



## Summer Camp 2023

Enrollment Agreement

June 26<sup>th</sup> – September 1<sup>st</sup>

7:00 am-6:00 pm Daily

*Discovery Kids Learning Center operates under a not-for-profit New York State Corporation which provides childcare services for children. Parents /Guardians wish to have the center provide such services at its location, 150 Stahl Road, Getzville, NY to his/her child, and the Center wishes to provide such services. In light of the foregoing and the mutual contained herein, the parties agree as follows:*

Discovery Kids will provide childcare services for

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age (eligible for ages 6-12)

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address:  
\_\_\_\_\_

Home Address:  
\_\_\_\_\_

Days attending summer camp: *(Full time: Monday- Friday, Part-time: Monday, Wednesday, Friday, or Tuesday, Thursday.)*

Monday      Tuesday      Wednesday      Thursday      Friday

Parent/ Guardian will pay the center a **\$50 per Child** non-refundable registration fee upon enrollment and tuition based on the current rate in accordance with the following terms.

- Tuition is due in advance on the first of each month if the monthly payment is selected; or weekly on Friday if the weekly payment plan is selected.
- A \$35.00 fee/month will be charged for payment received after the due date. After Two weeks of non-payment, your child's enrollment will be terminated.

- Two weeks written notice of withdrawal is expected. Therefore, once the written notice of withdrawal is received by the Director you will continue to pay until the two-week notice period is over.
- Attendance is limited to scheduled days: switching days is prohibited. Extra days may be added with the prior permission of the Director and providing space is available.

Either party may terminate the agreement without cause upon two weeks' written notice, in accordance with guidelines outlined in the parent handbook. The center reserves the right to terminate the agreement without notice should a child's presence jeopardize the health, safety, or well-being of the other children, families, or staff.

The parent/ guardian represents and warrants that he/she has provided full and accurate information to the Center on all registration forms he/she has completed in connection with his/her child's enrollment at Discovery Kids. Parent/ Guardian further represents and warrants that he/she has received and understands the policies outlined in the Enrollment Agreement and Parent Handbook and shall abide by them, as now or hereafter amended from time to time.

Parent /Guardian shall indemnify the center, the not-for-profit corporation, its officers, agents, and employees from any loss or liability incurred as a result of his/her breach of any representation or obligation of parent/ guardian under this agreement.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date:

**Thank you for making Discovery Kids your choice for your child's summer camp needs.  
We are looking forward to a fantastic summer!!!**



150 Stahl Road, Getzville, New York 14068  
Phone (716) 629-3463

*Discover a World of Learning*

## **Summer Camp Tuition Rates**

5 days \$275

3 days \$165

2 days \$110

- **Nonrefundable registration fee of \$50 per child for each summer camper**
- **Some summer camp field trips may have an additional fee charged**

**Discovery Kids Learning Center  
150 Stahl Road, Getzville, NY 14068  
Registration Information**

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_ Sex:  Male  Female

Name(s) of Person Applying for Child: \_\_\_\_\_

Parent  Guardian  Caretaker  Relative  Other \_\_\_\_\_

Address of Person Listed Above (if different from child's): \_\_\_\_\_

Cell/Home Phone(s): \_\_\_\_\_

Work Phone(s): \_\_\_\_\_

Email(s) for tuition invoices/Tadpoles: \_\_\_\_\_

Parent / Guardian Employer Name and Address: \_\_\_\_\_

**IMPORTANT: In the case of custody and/or visitation arrangements concerning the child named above, we must have copies of legal documentation on file in order to honor such arrangements. Otherwise, the Parent/Guardian named above who is registering the child will be the primary contact and party responsible for payment to Discovery Kids Learning Center.**

**Emergency Contact Information:**

Contact Name	Relationship	Telephone Number During Child Care Hours	Alternate Telephone Number <i>Indicate Cell/Work/Other</i>

Does your child have any allergies?  Yes  No

If yes, what is your child allergic to? (foods, medicines, environmental, insect bites, etc.) Please detail:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs (uses a pacifier, has a special toy or blanket to sleep with, toileting, dressing, eating, etc.)?

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Please share with us any additional information that can help us better meet your child's needs such as language spoken at home, dietary restrictions, sleep habits, family customs, etc.:

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I hereby authorize the below named medical care facility and its staff to perform routine procedures and medical treatment and / or any emergency medical treatment or surgery necessary in the event that my child should need such treatment or surgery and I, the parent or legal guardian, am not available. This authorization is only effective in the event of an illness or injury requiring medical treatment while my child is enrolled in and utilizing the facilities of Discovery Kids.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the results of treatment or examinations in the hospital.

I have read and completely understand the contents of this form. The above-mentioned child is unable to consent to medical procedures because he / she is a minor.:

Primary Care Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Care Facility / Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.

I give consent for my child to take part in neighborhood trips (i.e. Beechwood, playground) away from the facility under proper supervision.

In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed above) necessary for the proper health and well-being of my child.

I have provided information on my child's special needs (allergies, diet, disabilities, and / or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency

I consent for my child to take part in developmental screenings/assessments.

I consent for my child to be photographed for use inside the school building.

I consent for my child to participate in video sessions for virtual learning purposes.

I understand that video cameras are in use and recording for security purposes during operating hours.

I agree to review and update this information whenever a change occurs.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

Child's Name \_\_\_\_\_

### Release Authorization

Please indicate below contact information for at least two (2) individuals **(INCLUDING all those persons with parental rights to this child)** who we can contact in an emergency should we not be able to reach you directly; and who are authorized to pick up your child from the Center if you are not able to do so yourself.

1.	Parent/Guardian _____ Address: _____ _____	Phone: _____ Alternate Phone: _____ Relationship: (to child) _____
2.	Name: _____ Address: _____ _____	Phone: _____ Alternate Phone: _____ Relationship: (to child) _____
3.	Name: _____ Address: _____ _____	Phone: _____ Alternate Phone: _____ Relationship: (to child) _____
4.	Name: _____ Address: _____ _____	Phone: _____ Alternate Phone: _____ Relationship: (to child) _____

**IMPORTANT:** In the case of custody and/or visitation arrangements concerning the child named above, we must have certified copies of legal documentation on file in order to honor such arrangements. You are obligated to notify and provide certified copies to Discovery Kids of any subsequent court orders. Your child will not be released to anyone not listed on this form without your prior, written consent.

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Date



### Summer Weekly Themes

- June 26 All About Me
- July 3 Under The Sea
- July 10 Dino Week
- July 17 Fairy Tale Fantasy
- July 24 Camps Got Talent
- July 31 Safari Season
- August 7 Detective Challenge
- August 14 Superheroes Assemble
- August 21 Camp Olympics
- August 28 Mystery Week

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**NON-MEDICATION CONSENT FORM**  
Child Day Care Programs

- This form may be used when a parent consents to having over-the-counter products administered to their child in a child day care program. These products include, but are not limited to: topical ointments, lotions and creams, sprays, sunscreen products and topically applied insect repellent.
- This form should NOT be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays. OCFS Form 7002 would meet the consent requirements for medications.
- One form must be completed for each over-the-counter product. Multiple products cannot be listed on one form.
- This form must be completed in a language in which the staff is literate.
- If parent's instructions differ from the instructions on the product's packaging, permission must be received from a health care provider or licensed authorized prescriber.

**PARENT TO COMPLETE THIS SECTION (#1 - #14)**

1. Child's first and last name:		2. Date of birth:		3. Child's known allergies:	
4. Name of product (including strength): Sunscreen			5. Amount to be administered:		6. Route of administration:
7A. Frequency to be administered, include times of day if appropriate: _____ OR					
7B. Identify the conditions that will necessitate administration of the product (signs and symptoms must be observable prior to administration): _____					
8A. Possible side effects: <input type="checkbox"/> See product label for complete list of possible side effects (parent must supply) AND/OR					
8B: Additional side effects: _____					
9. What action should the child care provider take if side effects are noted: <input type="checkbox"/> Contact parent _____ Other (describe): _____					
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (parent must supply) AND/OR					
10B. Additional special instructions: _____					
11. Reason(s) for use (unless confidential by law): _____					
12. Parent name (please print):			13. Date authorized:		
14. Parent signature: X					

**DAY CARE PROGRAM TO COMPLETE THIS SECTION (#15 - #21)**

15. Program name: Discovery Kids Learning Center		16. Facility ID number: 232617		17. Program telephone number: 716-629-3400	
18. I have verified that #1, -#14 are complete. My signature indicates that all information needed to administer this product has been given to the child day care program.					
19. Staff's name (please print):			20. Date received from parent:		
21. Staff's signature: X					





## Credit Card Authorization Form

Child(ren's) Name(s) \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Choose One: \_\_\_ weekly \_\_\_ monthly

I \_\_\_\_\_ knowing that my account information is private and that it is my responsibility to maintain the privacy of my account, hereby authorize Discovery Kids Learning Center, Inc. to charge my credit card for the purposes of payments under the terms identified on this form.

I know that recurring payments will be taken out of my account the first Friday of the month for monthly payments, and every Friday for weekly payments. I understand that if my card is declined I will be given one opportunity to make a payment by another means. If the subsequent payment is declined I understand that I will be held to the late payment consequences outlined in the family handbook, including late payment fees and/or possible termination of enrollment.

I know that it is my responsibility to inform the office of any changes to my credit card information in a preemptive manner. I understand that failure to provide correct information and any subsequent lack of payment could result in late fees and/or possible termination of enrollment. I know that the existence of this form does not indemnify me from late payment fees and/or possible termination of enrollment.

\_\_\_\_\_  
Printed Name of Cardholder

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date