2020

Bellevue Community Center
Summer Camp
"The Best Life is Camp Life"

Tuesday, June 16th – Friday, August 21st, 2020

REGISTRATION PACKET
"A Delaware 5 STARS Program"
Welcome: "The Best Life is Camp Life" at the Bellevue Learning Center

We are thrilled that you have chosen Bellevue Community Center (BCC) for camp this year. "Camp Life is the Best Life" means the opportunity to live, laugh, and love. Children will build new relationships, learn new skills, and mature as they enjoy their summer.

GENERAL INFORMATION

Camp Dates: 10 Sessions – June 16th (Tuesday) through August 21st (Friday). BCC operates rain or shine, Monday through Friday. Camp will be open during severe heat and will adapt for safety. The camp day is from 7:00am to 6:00pm. The camp cut-off time is 8:30am. Breakfast is served from 7:45am to 8:15am. BCC is closed on Friday, July 3rd.

GROUPS (Based on Exiting Grade)
Blue Room: Kindergarten – 1st Grade
Yellow Room: 2nd Grade – 3rd Grade
Orange Room: 4th Grade – 5th Grade

**Kindergarten students must have completed one year of kindergarten at time of enrollment**

**5th Graders can be at the end of their school year or no older than 12 years of age**

Our camp program is designed to provide a wide range of enriching educational and recreational activities in an affordable, nurturing, safe and supportive environment. This environment will be conducive to discovering the joy in learning and developing a positive self-image for every child. We believe in a more holistic approach to traditional day camp and offer professionalism and quality customer service.

SESSIONS

<table>
<thead>
<tr>
<th>FEE</th>
<th>SESSION</th>
<th>WEEK OF</th>
<th>PAYMENT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200</td>
<td>1</td>
<td>June 16th - June 19th</td>
<td>Friday, June 12th to secure a spot</td>
</tr>
<tr>
<td>$200</td>
<td>2</td>
<td>June 22nd - June 26th</td>
<td>Friday, June 19th</td>
</tr>
<tr>
<td>$200</td>
<td>3</td>
<td>June 29th - July 3rd</td>
<td>Friday, June 26th</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BCC is closed on Friday July 3rd for Independence Day</td>
<td></td>
</tr>
<tr>
<td>$200</td>
<td>4</td>
<td>July 6th - July 10th</td>
<td>Friday, July 3rd</td>
</tr>
<tr>
<td>$200</td>
<td>5</td>
<td>July 13th - July 17th</td>
<td>Friday, July 10th</td>
</tr>
<tr>
<td>$200</td>
<td>6</td>
<td>July 20th - July 24th</td>
<td>Friday, July 17th</td>
</tr>
<tr>
<td>$200</td>
<td>7</td>
<td>July 27th - July 31st</td>
<td>Friday, July 24th</td>
</tr>
<tr>
<td>$200</td>
<td>8</td>
<td>August 3rd - August 7th</td>
<td>Friday, July 31st</td>
</tr>
<tr>
<td>$200</td>
<td>9</td>
<td>August 10th - August 14th</td>
<td>Friday, August 7th</td>
</tr>
<tr>
<td>$200</td>
<td>10</td>
<td>August 17th - August 21st</td>
<td>Friday, August 14th</td>
</tr>
</tbody>
</table>

Sign and date here ____________________________
SIGNING UP

A non-refundable $25.00, one-time Registration Fee (for camp supplies) is required for each child at the time of signing up. This fee will not be added to your bill.

All previous balances must be paid before you can register for camp. All camp balances must be paid before you can register for before and after care.

Tuition for the program is based on this sliding fee scale of your income and family size. If proof of income is not provided, your family will be placed into Category 3.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Up to 25,498</td>
<td>32,783</td>
<td>43,710</td>
</tr>
<tr>
<td>3</td>
<td>32,043</td>
<td>41,198</td>
<td>54,930</td>
</tr>
<tr>
<td>4</td>
<td>38,588</td>
<td>49,613</td>
<td>66,150</td>
</tr>
<tr>
<td>5</td>
<td>45,133</td>
<td>58,028</td>
<td>77,370</td>
</tr>
<tr>
<td>6</td>
<td>51,678</td>
<td>68,443</td>
<td>88,590</td>
</tr>
<tr>
<td>7</td>
<td>58,223</td>
<td>74,858</td>
<td>99,810</td>
</tr>
<tr>
<td>8 or more</td>
<td>64,768</td>
<td>83,273</td>
<td>111,030</td>
</tr>
</tbody>
</table>

Weekly Fee

<table>
<thead>
<tr>
<th>Category</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Camp</td>
<td>$180</td>
<td>$190</td>
<td>$200</td>
</tr>
</tbody>
</table>

Discounted Fees for multiple children:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Child</td>
<td>100% of regular fee</td>
</tr>
<tr>
<td>2nd Child</td>
<td>90% of regular fee</td>
</tr>
<tr>
<td>3rd Child</td>
<td>80% of regular fee</td>
</tr>
<tr>
<td>4th Child</td>
<td>70% of regular fee</td>
</tr>
</tbody>
</table>

Discount Option:

- Sign up and pay for all 10 weeks of camp – Receive ONE WEEK FREE.

Discount fees further explained (per week/per child). Calculation Example:

1\textsuperscript{st} Child – Jane Doe = $200 (100%)
2\textsuperscript{nd} Child – John Doe = $180 ($200 \times 10\%)
3\textsuperscript{rd} Child – Josh Doe = $160 ($200 \times 20\%)
4\textsuperscript{th} Child – Jane Doe = $140 ($200 \times 30\%)

Sign and date here ____________________________________________
Guidelines:

1. Field trip expenses are part of the weekly fee.
2. There WILL NOT BE CARE AT BCC FOR YOUR CHILD during field trips. If you chose not to have your child attend a field trip, please do not send your child to attend camp that day.
3. The weekly fee for each session is due by Friday at 4:30pm PRIOR to attending. If payment is not made the week PRIOR your camper may not return to the program.
4. Camp is only for grades K to 5th grade. Kindergarten campers must have completed kindergarten before they can attend. Fifth graders can be at the end of their school year or no older than 12 years of age.
5. Don’t forget to bring a copy of your DRIVER’S LICENSE for registration.
6. VALID HEALTH APPRAISAL must accompany the packet to complete registration. You cannot register without it. Future appointments will not be accepted.
7. A medication form must be completed if your child must receive any medication, sunscreen or vaseline application when attending camp.

ENROLLMENT and RECORDS

Registrations will be processed only when a completed application packet is received with the application fee and weekly tuition. A registration packet must be completed (in compliance with State licensing regulations) in order for a child to participate in the program. The registration packet includes:

Application Form: This form should be filled out completely, including emergency contacts, and person(s) designated to pick up your child. Your emergency contact information should be someone beside yourself. Parents are responsible for notifying BLC immediately in writing of any changes of names, addresses, and/or telephone numbers provided on this form for parents/guardians and emergency contact persons. A Registration Update Form (available in the Main Office) should be completed for any changes and submitted to the main office. All signatures are required.

Health Appraisal: In accordance with State of Delaware regulations, parents must submit a completed health appraisal at the time of registration. This needs to be updated annually. You cannot sign up your child without a health appraisal. Must be within 1 year.

Parent Agreement, Permission Forms & Parent Handbook: Parents must sign forms confirming their receipt and understanding of policies and regulations. Please be aware that when you sign these agreements you are stating you agree with what you are signing.

Camper Contract – Zero Tolerance Agreement: Must be signed to ensure you understand our policies for behaviors in the program.

Vacations: Advance notice is required if a child will be out for family vacation. One week notice must be given or the weekly fee will be assessed.

Sign and date here ____________________________________________________________
DELINQUENT ACCOUNTS

If payments are not received within 24 hours, a delinquent notice will be sent home with your child. If payments are not received by Friday of the following week, you will receive a notification letter that your child will not be permitted to return to the program until fees are paid in full. Please contact our office immediately if there is an emergency which will keep you from paying your bill.

WITHDRAWAL

Two week written notice is required for withdrawal of a child (ren) from the program. If written notice is not received you will be obligated to pay the weekly fee for the two-week period regardless of whether the child attends during that time. In the event of a voluntary withdrawal from the program for any reason, a child may not re-enroll for a period of one month. The registration fee is non-refundable.

REFUNDS and CREDITS

Refunds will only be issued if BCC is given a 2-week advance written notice. Refunds or credits will not be issued for participants who are suspended from participation in the program for any reason, who do not attend due to sickness, or are not present at the program for any other reason.

PURCHASE OF CARE - POC

The parent/guardian of a child(ren) receiving subsidized childcare (POC) are responsible to maintain current authorization for purchase of care. When purchase of care coverage expires, you will be responsible for full payment for all childcare services received during the period for which purchase of care was not authorized. All POC clients with a co-pay are responsible to submit fees on a weekly basis in advance as stated above and follow all the policies in the FEES section.

State reimbursement for children enrolled through Purchase of Care (POC) will pay for no more than five (5) days of absence each month. Please be aware of the amount of time your child is absent. If a child misses more then five (5) days during one month, that child will be dismissed from the program unless we receive a doctor’s note explaining the absence was medically necessary. Consistently missing more than five (5) days per month may also be cause for dismissal. The Parent/Guardian is responsible for all P.O.C. arrangements including renewals with the State Of DE. If your P.O.C. expires, your child will not be allowed into the program until it is reinstated.

All payments are to be given to the administrative staff in the Main Office or left in the drop box. Payments are NOT to be given to children, or to program staff at any time. To ensure accurate recording of payments, please clearly indicate the child(ren)’s name(s) on the payment. BLC is not responsible for cash payments left in the drop box. Payments should be handed directly to the Office Manager or Assistant Office Manager and should be accompanied by a receipt.

A penalty fee will be assessed for checks returned by the bank due to insufficient funds or any other reason. Cash, money order or certified check payment in the amount of the returned check plus the penalty fee (see fee schedule) must be made within three (3) days after receiving notice of the returned check. You can use Smartcare or PayPal to make your payments.

Sign and date here ________________________________
CONFIDENTIALITY

All BCC records and all personal information on all children, family members and staff must remain confidential. Unauthorized removal of records or unauthorized divulgence of confidential children’s, family members’, staff or program information is strictly prohibited by Bellevue Community Center policy. Violation of this policy is considered serious and will result in discharge without warning. Information obtained in the course of Childcare may be used only to plan for a child’s safe and appropriate participation. Observations made in the classroom and all information discussed at staff meetings/trainings are to be kept in strict confidence. At no time may any written or verbal information, videotapes, pictures, files, assessments or any other documentation be copied, released, or shared without prior written consent from the parent/guardian.

CHILD ABUSE AND NEGLECT

Delaware State law requires the center/staff to report suspected child abuse or neglect to the local authorities. Under the code of the State of Delaware Title IV, as childcare providers, if any staff member in good faith suspects child abuse or neglect, they are required by law to make a report to the Office of Children’s Services of the Department of Services for Children, Youth and Their Families.

FOOD SERVICES PROVIDED

BCC administers the Child and Adult Care Food Program and Summer Food Program (CACFP/SFSP). A breakfast, lunch, and afternoon snack are served daily to the participants of the childcare and school age programs. Summer camp, however, serves only lunch and a snack. The goal of the childcare center meal service is to meet the child’s nutritional needs while creating positive eating habits that will last a lifetime.

Menus are designed to meet both the CACFP (Child and Adult Care Food Program) and SFSP (Summer Food Service Program) meal pattern requirements and Office of Childcare Licensing requirements. Menu planning takes differences in texture, color, tastes, and temperature into consideration. All food items on the menu for each meal are prepared in quantity to satisfy the minimum serving size for each child as required by CACFP and SFSP. Second helpings are made available. We ensure that all adults and children follow food safety practices by washing their hands and wearing gloves before food preparation and/or set-up before meal service and washing hands after clean-up. If your child has a food allergy, please let us know in writing and a doctor’s note must be provided.

CHILD AND ADULT CARE FOOD PROGRAM POLICY - CACFP

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, and disability. (Not all categories of consideration apply to all programs.) To file a discrimination complaint, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SE, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.
SUMMER FOOD SERVICE PROGRAM – SFSP

The Summer Food Program is a federal program of the Food and Nutrition Services, United States Department of Agriculture. The program provides all children 18 years of age and under with the same free meal in accordance with a menu approved by the state agency regardless of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

FIELD TRIP EXPECTATIONS

We schedule trips with the goal of fun and educational experience in mind. Our trips expose campers to various learning opportunities and adventures.

- Campers must follow the Camper Contract and Zero Tolerance Agreement at all times to attend.
- It is not an option to stay back. If your camper cannot attend the trip, they cannot attend camp for that day. There will not be a staff member assigned to remain in the building.
- There is NO refund if your camper misses a trip for behaviour or for being late for bus departure.
- Campers are to bring their own non-refrigerated lunches on trips.
- Trips are subject to change based on weather or scheduling.
- Some trips will have early departure times and extended return times after 4:00pm. Please know that you can stay informed of the status of trips by viewing your messages from Tadpoles.
CHILD INCOME ELIGIBILITY FORM

PART 1 (Complete one application per household. Please use a pen, not a pencil.)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Child's First Name | MI | Child's Last Name | Date of Birth | Ethnicity: Hispanic or Latino? | Race (check one or more):

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

PART 2 - ENROLLMENT

Start Date: ________ / ________ / ________
Arrival Time: AM/PM
Departure Time: AM/PM
Shift Work: Yes/No

Normal days of week Participant(s) is/are in care (circle all that apply):

Meals eaten at Providers/Center: (Circle all that apply. CACFP provides reimbursement for up to 2 approved meals and one snack per day/participant):
Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART 3 - HOUSEHOLD INCOME

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF?

Check one: ☐ Yes / ☐ No

If you answered NO – Complete Part 3.

If you answered YES – Write a case number below, then go to Part 4.

Child Income Weekly BiWeekly 2x Monthly Monthly

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all Child Household Members listed in Part 1 here.

B. All Adult Household Members (including yourself)

List all Household Members not listed in Part 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write "0." If you enter "0" or leave any fields blank, you are certifying (promising) that there is not income to report.

PART 4 - CONTACT INFORMATION and ADULT SIGNATURE

An adult household member must sign and date this form before it can be approved.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household

Check if No SSN

Printed Name of adult completing the form
Signature of adult completing the form
Today's Date

SPONSOR USE ONLY:

Categorical Eligibility (If Yes, Check One): ☐ SNAP (Food Stamp) Household  ☐ TANF Household ☐ Head-Start ☐ ECAP ☐ Foster Child(ren) ☐ Homeless/Migrant/Runaway Participant(s)

DATE WITHDRAWN:

Total Family Income: __________
Family Size: __________

Yearly Income Conversion: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12

ELIGIBILITY - Based on the information provided this application will be:

☐ Approved FREE ☐ Approved REDUCED ☐ Denied – The meals will be claimed in the PAID category.

Determining Official Signature: __________________________ Review/Effective Date: __________________________

Equal Opportunity Provider and Employer
CACFP IEF Revised 10/2017
SUMMER 2020 Camp Bellevue
CAMPER CONTRACT

WE ARE AN ANTI-BULLYING PROGRAM. ZERO TOLERANCE BEHAVIOR

My Child, will be informed and instructed to adhere to the Bellevue Community Center’s Department of Education Anti-Bullying – Zero Tolerance policy following this registration. The BCC’s intentions include 100% safety of all children and staff at all times. I understand that my child is responsible for his/her actions and that will have consequences that break the Anti-Bullying-Zero Tolerance policy. We believe in positive re-direction first and rewarding positive behaviors frequently with intrinsic and extrinsic recognition.

1. The BCC’s policy is to use positive reinforcement as a means of encouraging appropriate behavior.

2. Bullying can exist towards other children AND staff.

3. If my child’s behavior becomes consistently difficult to manage, a conference will be arranged between the parent, program staff, Department Director, and possibly the Executive Director.

4. If my child’s behavior remains defiant or disrespectful after warnings, he/she may be suspended and/or terminated from Camp.

5. My child may be excluded from Camp field trips due to poor behavior, which means the child stays home that day because there will not be anyone to watch the child at the BCC that at time. If I fail to follow this, emergency contacts will be contacted.

6. If my child engages in grossly inappropriate behavior (physically abusive, presents a danger, leaves his/her group or the grounds, fights, or refuses to remain with the “camp”) he/she will be sent home and possibly suspended.

The following list identifies examples of offenses and possible consequences:

<table>
<thead>
<tr>
<th>Level 1 Offenses:</th>
<th>cursing, unwanted touching of other children, horse play, instigation, defiance, disrespect, fighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st offense</td>
<td>incident report to parent / guardian. Possible going home that day.</td>
</tr>
<tr>
<td>2nd offense</td>
<td>conference with parent, one-day suspension. Going home that day.</td>
</tr>
<tr>
<td>3rd offense</td>
<td>incident report, parent contact or meeting, two to three day suspension. Going home that day.</td>
</tr>
</tbody>
</table>

Repeating offenses – termination from program.

<table>
<thead>
<tr>
<th>Level 2 Offenses:</th>
<th>fighting, stealing, offensive touching, inappropriate sexual behavior, destruction of property, leaving group, extortion, reckless endangering, continued defiance and disrespect to others.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st offense</td>
<td>incident report, parent contact or meeting, one-day suspension. Going home that day.</td>
</tr>
<tr>
<td>2nd offense</td>
<td>incident report, parent contact or meeting, three-day suspension. Going home that day.</td>
</tr>
</tbody>
</table>

Repeating offenses – termination from program.

<table>
<thead>
<tr>
<th>Level 3 Offenses:</th>
<th>possession or use of alcohol, drugs, or tobacco, sexual contact, assault, possession or use of weapons or explosives, arson, leaving property, stealing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st offense</td>
<td>contact authorities, termination from program.</td>
</tr>
</tbody>
</table>

The Director of Education has the responsibility to maintain a safe and enjoyable summer for all participants and staff. The Director has the authority to bypass an offense level at any time due to the severity of the situation. We take this very seriously.

There is no tolerance for wild, defiant, or disrespectful behavior in this program towards staff or campers.

My Child will follow the Camper Contract for the duration of his/her time within the Bellevue Community Center’s Summer Camp program. Failure to follow the Camper Contract will result in disciplinary actions that could lead to suspension and/or termination from Camp. The staff of the Bellevue Community Center will support, listen, and obtain all the information to make the best decisions for any behavioral management. I have the right to discuss the situation(s) my child has been involved in, ask questions, and the consequences given.

Sign and date here ________________________________
SUMMER 2020 CAMP REGISTRATION FORM
CAMP BELLEVUE “The Best Life is Camp Life”

CHILD’S NAME: ___________________________ □Male □Female GRADE COMPLETED __________
TODAY’S DATE: ________ / ______ / ______ CHILD’S DOB: ________ / ______ / ______ CAMPER’S AGE AS OF 6/16/20 ________
STREET ADDRESS: ____________________________________________________________
CITY, STATE, & ZIP: ___________________________________________ _________ / _________ / _________
HOME PHONE: ____________________________________________ CHILD LIVES WITH:
SCHOOL ATTENDING FALL 2018: ____________________________________________

PARENT/GUARDIAN: ___________________________ ___________________________
PARENT/GUARDIAN: ___________________________ ___________________________

HOME ADDR: _____________________________________________________________
CITY/STATE/Z: _____________________________________________________________
HOME PHONE: _____________________________________________________________
CELL PHONE: _____________________________________________________________
EMPLOYER: _______________________________________________________________
WORK PHONE: ____________________________________________________________
EMPLYR ADDR: ____________________________________________________________
HRS OF EMLYMT: ____________________________________________________________
E-MAIL: ________________________________________________________________
Check: □Custodial Parent □ Non-custodial Parent
□Joint Custody □Legal Guardian
Approved for Pick-up: □Yes □No
Court Order Provided: □Yes □No
(Revised 8/2017)

Other Household Members: (List Name, Age, and Relationship to Child)

Child’s Physician or Clinic: ___________________________ Phone __________________________

Other Emergency Contacts & Persons Authorized to Pick-Up Child (other than parents/guardians):
NAME ___________________________________________ RELATION TO CHILD: __________
ADDRESS ___________________________________________ PHONE: (w) _________ (h) _________
NAME ___________________________________________ RELATION TO CHILD: __________
ADDRESS ___________________________________________ PHONE: (w) _________ (h) _________
NAME ___________________________________________ RELATION TO CHILD: __________
ADDRESS ___________________________________________ PHONE: (w) _________ (h) _________

• Only Authorized Persons are allowed Pick-Up. In an event an un-authorized person must pick-up, the Parent/Guardian must present in writing authorization for that individual to pick-up with ID.

□ Emergency Medical Care. I _______________________________ (the parent or legal guardian) of ___________________________ , who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

Health Insurance Identification Information:
Allergies/Food Allergies (require Doctor’s note):
Medical conditions, Serious Accidents, Operations, Etc:
Medication Taken Regularly:

Please complete ALL information. Incomplete applications will not be accepted. Do not leave blanks. You may indicate N/A.

Sign and date here ___________________________________________
Sessions child will attend:


Sign up and pay for all 10 weeks and receive one week FREE.

CAMP SHIRTS WILL BE ORDERED BASED ON GRADE ENROLLMENT AND FITTED TO THE BEST AVAILABILITY

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### Required Parent Signatures of All Releases

(Revised 8/2017)

Child’s Name: ______________________  Parent/Legal Guardian Name: ______________________

**REPORTING INCIDENTS / ACCIDENTS AND PERMISSION FOR CARE**

I hereby grant permission for BCC staff to use whatever steps may be necessary to obtain emergency medical for my child if necessary. I hereby, for services rendered, release the Bellevue Community Center, their respective employees, Partners, and Board of Directors, of any and all liabilities. Incidents will be reported of the day with parent.

Parent/Legal Guardian Signature: ______________________  Date: _____ / _____ / _____

**PHOTO AND VIDEO RELEASE:**

I hereby give my permission for my child's photo and/or video to be used for Bellevue Community Center publicity. They will also have access to technology under the supervision of staff.

Parent/Legal Guardian Signature: ______________________  Date: _____ / _____ / _____

**USING BUSES FOR TRIPS, TRANSPORT RELEASE:**

I hereby give my permission for my child to be transported via charter bus, district bus, or BCC bus for field trips, pickups and drop offs if applicable. Please list any special needs or problems which might require special attention during transportation and directions on how to handle them. The information will be carried with the operator of the vehicle. Also, for childcare, permission to leave via stroller or walks under staff supervision in surrounding neighborhoods.

Parent/Legal Guardian Signature: ______________________  Date: _____ / _____ / _____

**RELEASE OF SCHOOL INFORMATION:**

I give permission to provide continuity of care, the Bellevue Community Center staff will communicate with the school staff to obtain a copy of IEP’s, Individualized Transition Plan, behavior reports, progress reports, achievement testing scores and Teacher/Counselor observations and ratings. Copy of school health records to complete the school age program medical files required by the state of Delaware's Office of Child Care & Licensing regulations.

Parent/Legal Guardian Signature: ______________________  Date: _____ / _____ / _____

**COMPUTERS/ TV / DVD**

Children over the age of two may have an educational video, movie, or game incorporated into their curriculum. These may be viewed on a television, computer, tablet, or gaming device. These will be age-appropriate and limited to one hour per day unless a special occasion or activity occurs. Children will be closely supervised while using the internet.

Parent/Legal Guardian Signature: ______________________  Date: _____ / _____ / _____

Sign and date here ______________________

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RECEIPT OF PARENT INFORMATION
I certify that I have received information regarding the following topics: a typical day schedule, positive behavior management techniques, routine and emergency care, health exclusions, and preventions of communicable diseases, food and nutrition, procedures for releasing children, reporting accidents, injuries in critical incidents, mandating reporting of child abuse and neglect, administration of medication procedures, safe sleep procedures for infants (not applicable), pets or animals present in the home regardless of the location within the Family Child Care Home (not applicable) and transportation, if provided.

Parent/Legal Guardian Signature: ___________________________ Date: _____ / _____ / _____

Parent Awareness And Required Signatures

(Revised 8/2017)

PARENTS RIGHT TO KNOW NOTICE

Under the Delaware Code you are entitled to inspect the active record and complaint files of any licensed child care facility. To review a child care facility record contact: Ann Marie Bercy, Office of Child Care Licensing, 3411 Silverside Road, Concord Plaza, Hagley Building, Wilmington, Delaware 19810-4803.

You may also view substantiated complaints and compliance review histories for the past three years by visiting http://www.apex01.kids.delaware.gov:7777/ocel/

Parent/Legal Guardian Signature: ___________________________ Date: _____ / _____ / _____

INCLUSION AND SUPPORT

BCC’s programs embrace an inclusion approach that provides opportunities for all children to actively participate in all aspects of the program. Children with special needs or disabilities and children who are developing typically will be together in classrooms to support and enhance all children’s opportunities for learning. Programs will make necessary accommodations in order to implement a child’s Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) within the program’s budgetary limitations. It is our goal that all of our teachers will have knowledge and training in inclusion best practices. The goal is to create an environment in which all children are valued and respected.

CIVIL RIGHTS

BCC’s programs are implemented with fairness. Children may not be discriminated against based on color, religion, creed, gender, personal beliefs, or socio-economic status.

CONFIDENTIALITY

All BCC records and all personal information on all children, family members and staff must remain confidential. Unauthorized removal of records or unauthorized divulgence of confidential children’s, family members’, staff or program information is strictly prohibited by Bellevue Community Center policy. Violation of this policy is considered serious and will result in discharge without warning. Information obtained in the course of Childcare may be used only to plan for a child’s safe and appropriate participation. Observations

Sign and date here __________________________________________
made in the classroom and all information discussed at staff meetings/trainings are to be kept in strict confidence. At no time may any written or verbal information, videotapes, pictures, files, assessments or any other documentation be copied, released, or shared without prior written consent from the parent/guardian.

**CHILD ABUSE AND NEGLECT**

Delaware State law requires the center/staff to report suspected child abuse or neglect to the local authorities. Under the code of the State of Delaware Title IV, as childcare providers, if any staff member in good faith suspects child abuse or neglect, they are required by law to make a report to the Office of Children's Services of the Department of Services for Children, Youth and Their Families.

Parent/Legal Guardian Signature: __________________________ Date: _____ / _____ / _____

Sign and date here ____________________________________________________________
NAME__________________

BIRTHDATE__________   CHILD HEALTH APPRAISAL

SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW
☐ Allergies   ☐ Frequent Colds   ☐ Fainting   ☐ Physical Handicap
☐ Constipation/Diarrhea   ☐ Hearing Difficulty   ☐ Speech Difficulty   ☐ Behavior Problem
Other_________________  

Comments:______________________________

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):

__________________________________________________________________________
__________________________________________________________________________

Parent/Guardian’s Signature__________________ Date__________________

SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER

CODE:   X - Within Normal Limits   O - See Remarks Below

Scalp, Skin   Heart   Vision   Ear, Nose   Lungs
Hearing   Throat   Abdomen   Blood Pressure   Eyes
Genitalia   Teeth   Extremities   Neck, Glands   Nervous System
Height   Weight

REMARKS AND RECOMMENDATIONS:__________________________________________

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP?

DTP/Hib 1   DTP/Hib 2   DTP/Hib 3   DTP/Hib 4   DTaP/Hib 4

DTP/DTaP 1 / DT   DTP/DTaP 2 / DT   DTP/DTaP 3 / DT   DTP/DTaP 4 / DT   DTP/DTaP 5 / DT

Td 1   Td 2   Td 3

OPV/IPV 1   OPV/IPV 2   OPV/IPV 3   OPV/IPV 4   TB Screening 12 mo

MMR 1   MMR 2   Hep B 1   Hep B 2   Hep B 3

Hib 1   Hib 2   Hib 3   Hib 4   Hep B/Hib 1

Hep B/Hib 2   Hep B/Hib 3   Varicella 1   Varicella 2   Influenza 1

Influenza 2   Pneumococcal Polysaccharide 1   Pneumococcal Polysaccharide 2   Pneumococcal Conjugate 1   Pneumococcal Conjugate 2

Pneumococcal Conjugate 3   Pneumococcal Conjugate 4   Hep A 1   Hep A 2   Lyme Vax 1

Lyme Vax 2   Lyme Vax 3   Other: Lead Screening 12 mo

Examiner’s Signature__________________ M.D. P.N.P. Date__________________

Printed Name:__________________ Telephone:__________________

DOC.NO. 37-06-10-01-01-01
Accessing Your Child's Information
Last Updated: Sep 17, 2015 07:34PM EDT

Daily reports, photos, videos & notes sent through Tadpoles can be accessed by parents in a variety of ways. All families automatically receive emails from Tadpoles which contain photos and details about their child’s day. There are, however, some other options for receiving that information. Here’s a quick breakdown of each:

Parent App (for Apple & Android) - The Tadpoles Parent app allows families to receive new photos & daily reports via the app. When a new item is available, a push notification would alert you and allow you to launch the app to view that photo/video/report. It allows you to go back month by month and review all of the developments that your child has made since they started at their school. You can also add morning drop-off information and mark your child as out sick directly from the app! The Tadpoles Parent app is free to all families and is available in the App Store, as well as the Google Play store. Just search for, “Tadpoles Parent!”

For tips on how to use the many features of the app, click here!

Parent Website - The Tadpoles website also contains a parent portal for families to access their child’s data. Parents are able to go back month by month and view photos, videos, daily reports and notes. Just go to http://www.tadpoles.com > log in > parent!
Both the app & parent website are accessed through a parent account. You can create an account in either spot & use your login interchangeably.

To create your account on the app:

- Download, "Tadpoles Parent"
- Click, "Sign Up"
- Create an account using the email where you receive your Tadpoles messages.
- Check your email & set up a password.
- Marvel at your awesome kiddo!

To create your account on the website:

- Go to http://www.tadpoles.com
- Click, "Log in"
- Choose, "Parent"
- Select, "Sign Up"
- Create an account using the email where you receive your Tadpoles messages.
- Check your email & set up a password.
- Marvel at your awesome kiddo!

We love hearing from you! Reach out to our support team anytime at hello@tadpoles.com!

☐ I found this article helpful
☐ I did not find this article helpful

Customer service software powered by Desk.com
Parent/Guardian Absolutes

*These procedures and guidelines are non-negotiable!

- **Morning Drop Off.** Breakfast is provided from 7:45 am to 8:15 am. If you want your camper to have breakfast he/she MUST be at BCC by 8:15 am. If you drop them off after 8:15 am they will not get to eat until lunch time at 12 pm. You may drop your child off from 7 am to 8:30 am. **Late entry is at 8:30 and campers WILL NOT BE PERMITTED TO ATTEND FOR THE DAY.**

- **NO EXCEPTIONS.**

- **Sign In/Sign Out.** Campers must be signed in and signed out daily. Anyone signing for a camper must be 18 years of age. You must walk your camper into the building. **We reserve the right to ask for ID of anyone picking up a camper from BCC. PLEASE DO NOT PARK IN THE FIRE LANES for drop off or pick up.**

- Promptly notify BCC of any changes regarding individuals who will be picking up your camper, in writing. This can be done through an email or phone call to the Director in a timely manner.

- **Read ALL Notices.** Flyers or newsletters are posted or placed on the counter in the atrium. You can stay up to date on the latest news by installing Tadpoles on your phone (see attached instructions) and by having a current email on file to receive notices.

- Please Note that BCC staff strives to provide a quality program with varied activities. As such, campers may be in various parts of the building and we may alternate staff. To find out where your camper is look for an employee of BCC (identified with a staff ID) or look on the bulletin board/activity site that is located outside of the gym.

- Know the name of your campers group and camp teacher.

- On BCC property parents/guardians are expected to manage their children's behavior in the same manner as staff. Physical or verbal aggressiveness is not permitted when disciplining or interacting with children, or interacting with staff or other parents. **When you are in our building and may be picking up siblings, your camper MUST be with you at all times.**

- Campers **MAY NOT** wear sandals of any type/kind. Sneakers/closed in shoe is required.

- If girls wear dresses, they **MUST** have shorts underneath of the dress. **No** tube tops or halters are permitted.

- Campers **MAY NOT** have any type of electronics with them while at camp, this includes cell phones. If they do staff members will take them and keep them until the end of the day when they will be returned.

- Campers **MAY NOT** bring toys from home. If they do staff members will take them and keep them until the end of the day when they will be returned.

- **Swimming Days.** Please make sure your camper has a towel and clothes to change into including underwear. For younger campers (kindergarten to third grade) **please put their names on items on swimming days. We will not be responsible for lost or misplaced items.**

- **Gardening Days.** Please make sure campers bring a change of clothes and closed in shoe. These should include items that you do not mind your camper getting dirty. **ALL campers are expected to participate in the gardening activities.** If there are medical concerns, please provide written proof from a doctor and inform the Director. **No outside food.** Campers **MAY NOT** bring in outside food for breakfast, lunch, or snack. BCC provides a well-balanced breakfast, lunch, and snack as required by the state. Except on field trip days. A packed lunch is required. If there are dietary restrictions or allergies, please provide a written doctor's note and notify the Director. **Water bottles are provided and permitted. Please write the campers name on the bottle with a permanent marker.**

Sign and date here ____________________________
# Summer Camp Trips – 2020

**Reminder – All Chaperones and guests of students/chaperones must pay for their own ticket**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Gravity Festival – Wilm, De</td>
<td>July 1</td>
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<tr>
<td>Xbos – Smyrna, DE</td>
<td>July 8</td>
</tr>
<tr>
<td>Elmwood Park Zoo – Norristown, PA</td>
<td>July 15</td>
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<tr>
<td>Crayola Experience – Easton, PA</td>
<td>July 22</td>
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<tr>
<td>Jungle Jim’s – Rehoboth, DE</td>
<td>July 29</td>
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<tr>
<td>Winterthur – Wilmington, DE</td>
<td>August 5</td>
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<tr>
<td>BBQ &amp; Waterslide – on site</td>
<td>August 12</td>
</tr>
<tr>
<td>The Funplex – Mt. Laurel, NJ</td>
<td>August 19</td>
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</tbody>
</table>