



Erdman Preschool Summer Camp 2017



I look forward to fun-filled days at Erdman's Summer Camp where your child will explore, create and play with friends. Each session we meet on our shady playground for outdoor play, arts & crafts, stories, games and music. On the occasional rainy day we will be inside at Erdman Preschool. Snack and fresh water are provided.

Tuesdays - Wednesdays - Thursdays

9:00 AM - 12:00 PM (AM Sessions)

1:00 PM - 4:00 PM (PM Sessions)

Session 1: June 20-22 (AM)*	Session 6: July 18-20 (AM)
Session 2: June 20-22 (PM) *	Session 7: July 25-27 (AM)
Session 3: June 27-29 (AM) *	Session 8: August 1-3 (AM)
Session 4: June 27-29 (PM) *	Session 9: August 8-10 (AM)
Session 5: July 11-13 (AM)	

**The weeks of June 20-22 and June 27-29 are reserved for children currently attending Erdman Preschool.*

Each session is \$90 for the first child, the second child in the family attending the same week is \$80.

The non-refundable fee is due with your application to confirm your spot.

Tuition payments must be current to register for camp.

Checks should be made payable to Erdman Preschool. No cash will be accepted.

Credit will not be given for missed days.

Registration is based on a first come, first serve basis and will be accepted starting 4/3/17.

There is a 10 child minimum per week.

Applications and forms are available at the Erdman Preschool office and online @
<http://www.erdmanpreschool.com/Summer.html> and will be accepted starting 4/3/17.

SUMMER CAMP CHECKLIST:

For All Children (due prior to start of the session)

- ☐ Application
- ☐ Full payment by first day of session; check payable to Erdman Preschool
- ☐ Physician's Form listing immunization and lead testing (dated within one year of session date)

For Children New to Erdman (due prior to start of the session)

Application, first payment, updated physician's form (see above)

- ☐ MA DEEC Authorization and Consent
- ☐ Developmental History and Background Information
- ☐ First Aid and Emergency Medical Care Consent Form
- ☐ Transportation Plan and Authorization

Location: Erdman Preschool
330 First Parish Road (Rear)
Scituate, MA 02066

Through 6/16/17: 781-545-9309
erdmanpreschool@verizon.net
6/17/17 - 8/10/17: 339-933-8791 (home)
supergrammie3@comcast.net

Erdman Preschool Summer Camp 2017 Application



Child's Name: _____ Birth Date: _____

Address: _____

Email: _____ Phone: _____

Allergies: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Previous school/camp experience: _____

Schedule: Tuesdays, Wednesdays & Thursdays

- AM Sessions 9:00 – 12:00
- PM Sessions 1:00 – 4:00 (Session 2 & 4 only)

\$90/week due with application

\$80/week for 2nd child in family same session

Checks payable to **Erdman Preschool**

Check Session choice(s)

	Session 1	June 20 - 22 AM	Summertime Fun
	Session 2	June 20 - 22 PM	Summertime Fun
	Session 3	June 27 - 29 AM	Stars & Stripes
	Session 4	June 27 - 29 PM	Stars & Stripes
	Session 5	July 11 - 13 AM	Let's Make Music
	Session 6	July 18 - 20 AM	Things That Fly
	Session 7	July 25 - 27 AM	Puppet Pals
	Session 8	August 1 - 3 AM	Halloween in August
	Session 9	August 8 - 10 AM	Pirate Week

The weeks of June 20-22 and June 27-29 are reserved for children currently attending Erdman Preschool.

ERDMAN PRESCHOOL
AUTHORIZATION AND CONSENT FORM
MA DEEC ENROLLMENT

My child _____ has been accepted in the Summer Playschool at Erdman Preschool which meets from 9:00 AM until 12:00 PM Tuesdays, Wednesdays and Thursdays. The tuition will be \$90/week and is to be paid at the time of sign up. I have read the Summer Playschool information in the introductory letter.

Child Information

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____

Home Phone Number: _____ Age at Admission: _____ Date of Admission: _____

Primary Language: _____ Identifying Marks: _____

Sex: M or F Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Skin Color: _____

Parent/Guardian Information

1. Parent/Guardian Name: _____ Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____ Email Address: _____

Business Name: _____ Business Address: _____

Business Phone Number: _____ Hours at Work: _____

2. Parent/Guardian Name: _____ Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____ Email Address: _____

Business Name: _____ Business Address: _____

Business Phone Number: _____ Hours at Work: _____

Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? Please circle Yes or No If Yes, please attach.

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If Yes, please attach.

Special limitations or concerns? Use back for more space: _____

The school has my permission to take _____ on walking trips in the school area, including the Scituate Public Library, in which the group participates during the school year. I understand that I will be notified in advance and must sign a permission slip for trips requiring transportation by car.

Parent/Guardian Signature _____ Date _____

Please check desired box(es), sign and date:

☐ The school has my permission to use my e-mail _____ on class lists to facilitate communication among parents.

☐ The school has permission to submit pictures of my child involved in school activities to local newspapers.

Parent/Guardian Signature _____ Date _____

☐ The school has permission to use pictures of my child involved in school activities for the website, brochure and social media. (Children will NOT be named or tagged.)

Parent/Guardian Signature _____ Date _____

I hereby authorize Erdman Preschool to release my child to the following person (other than parents):

Name _____ Name _____

Address _____ Address _____

Relationship to child _____ Relationship to child _____

Telephone # _____ Telephone # _____

I understand the policy of the school is to release only to the above person/s unless notified in writing.

Parent/Guardian Signature _____ Date _____

ERDMAN PRESCHOOL
DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Child's Name _____ Date of Birth _____
Date of admission _____ Age at admission _____

Personal History

Any speech difficulties? _____
Special words used to describe needs: _____
Language spoken at home: _____
Others in family/household and relationship: _____
Age began sitting: _____ crawling: _____ walking: _____ talking: _____

Health

Any complications at birth, serious illnesses or hospitalizations: _____
Special physical conditions, chronic health conditions/disabilities, special needs or **allergies**: _____
Regular medications/possible side effects: _____

Eating Habits

Describe favorite foods, foods refused and any special characteristics/difficulties: _____
Please indicate your child's eating habits: _____

Toilet Habits

How does child indicate bathroom needs (include special words): _____
Is child ever reluctant to use bathroom? _____
Does child have accidents? _____

Sleeping Habits

When does child get up in the morning: _____ and go to bed at night: _____
Does child become tired or nap during the day? _____
Any special characteristics? _____

Social Relationships

How would you describe your child? _____
Reaction to strangers: _____ Able to play alone: _____
Favorite toys and activities: _____
Fears (the dark, animals, etc.): _____
How do you comfort your child? _____
What type of behavior management/discipline do you use at home? _____
Please describe your child's schedule on a typical day: _____

During the 2017/18 school year will your child be attending another school program or day care? If yes, please list program(s) and days: _____
What would you like your child to gain from this experience? _____

Is there anything else you would like us to know about your child, your family, your culture and/or beliefs that will help us plan your child's school experience? You may use the back of this form if necessary. Thank you.

The Department of Early Education and Care
requires that this information be on file to address the needs of your child while in our care. Parent/Guardian Signature _____
Date _____

The Commonwealth of Massachusetts
Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to call my pediatrician, the school's consulting pediatrician, Dr. Margaret Carolan at Cohasset Pediatrics and/or the Scituate Fire Department to transport my child to the nearest medical facility and/or to _____ and to secure necessary medical treatment for my child.

Parent/Guardian Signature

Today's Date (valid for one year)

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

EMERGENCY CONTACTS (in order to be contacted)

Name: _____

Address: _____

Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? Please circle: Yes No

Name: _____

Address: _____

Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? Please circle: Yes No

Name: _____

Address: _____

Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? Please circle: Yes No

Health Insurance Coverage _____	Policy # _____
Parent/Guardian name _____	Phone _____ Cell _____
Parent/Guardian name _____	Phone _____ Cell _____

ERDMAN PRESCHOOL

PHYSICIAN'S EXAMINATION

Complete this form or provide a CURRENT (not older than one year from date of issue) physician's form which lists immunizations. The State requires that health forms be on file when your child starts school or summer camp.

CHILD'S NAME _____
DATE OF BIRTH _____
NAME OF PHYSICIAN _____
ADDRESS _____
PHONE _____
DATE OF EXAM _____

PHYSICAL EXAM

Height _____	Weight _____
Nutrition _____	
Posture _____	
Skin _____	
Pilonidal Sinus? _____	
Eyes _____	
Ears _____	
Nose _____	
Mouth _____	
Teeth _____	
Pharynx _____	
Thyroid _____	
Lymph Glands _____	
Lungs _____	
Heart _____	
Blood Pressure _____	
Pulse _____	
Abdomen _____	
Hernia _____	
Genitals _____	
Skeleton _____	
Feet _____	
Reflexes _____	

Childhood Diseases and Operations: _____

IMMUNIZATIONS	DATES
D.P.T. _____	
O.P.V. _____	
M.M.R. _____	
T.B. _____	
H.I.B. _____	
Hep B. _____	
Blood Lead (mandatory) _____	

LABORATORY TESTS

TEST	DATE	RESULT
Tuberculin	_____	_____
Chest X-Ray	_____	_____
Hemoglobin	_____	_____

URINALYSIS

	DATE
Specific Gravity _____	
Albumin _____	
Sugar _____	
Microscopic _____	

ALLERGIES:

REMARKS:

SIGNATURE OF PHYSICIAN: _____ **DATE:** _____

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

TRANSPORTATION PLAN AND AUTHORIZATION

Child's Name: _____

My child will arrive at the program:

_____ Supervised walk
_____ Unsupervised walk
_____ Public/private/van
_____ Program bus/van
_____ Contract/van
_____ Private trans. Arranged by parent
_____ Other

My child will depart from the program:

_____ Supervised walk
_____ Unsupervised walk
_____ Public/private/van
_____ Program bus/van
_____ Contract/van
_____ Private trans. Arranged by parent
_____ Other

Parent/Guardian Signature: _____ Date: _____

I give permission for my child to be released from the program at the end of the program day as stated above and/or give permission to the following people to receive my child at the end of the day. (If no one is authorized other than the parent/legal guardian please indicate below "No One".)

***If a child is protected by a restraining order please submit order to the provider.**

Name: _____

Relationship: _____

Address: _____

Phone: _____

Cell: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Cell: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Cell: _____