

**Parent Agreement ~ Policies**

1. *Calvary Child Care Center is an extension of Calvary Full Gospel Church. As such, Biblical truths and principles will be openly shared with the children on a daily basis. We believe the Bible to be the inspired Word of God, the only rule of faith and practice. It is a divine guide to everyday living, as relevant to our lives today as when God's Word was first written.*

**We Believe ...** We believe that God offers to every person the forgiveness of sins through the sacrifice of His Son. The scriptural plan of salvation is simple and definite:

a) All are sinners. Romans 3:23 "For all have sinned and come short of the glory of God."

b) Sin must be punished: Romans 6:23a "For the wages of sin is death."

c) God sent His son Jesus Christ to take our punishment for us by dying on the cross: Isaiah 53:5b "...the punishment that brought us peace was upon Him ..."

d) Eternal life is a gift: Ephesians 2:8, 9 "For by grace are you saved through faith, and not of yourselves, it is a gift of God, not of works least any person should boast."

e) Be receiving Christ, we receive eternal life: 1John 1:9 "If we confess our sins, He is faithful and just to forgive us our sins and to cleanse us from all sin."

2. A **7% discount** will be applied to 2 child families. A 30% discount will be applied to families with 3 or more children enrolled. No other discounts apply to families receiving a 30% discount already. All discounts are contingent upon an account being in good standing. **Discounts are made null and void should an account accrue a balance of any size.**

3. It is the parents' responsibility to strictly adhere to the Wellness Policy (posted by sign-in book).

4. Calvary will be completely closed on July 5, 2010

5. The center is scheduled to close at 6:00 PM. A late pick up fee of **\$20.00** will be charged to parents when picking up children between **6:06-6:15 PM**. Thereafter, a fee of \$10.00 will be charged for each additional 15 minute increment. This fee will be due in a separate check or money order, payable within 3 days. This is assessed regardless of the reason for late pick up.

6. A **\$25.00 fee** will be charged for a returned check. It is not our policy to accept post-dated checks or cash. In the event a family bounces more than 1 check, the center will require all future payments to be paid with money orders.

7. Parents are asked to park only in lined spaces in the parking lot. Handicapped spots are for those with the applicable signage. At no time should any vehicles be parked along the curb – this is dangerous to your vehicle, other vehicles, and children exiting the building. **All students must be walked in and out of the building by an adult and signed in and out on a daily basis. Please walk your young person to his/her classroom/group area.**

**My child's approximate arrival time is \_\_\_\_\_ and departure time is \_\_\_\_\_**

**Date of Child's Admission: \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_**

**I have read, fully understand and agree to the terms as stated in the policies and procedures for 2010 Summer Camp.**

**Parent Signature: \_\_\_\_\_**

**Date \_\_\_\_\_**

**Director Signature: \_\_\_\_\_**

**Date \_\_\_\_\_**

A 10% discount will be given to those families who are faithfully attending and financially supporting Calvary Full Gospel Church. The signature below affirms the undersigned meets the criteria for receiving this discount.

The 10% church discount is contingent upon accounts being current.

X \_\_\_\_\_  
Church Family Signature Receiving Discount Date

\_\_\_\_\_  
Church ID #

**Student Agreement: I agree to respect and cooperate with the adults in charge. I acknowledge that I know that all electronics, including cell phones, need to be left at home. I additionally acknowledge that I have read that closed toe shoes must be worn, so I will not wear flip flops or open toe sandals to camp (except for beach day).**

**Student Signature \_\_\_\_\_**

# EMERGENCY CONTACT / PARENTAL CONSENT FORM ~ Summer Camp 2010~

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182: 3280.124(a)(b). 3280.181 & 182: 3290.124 (a)(b), 3290, 181 & 182

Update this form every 6 months or sooner if information changes

<b>CHILD'S NAME</b>		<b>BIRTHDATE</b>
ADDRESS		
<b>MOTHER'S NAME/ LEGAL GUARDIAN</b>		<b>EMAIL ADDRESS</b>
ADDRESS		HOME TELEPHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>FATHER'S NAME/ LEGAL GUARDIAN</b>		<b>CELL NUMBER:</b>
ADDRESS		<b>EMAIL ADDRESS</b>
BUSINESS NAME		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>CELL NUMBER:</b>		
<b>EMERGENCY CONTACT PERSON(S)</b>	- NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>		
- NAME		ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER</b>		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	<b>ALLERGIES (INCLUDING MEDICATION REACTION)</b>	
MEDICAL OR DEITARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>		<b>ADMIN OF MINOR FIRST – AID PROCEDURES</b>
sign		sign
WALKS AND TRIPS		SWIMMING
sign		sign
TRANSPORTATION BY THE FACILITY		WADING
sign		

PERIODIC REVIEW ~ update this form every 6 months or sooner if information changes

sign \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN

DATE