



SUMMER CAMP 2017

Attention Parents!



Do you want to give your children something to talk about?

Sign up now for Summer Camp 2017! Spots are filling up quickly.

Kids Inc. has planned a summer camp adventure your children will look forward to coming to each day. They will return home with lots of exciting stories to share!

Each camper will receive a t-shirt, water bottle and drawstring bag to bring to camp each day, and keep as a reminder for the many fun memorable adventures they had at camp.

Our weekly thematic lesson plans will give your child the opportunity to learn new skills and develop new friendships with their fellow campers.

CAMP STARTS JUNE 5TH TO AUGUST 18TH

Included below is a snapshot of the upcoming weekly adventures!

- ★ **Fabulous Flight**
- ★ **Lights, Camera, Action**
- ★ **Wacky Water Adventures**
- ★ **Sports Mania**
- ★ **Junior Chefs**
- PLUS MANY MORE!**



KIDS INC is also proud to announce we will be partnering with the community summer reading programs! Watch for more information on our **READING ROCKS FRIDAYS!!**



Summer Camp 2017 Registration

Locations:

- | | | |
|---|-----------------------------|----------------|
| • 6340 Muirfield Dr. Cedar Rapids, IA 52404 | cedarrapids@kidsinc123.com | (319)841-2222 |
| • 2060 12th Ave Coralville, IA 52241 | coralville@kidsinc123.com | (319)358-3536 |
| • 1100 35th St. Marion, IA 52302 | marion@kidsinc123.com | (319)447-6316 |
| • Starry Elem. 700 S. 15th St. Marion, IA 52302 | schoolage.kidsinc@gmail.com | (319) 929-0151 |

Hours of Operation:

Monday - Friday 6:30 am to 6:00 pm (Closed Tuesday July 4th.)

On field trip days, please drop your child off at the site by 9:00 a.m.

Registration Fee:

Registration fee is due at time of sign-up.

Registration before April 10, 2017: \$100 per child

Registration after April 10, 2017: \$125 per child

Registration fee refunds will not be made after April 10, 2017

Cost:

\$175 per week - one child

\$333 per week - two children (10% second child discount)

- Fees remain the same no matter how many days your child attends per week

Payment Information:

TUITION WILL BE AUTOMATICALLY DEDUCTED FROM YOUR BANK ACCOUNT THE WEEK PRIOR TO SERVICE

*Please see the Auto Debit form in which you will need to fill out and return with the registration form.

A \$25 fee will be charged for insufficient funds.

Meals:

Healthy morning snack and afternoon snack

Each camper will need to bring their own healthy lunch

- Please respect KIDS INC. Shellfish and Peanut Free Policy



Summer Camp 2017 Registration

Pool Time and Swimming Lessons

(FOR CEDAR RAPIDS AND MARION CAMPERS ONLY)

Seasonal Pass Purchases:

Parents are responsible for purchasing a Marion Pool Pass.

Individual Pass: \$100

Family Pass: \$190

Purchase season passes at the Marion Parks & Recreation office at Lowe Park or Thomas Park from 7 a.m.-4 p.m., Monday-Friday.

- Marion Parks and Rec. Dept. 4500 N. 10th St. Marion... (319)447-3590
- Thomas Park - 7th Ave. Marion (319) 447-3580

Passes may also be purchased at the swimming pool starting May 25th.

*Only cash or checks are accepted for payment at the pool.

Sign up for swimming lessons:

Parents are responsible for signing their child up for swimming lessons through the Marion Parks and Recreation office.

KIDS INC. has been granted **EARLY SIGN UP** for swim lessons! Our parents can enroll early for one session. **REMEMBER** registration is on a First come First served basis and spaces fill up quick!

If you would like to sign up for an additional session, you can do so when the Marion Parks Department holds their registration day on .

KIDS INC. will be providing transportation to Session 2 and Session 3.

Session 2: June 19th - June 30th at 8:15 a.m.(45 min. lesson)

Session 3: July 10th - July 21st at 8:15 a.m.(45 min. lesson)

Please label your child's belongings to prevent them from getting lost.

Pool items needed: swimsuit, towel, sunscreen, (optional: goggles and water bottle)

Sunscreen

- Please send one bottle of Coppertone or Banana Boat lotion SPF 30 or higher.
(in a labeled gallon size bag with your child's name) Please send LOTION Only.



Summer Camp 2017 Registration

Pool Time

(Coralville Campers Only)

Coralville Community Aquatic Center

1513 7th St.
Coralville, IA 52241

Punch Cards:

All campers must have a “20 punch” punch card prior to camp start date. Punch cards are available now for purchase at the Coralville Community Aquatic Center or the Recreation Center for \$90.00 each.

Season Passes:

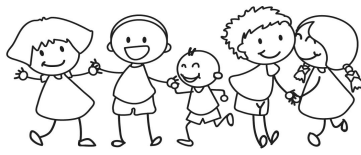
Coralville Parks and Rec does offer a 3 month season pool pass which allows unlimited access to the Coralville Community Aquatic Center and the indoor pool at the Recreation Center. The prices can be found online at www.coralville.org/621/Pools-Swimming

If you would like KIDS INC. to include a “20 punch” punch card to your registration fee, please indicate below. If you choose to purchase one for your camper, please provide proof of purchase before the start of camp.

Please select one

_____ I want KIDS INC to purchase a “20 punch” punch card for additional \$90.00 w/ registration fee.

_____ I will be purchasing a “20 punch” or season pass for my camper and will be providing proof of purchase prior to camp start.



KIDS INC

Cedar Rapids | Coralville | Marion
PROVIDING THE BEST IN CHILDCARE SINCE 1989.

Summer Camp 2017 Registration

Camper's Name: _____	DOB: _____	Grade: (Fall 2017) _____
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VACATION WEEK

All families will be allowed to take TWO Vacation Weeks.
Please indicate below maximum of two weeks that will be 60% tuition.

June 5- June 9 _____	July 3- July7 _____	July 31- August 4 _____
June 12- June 16 _____	July 10- July 14 _____	August 7- August 11 _____
June 19- June 23 _____	July 17- July 21 _____	August 14- August 18 _____
June 26- June 30 _____	July 24-July 28 _____	

If you are unsure of your travel/vacation plans at time of registration, please provide us with a two week notice.

SUMMER CAMP FIELD TRIP SHIRTS

Each camper gets one FREE t-shirt

Please specify which size below.

Youth Small ___ Medium ___ Large ___ Adult sm. ___

Additional shirts are \$10 each

Specify below the quantity of additional shirts

Youth Small ___ Medium ___ Large ___ Adult sm. ___

Field trip shirts must be worn on every field trip

SUNSCREEN AUTHORIZATION

Please select one

I _____, hereby authorize **KIDS INC. staff to apply** sunscreen to my child _____.

I _____, hereby authorize **MY CHILD** _____ to apply their own sunscreen.

I _____, do **NOT** authorize the use of sunscreen for my child _____.



Summer Camp 2017 Registration

EMERGENCY CONTACT INFORMATION

Child's Name: _____ Birthdate: _____

Home Address: _____

Parent or Guardian: _____

Telephone Numbers:

Home _____

Work _____

Cell Phone/Pager _____

E-mail Address: _____

Home Address: _____

Place of Employment: _____ Department: _____

Parent or Guardian: _____

Telephone Numbers:

Home _____

Work _____

Cell Phone/Pager _____

E-mail Address: _____

Home Address: _____

Place of Employment: _____ Department: _____

Emergency Contacts

(when attempts to reach parents are not successful and who may pick child up)

Name#1: _____

Telephone Numbers: Home _____ Work _____

Name#2: _____

Telephone Numbers: Home _____ Work _____



Summer Camp 2017 Registration

Person's Authorized to pick child up

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

We must have written permission for anyone other than parent/guardian to pick child up from the center

Child's Usual Source of Medical Care Physician's

Name: _____ Phone #: _____

Address: _____

Hospital to take child in case of an emergency: _____

Dentist's Name (either Child's or Parent's): _____

Address: _____ Phone #: _____

Child's Health Insurance Name of Insurance

Plan: _____

Certificate Number (or ID) #: _____ Group #: _____

Policy Holder's Name: _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:



Summer Camp 2017 Registration

Parent/Legal Guardian Consent and Agreement for Emergencies As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Date: _____ Parent/Guardian #1 Signature _____

Date: _____ Parent/Guardian #2 Signature _____

Parent/Guardian Signature _____ Review Date _____

Child's Name: _____ Birth Date: _____

Parent/Guardian's Name: _____ Date: _____



Summer Camp 2017 Registration

DIETARY RESTRICTIONS FORM

This form must be completed and returned during initial registration and revised every year thereafter. If anything changes in the interim, it is the Parent/Guardian's responsibility to complete this form.

Check here if you have NO DIETARY RESTRICTIONS

Lactose/Milk – Do not serve the items listed below: <input type="checkbox"/> Fluid Milk as a beverage or on cereal <input type="checkbox"/> Milk based desserts such as ice cream and pudding <input type="checkbox"/> Hot Entrees with cheese as a prime ingredient such as grilled cheese, cheese pizza, or macaroni & cheese <input type="checkbox"/> Cheese baked in products such as a casserole or on meat pizza	SERVE THESE ITEMS INSTEAD:	REASON: <input type="checkbox"/> Preference <input type="checkbox"/> Medical <input type="checkbox"/> Religious
Soy – Do not serve the items listed below: <input type="checkbox"/> Protein products extended with soy <input type="checkbox"/> Processed items cooked in soy oil <input type="checkbox"/> Food products with soy as one of the first three ingredients	SERVE THESE ITEMS INSTEAD:	REASON: <input type="checkbox"/> Preference <input type="checkbox"/> Medical <input type="checkbox"/> Religious
Egg – Do not serve the items listed below: <input type="checkbox"/> Cooked eggs such as scrambled eggs or hard boiled eggs served hot or cold <input type="checkbox"/> Eggs used in breading or coating of products <input type="checkbox"/> Baked products with eggs such as breads or desserts	SERVE THESE ITEMS INSTEAD:	REASON: <input type="checkbox"/> Preference <input type="checkbox"/> Medical <input type="checkbox"/> Religious
Seafood* – Do not serve the items listed below: <input type="checkbox"/> Fish <input type="checkbox"/> Shrimp <input type="checkbox"/> Crab	SERVE THESE ITEMS INSTEAD:	REASON: <input type="checkbox"/> Preference <input type="checkbox"/> Medical <input type="checkbox"/> Religious
Peanuts/Tree Nuts* - Do not serve the items listed below: <input type="checkbox"/> All nuts <input type="checkbox"/> Peanuts, individually or as an ingredient <input type="checkbox"/> Foods containing peanut oil <input type="checkbox"/> Food items identified as manufactured in a plant that also handles peanuts/nuts	SERVE THESE ITEMS INSTEAD:	REASON: <input type="checkbox"/> Preference <input type="checkbox"/> Medical <input type="checkbox"/> Religious
Wheat – Do not serve the items listed below: <input type="checkbox"/> Foods containing wheat <input type="checkbox"/> Foods containing gluten <input type="checkbox"/> Other: _____	SERVE THESE ITEMS INSTEAD:	REASON: <input type="checkbox"/> Preference <input type="checkbox"/> Medical <input type="checkbox"/> Religious

*Please note KIDS INC. is a Shellfish and Peanut Free center. If reason indicated is as Preference, the Parent/Guardian must provide substitution for the child(ren). Please refer to Director for any questions.

Parent/Guardian Signature: _____ Date: _____



Summer Camp 2017 Registration

Field Trip Approval Form

I, _____ give KIDS INC.
(Parent's Name)
and their staff permission to take my child, _____
(Child's Name)
on short field trips and other outings as part of the Daycare program.

KIDS INC. staff will inform you of any needed items for your child's field trip.

Examples of KIDS INC. field trips: local parks, splash pads, movie theaters, bowling alleys, etc.

KIDS INC. uses certified vans and buses for field trip transportation. All children will be appropriately restrained in any vehicle.

Parent Signature

Date

KIDS INC. Director Signature



Summer Camp 2017 Registration

Photo/Social Media Release Form

I, _____ give KIDS INC.
 (Parent's Name)

and their staff permission to photograph or videotape

my child, _____ as part of the daycare program.
 (Child's Name)

Photographs will be used within the center in rooms and in the hallway. This is not a social media release (see below).

 (Parent's Signature)

 (Date)

Social Media Release

I, _____ hereby give KIDS INC. permission to post pictures of my
 (Parent's Name)

child on the following social media venues.

KIDS INC. Facebook page YES _____ NO _____

KIDS INC. Center Facebook group YES _____ NO _____

 (Parent's Signature)

 (Date)



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Authorization for Direct Payment via ACH

I (we) authorize Kids, Inc. to electronically debit my (our) account (and, if necessary, electronically credit) my (our) account to correct erroneous debits) at the depository financial institution named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Name of Financial Institution _____
 Routing Number _____
 Account Number _____
 Choose Account Type Checking Savings

Amount of Debit(s) is determined by services provided. Debits will be scheduled weekly the Friday prior to service.

I (we) understand that this authorization will remain in full force and effect until I (we) notify a Kids, Inc. director that we wish to revoke this authorization. I (we) understand that Kids, Inc. requires at least 7 days prior notice in order to cancel this authorization.

Name _____	Signature _____
Date _____	Cell Phone Number _____

Name(s) of Children in the program

Name	Age	Program	Classroom

PLEASE RETURN THIS FORM TO YOUR CENTER DIRECTOR. Thank you!

FOR OFFICE USE	
	Marion / S1
	School Age / S2
	Cedar Rapids / S3
	Coralville / S4