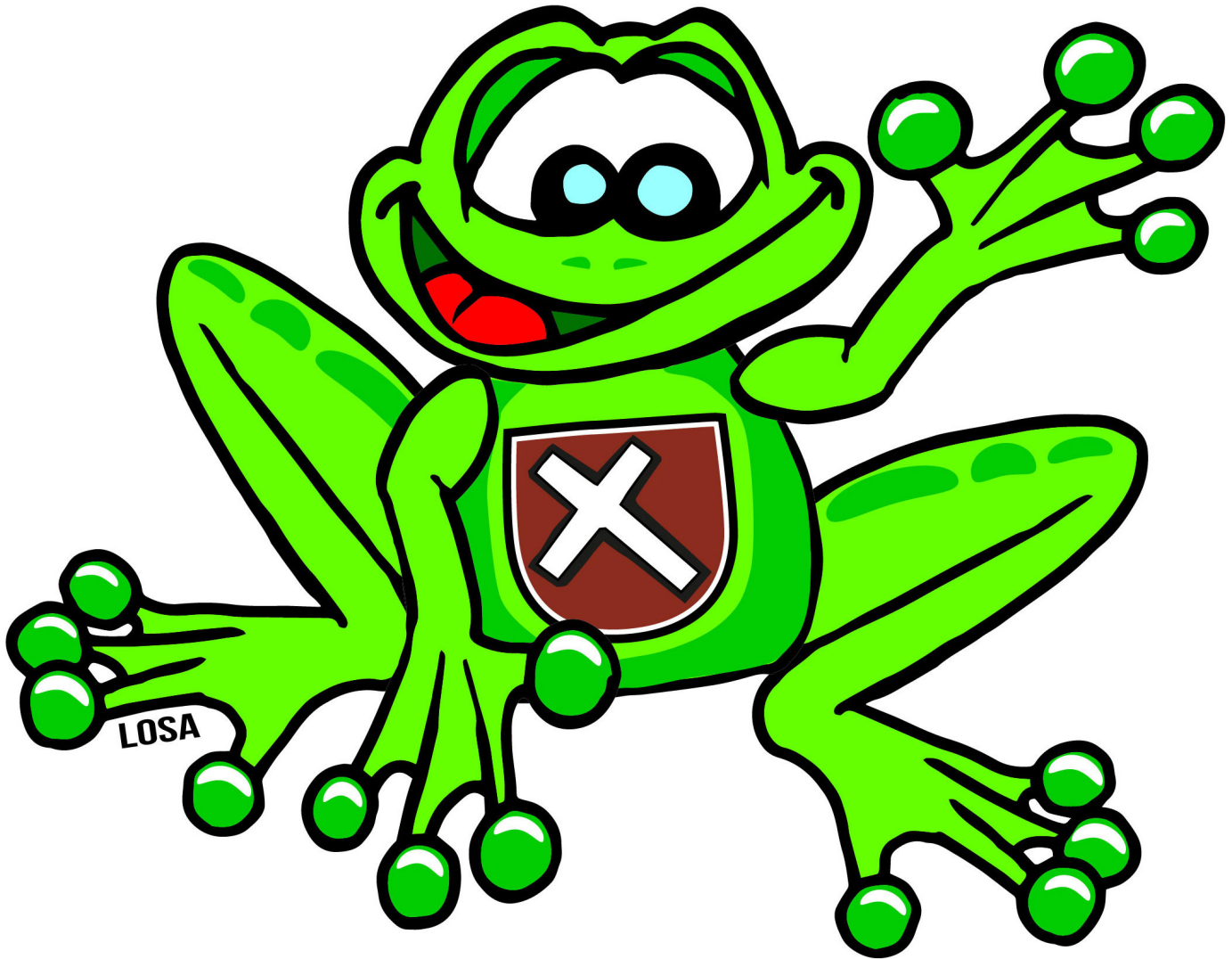


WELCOME

FIRST CHRISTIAN CHURCH SCHOOL AGE PROGRAM
SUMMER CAMP ENROLLMENT PACKET



DIRECTOR: DEANNA "DEE DEE" REEDY
ASSISTANT DIRECTOR: SYDNEY WHITE
SCHOOL AGE PROGRAM DIRECTOR: ALYSSA BAZAN

WELCOME TO FIRST CHRISTIAN CHURCH SCHOOL AGE PROGRAM!

**First Christian
Church
Child Care Center**

1880 SW Gage
Topeka, KS 66604

Phone 785-272-4291
Fax 785-272-8318

childcare@fctopeka.org

Dee Dee Reedy
Program Director

Sydney White
Assistant Director

Alyssa Bazan
School Age Director

First Christian Church
(Disciples of Christ)

Rev. Bonnie Goodwin
Senior Minister

Attached you will find an enrollment packet. Please make sure that each form is filled out completely. If a question does not apply to you, please write n/a or not applicable.

These forms need to be completed and returned:

- FCCSAP Overview
- FCCSAP Tuition Agreement Form
- FCCSAP Enrollment Information Sheet (front and back)
- FCCSAP Photo/Social Media Form
- FCCSAP Permission Form
- KDHE Authorization for Emergency Medical Care
- KDHE Child Health History
- CACFP Eligibility Form (see director for form)

Please call or email us if you have any questions!

FCC SCHOOL AGE PROGRAM: SUMMER CAMP OVERVIEW

Welcome to the First Christian Church School Age Summer Camp! We're thrilled to provide a fun and enriching experience for your child. Below, you'll find important details to ensure a smooth and enjoyable camp experience:

Camp Hours:

- Regular Camp Hours: Drop-off between 7:15am - 9:00am | Pick-up between 3:30pm - 5:30pm
- Out of Town Field Trip Days: Drop-off between 7:15am - 8:30am | Pick-up between 4:00pm - 5:30pm
- Please ensure your child arrives promptly by 9:30am. If you need to pick up your child before the scheduled return time or anticipate being late for drop-off, please inform us in advance. While we strive to accommodate special circumstances, please understand that we may not be available due to our off-site activities.

What to Bring:

- Closed-toe shoes: No open-toe shoes allowed. Please ensure your child wears comfortable tennis shoes for safety and comfort.
- Swimsuit and Towel: Required on Mondays for water play or swimming sessions throughout the week. Please pack these items in a backpack or bag.
- Sunscreen and Bug Spray: We will store them in a locked container for safety.
- Electronics: Unless specified for special activities, please refrain from bringing electronics to camp.

Weather Considerations:

- In the event of inclement weather, outdoor activities may be limited, and our schedule may need adjustments. Rest assured, we'll ensure your child's safety and provide engaging indoor activities.

Camp Location:

- Address: 1880 SW Gage Blvd, Topeka, KS 666

Meals:

- Hot Lunches: Provided daily, unless we have scheduled field trips during lunch hours. In such cases, the kitchen staff will prepare sack lunches for the campers.

We're committed to providing a safe, nurturing, and enjoyable environment for your child throughout the summer. Should you have any questions or concerns, please don't hesitate to reach out to us. We look forward to an exciting and memorable summer camp experience!

Please sign below to indicate that you understand the information provided above.

Parent Signature: _____ Date: _____



2024 FCCCCC TUITION AGREEMENT

<u>Before School Care</u>	Weekly	Monthly
	\$60.00	\$262.00
<u>After School Care</u>	Weekly	Monthly
	\$94.00	\$402.00
<u>Before & After School Care</u>	Weekly	Monthly
	\$107.00	\$462.00
<u>School Age Summer Program</u>	Weekly	Monthly
	\$143.00	\$572.00

Child's Name: _____ Child's Name: _____

Child's School: _____

I/We agree to abide by the terms included in this tuition agreement.

Parent/Guardian signature: _____ Date: _____

Provider signature: _____ Date: _____

FIRST CHRISTIAN CHURCH SAP ENROLLMENT

Registration Date: _____

Parent/Guardian Information

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: _____

Employed By: _____ Office Phone: _____

Work Address: _____ Hours: _____ Cell Phone: _____

Custodial Parent (If married, mark both parents) Email: _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: _____

Employed By: _____ Office Phone: _____

Work Address: _____ Hours: _____ Cell Phone: _____

Custodial Parent (If married, mark both parents) Email: _____

Child Information

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Gender: Male Female D.O.B.: _____

Child's Address: _____

Check Class: Before School Care - After School Care - Before & After SC - School Age Summer Camp

List any existing medical conditions, medication and/or special attention your child may require:

Allergies: _____

Doctor's Name: _____ Home Phone: _____

Additional Comments & Information

Is there any other information that would be helpful to our management and teaching staff?

FIRST CHRISTIAN CHURCH SAP ENROLLMENT

Emergency Contacts & Authorized Pickup Persons:

1st Contact Pick Up Name: _____ Phone: _____

Relationship to the child: _____ Address: _____

Able to pick up all children in the family

Able to pick up the following children: _____

2nd Contact Pick Up Name: _____ Phone: _____

Relationship to the child: _____ Address: _____

Able to pick up all children in the family

Able to pick up the following children: _____

3rd Contact Pick Up Name: _____ Phone: _____

Relationship to the child: _____ Address: _____

Able to pick up all children in the family

Able to pick up the following children: _____

4th Contact Pick Up Name: _____ Phone: _____

Relationship to the child: _____ Address: _____

Able to pick up all children in the family

Able to pick up the following children: _____

Tuition/Payment Information

Current Tuition amount: _____ Weekly Bi-Weekly Monthly Other: _____

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Signature

Parent's Signature: _____ Date: _____

FIRST CHRISTIAN CHURCH SCHOOL AGE PROGRAM: SOCIAL MEDIA/PHOTO FORM

The main purpose of this form is to safeguard the pupils who attend the child care center. It also provides guidelines, which minimize legal risk and protect the reputation of the center and staff.

Purpose of Facebook

First Christian Church School Age Program has a Facebook page available. This is used as a communication tool for the center. We use it for the following purposes:

- Promote events such as social events
- Parent communication
- Update parents on staff training and development
- Share news on events around Topeka for families to enjoy
- Provide ideas of activities to do at home
- Share news about the church or center
- Show photos of activities, artwork, and crafts
- Allow for parental feedback, comments and communication

We will NOT

- Show photos of any children that will identify them (ie. by name)
- Discuss any issues of personal nature
- Share any information of any parent or child attending this center

After reviewing, please select Yes or No for the following:

1. First Christian Church Child Care Center may post photos of my child on Facebook.

Yes No

2. First Christian Church Child Care Center may use photos of my child for the monthly newsletter.

Yes No

Parent Signature: _____ Date: _____

FIRST CHRISTIAN CHURCH SCHOOL AGE PROGRAM: PERMISSION FORM

I give permission for my child, _____, to participate in the following activities with First Christian Church School Age Summer Program from 7:15am to 5:30pm, Monday through Friday, between May 28 and August 9.

Arrowhead Stadium 1 Arrowhead Dr, Kansas City, MO	Helping Hands Humane Society 5720 SW 21st St, Topeka, KS	Shawnee Lake Trails 3137 SE 29th St, Topeka, KS
Bonkers 5515 SW 21st St, Topeka, KS	Hummer Sports Park 2751 SW East Circle Dr S, Topeka, KS	Shawnee North Aquatic Center 300 NE 43rd St, Topeka, KS
Children's Discovery Center 711 SW 11th St, Topeka, KS	Kansas Allen Fieldhouse 1651 Naismith Dr, Lawrence, KS	Shunga Trail 4801 SW Shunga Dr. Topeka, KS
Dornwood Spray Park 1400 NE 46th St, Topeka, KS	Kansas State Capitol SW 10th Ave, Topeka, KS	Topeka Performing Arts Center 214 SE 8th Ave, Topeka, KS
Emporia Pool 1101 S Commercial St, Emporia, KS	Lake Shawnee 3137 SE 29th St, Topeka, KS	Topeka Public Library 1515 SW 10th Ave, Topeka, KS
Emporia Zoo 75 Soden Rd, Emporia, KS	Lawrence City Pool 727 Kentucky St, Lawrence, KS	Topeka Zoo 635 SW Gage Blvd, Topeka, KS
Every Plaza 630 S Kansas Ave, Topeka, KS	Manhattan City Pool 1101 Poyntz Ave, Manhattan, KS	Ward-Meade Park 124 NW Fillmore St, Topeka, KS
Feller Park 23rd St, Topeka, KS	Midwest Aquatic Center 1632 SW 10th Ave, Topeka, KS	Washburn University 1700 SW College Ave, Topeka, KS
Garfield Pool 1600 NE Quincy St, Topeka, KS	Rossville Pool 102 S 1st St, Rossville, KS	Wamego Municipal Pool 500 Maple St, Wamego, KS
Great Play 1501 SW 21st St, Topeka, KS	Science City 30 W Pershing Rd, Kansas City, MO	West Ridge Lanes 1935 SW Westport Dr, Topeka, KS

_____ FCCSAP Summer Program has permission for my child to apply sunscreen and/or bug spray (provided by parents) as needed to participate in the planned summer program activities. Sunscreen will be applied as a protective measure, this is not a guarantee against sunburn.

_____ FCCSAP Summer Program has permission for my child to watch G and appropriate PG movies.

_____ I understand FCCSAP Summer Program reserves the right to dismiss a child for continual behavioral problems.

_____ I hereby give permission for the above named child to participate in any summer program activity that includes transportation to and from a program activity or field trip, either by school bus or passenger van.

Parent/Guardian Signature: _____ Date: _____



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license.	License #
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I authorize _____ (caregiver/staff) who is (are) representative(s) of the above-named facility to give consent for any and all necessary emergency medical care for my child or youth _____ (child's first and last name) while child or youth is in the facility's custody between _____ and _____.
MM/DD/YYYY MM/DD/YYYY

Is child covered by health insurance? Yes No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____
MM/DD/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:

Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
--	-------------

Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of Kansas	
County of _____	
Signed or attested before me on _____	by _____
MM/DD/YYYY	Name of Person
(Seal, if any.)	

Signature of notarial officer	

Title (and Rank)	
My appointment expires: _____	

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is transported by the facility.



HEALTH HISTORY FOR CHILDREN AND YOUTH ATTENDING SCHOOL AGE PROGRAMS

As required by K.A.R. 28-4-590(d) (1), each operator shall obtain a health history for each child or youth, on a form supplied by the department or approved by the secretary. Each health history is to be maintained in the child's or youth's file on the premises. As required by K.A.R. 28-4-590(d)(2), each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.

Complete one form for each child or youth attending the School Age Program.

First and Last Name of the Child or Youth	Gender (M or F)	Date of Birth (MM/DD/YYYY)	First day at this program: (MM/DD/YYYY)
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First and Last Name of the Child's or Youth's Mother or Guardian

Mother/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Mother/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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First and Last Name of the Child's or Youth's Father or Guardian

Father/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Father/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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Names and ages of other children in the Child or Youth's Family (Attach additional page if needed.)
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Person(s) authorized to pick up the Child or Youth in case of emergency. Include first and last name and Street Address. Attach additional page if needed.	City	Zip Code	Phone Number (during program hours):
1.			
2.			
3.			

First and Last Name of Physician & Street Address	City	Zip Code	Phone Number ()
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Name of Hospital Preference in case of emergency.
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Yes	No	N/A	Complete the following information about medications for this child or youth.
			Will this child or youth need to take any nonprescription or prescription medication during their time at the program?
			If yes above, is there signed permission on file?

Circle any of the following conditions or difficulties that affect this child or youth.			
Allergies	Frequent sore throats/ colds	Ear Infections or Aches	Heart or Lung Conditions
Skin Problems	Asthma	Headaches	Diabetes
Vision	Speech/Communication	Hearing	Emotion/Behavior
Other: Please describe.			

If you circled any of the above conditions, please provide additional information that will help the staff members meet the child's or youth's needs while attending the program. (Attach additional page, if needed.)

Provide additional information about your child or youth that might affect him/her while at the School Age Program including any special needs, restrictions to activities, major changes at home or special instructions. (Attach additional page, if needed.)

Complete the following information about this child's or youth's immunization status.

Yes	No	
		Did this child or youth attend a public or accredited non-public school in Kansas, Missouri or Oklahoma the previous year?
		If yes, are this child's or youth's immunizations current?
X	X	If yes to both of these questions, you do NOT need to complete the immunization history below. If no to either of the above questions, you must complete the immunization history below for this child or youth or attach a copy of the child's or youth's immunization history.

Please give dates in the space below for ALL immunization series completed by this child or youth. Record MM/DD/YYYY.

		1	2	3	4	5
	DPT, DT*, TD (*DT only if child is allergic to DTP)	/ /	/ /	/ /	/ /	/ /
	POLIO	/ /	/ /	/ /	/ /	
	MMR	/ /	/ /			
Single Dose Only	RUBEOLA (MEASLES)	/ /	/ /			
	MUMPS	/ /	/ /			
	RUBELLA (GERMAN MEASLES)	/ /	/ /			
	HIB (Hemophilus Infl. B) *RECOMMENDED	/ /	/ /	/ /	/ /	
	HBV (Hepatitis B Vaccine) *RECOMMENDED	/ /	/ /	/ /		
	VAR (Varicella-Chicken Pox) *RECOMMENDED	/ /				

Print the First and Last Name of the Person Completing this Health History form	Relationship to the Child/Youth	Date Completed
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If the Health History form was completed by a person other than a Parent/Guardian, who provided you with this information?	What is that person's relationship to the child/youth?
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I attest, under penalty of perjury, that to the best of my knowledge, the information provided on this form is true and correct.	
Signature of person completing this form	Date Signed