot lunch will be served Monday - Friday. Lunches are catered from Delicious by Quality Catering.

Rest Time/Cot Sheets

All children ages three, four & potentially some five-year-olds will rest from 1:00 pm-3:00 pm daily. Children who do not fall asleep within the first 45 minutes of rest time will be allowed to read or to quietly work puzzles on their cot. The Community Center will provide each child with a cot and a sheet. We recommend that each child also bring in a blanket or sleeping bag. Pillows and small stuffed animals may also be used during rest time.

Toys

Children are not allowed to bring toys from home unless directed by the child's teachers. If a child brings a toy from home, it will be kept in the child's cubby or in the director's office until the end of the day.

Birthdays

Parents may bring a special snack to celebrate their child's birthday. Due to licensing requirements, all food items must be store-bought products and free of peanuts/tree nuts and any other allergens that may cause harm to our students – please check with your child's teacher before choosing your child's treat. Any items that contain items that our students are allergic to will not be served.

Inclement Weather:

Since trips are planned months in advance, every effort will be made to go on a planned trip or activity. However, in case of inclement weather (cold, rain, etc.) on trip days, a decision will be made at 10:00 a.m. by the Camp Director and Community Center staff whether to cancel or substitute another trip in place of the planned activity. Please do not call before 10:00 a.m. for information.

Illness/Infectious Disease

RFCC staff strives to provide a safe, healthy environment for all children and their families in our program. Therefore, we cannot allow children who have any of the following symptoms to attend the program until they are symptom free for at least 24 hours: **Temperatures of 100.4 degrees or higher, constant coughing, very runny nose (especially if mucus is thick and/or green), diarrhea, rashes or scratching for unknown reasons with or without fever, or red and/or watery eyes that were crusted upon awakening.**

Parents should call the front office by 8:30 a.m. to report a child's absence and any communicable illness. The Community Center is required to report any cases of infectious illnesses and to take precautionary measures to prevent the spread of the infection. In order for a child to return to the program, a doctor's note will be required for any child who has been hospitalized, had a serious illness, or had a communicable disease.

RFCC/CDC/State of Illinois Public Health Guidelines

All participants are required to follow RFCC/CDC/IDPH Guidelines in response to the Covid-19 Pandemic

Young Voyagers Summer Camp

Parent Handbook 2024

Allergies/Special Needs

At the time of enrollment, parents must notify the Early Childhood staff of any allergies or special needs their child may have by accurately completing the health and enrollment forms which will be kept in the child's file. If any changes occur during the school year, parents must immediately notify the Community Center in writing. The Community Center cannot be held responsible if a parent(s) fails to provide the Center with updated information.

The parents of participants with allergies or other special needs may be asked to bring alternate snacks, beverages, etc. if an acceptable alternative is not regularly purchased by the Community Center (i.e. the Center will provide water to children who are lactose intolerant. A parent must bring lactose free milk if he/she feels that water is unacceptable.)

A quiet area will be provided to students who wish to practice religious customs/traditions before meals or anytime during the school day.

Medication

The staff will administer medications only if they are necessary to protect the health of a child. A signed medical authorization form must be filled out by the child's parent/guardian. The medication must be in its original prescription bottle with a label stating the child's name, the dosage, the pharmacy name, the prescription number, and the doctor's name. Non-prescription medication must be in its original container with the child's name written on the label. A physician's signature may be required for non-prescription medications.

Emergency Procedures

Emergency information must be provided for each child in their enrollment packet. If an emergency occurs, the safety of the children will be the first priority and the parents will be notified as soon as possible.

Designated staff members are certified in first aid and CPR training. If a medical emergency occurs, a staff member will call 911, perform First Aid/CPR and, if necessary, the child will be taken by ambulance to an area medical center.

Emergency Response, Evacuation & Crisis Plans

The Community Center has an Emergency Response plan and an Evacuation plan that is specific to the building where the program is located. Information regarding the specific procedures for each location is outlined in the respective plan for each building and should be referred to in the event of an emergency situation.

Liability Insurance

The River Forest Community Center carries liability insurance coverage in the single limit minimum amount of \$300,000 per occurrence.

Release of Personal Information

Information pertaining to the admission, progress, health, or discharge of an individual child shall be confidential and limited to facility staff, the Department of Children and Family Services and the Local Health Departments.

If a student's personal information is requested by additional outside agencies, the parent/guardian of the child must sign a release waiver before the information can be shared.

Young Voyagers Summer Camp

Parent Handbook 2024

POSITIVE GUIDANCE & DISCIPLINE POLICY

Our goal is to help children develop self-control, take responsibility for their behavior and understand the value of appropriate behavior. We encourage children to learn how to grow independently and make appropriate choices to manage and self-regulate their behavior.

The environment is designed to promote positive and enjoyable learning experiences for each child and emphasis is placed on the following as preventive measures to minimize issues or concerns:

- Room arrangement
- Choice of age appropriate materials and learning activities
- Consistent schedule and predictable routines
- Age appropriate expectations
- Positive staff-child interaction
- Active adult supervision.

Staff set clear, consistent, and reasonable limits and then follow through enforcing these limits. We remind children of the expected behavior and use simple language to explain reasons for the limits. To help achieve goals, our staff utilizes supportive, positive guidance and discipline techniques which help children acknowledge their behavior, make choices about the solution and accept responsibility for consequences.

Specific positive guidance and discipline techniques include:

- Using redirection and distraction rather than negative reinforcement
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Young Voyagers Summer Camp Parent Handbook 2024

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Acknowledgement of Parent Handbook and RFCC Policies and Procedures

Please sign this page and return it with your registration forms.

I have received and understand the information in the Parent Handbook and I agree to abide by all RFCC policies as stated in the Parent Handbook.

Child's Name: _____

Parent or Guardian's Name (Print)	Signature	Date
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Parent or Guardian's Name (Print)	Signature	Date
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Signature of Early Childhood Director	Signature	Date
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