



Happy Valley School Summer Camp Parent Contract Summer 2020

The policies in this contract are set forth by Happy Valley School Summer Camp and are in accordance with childcare regulations. The Policy Manual and Parent Contract become effective upon acceptance by the parent/guardian and Happy Valley Summer Camp.

Required Information

The following are requirements needed before your child may attend.

- 1) **Signed contract per child.**
- 2) **Emergency form MUST be completely filled out.**
- 3) **Copy of Immunization MUST be attached.**
- 4) **Copy of custody papers, if applicable.**
- 5) **One-time registration fee of \$50.00 per family.**

Business Hours

Summer Camp will be open from June 1, 2020 – July 24, 2020. **Closed July 3rd.**
Summer Camp hours of operation are Monday through Friday from 6:30 A.M. – 6:30 P.M.

Fees & Refunds

Registration Fee: \$50.00 per family.

Fees: \$90.00 for 3 days a week or discounted rate of \$140.00 per child for 5 days a week. 3 day/week is the minimum requirement to attend camp.

Payments **must** be pre-paid prior to attending each week.

Children will not be able to attend camp if payment is not made at the beginning of each week and will be withdrawn.

Return check policy: \$25.00 handling charge for any returned, dishonored check. The parent will be required to pay cash from that point on.

Field Trips

*Field Trips are canceled until further notice.

Lunch & Snacks

Happy Valley Summer Camp will provide a morning and afternoon snack. Children will need to bring a lunch every day. (Snack calendar will be posted).

CDC Guidelines

Drop off and pick up will be done outside of the double doors. Hand sanitizer and antibacterial wipes will be required before signing children in/out and pens disinfected after use. Visitors will not be allowed in the building. All children and staff will be screened upon arrival and after lunch; persons who have a fever of 100.0* or above will not be admitted to the facility. If child develops a fever after arrival, they will be separated, and guardian must pick up the child within 30 minutes of contact. The child may not return to camp unless fever free for 72 hours. Children will be in classrooms according to their grade level. We will practice social distancing and ensuring children and staff are using the appropriate

hand washing techniques. Playground times will be staggered to eliminate large groups and each group will stay in the same classroom throughout the day.

Policies, contracts, and forms are subject to review and change. We will notify parents in writing of any changes.

I agree to pay all fees on time each week. I understand that payment must be made prior to attending each week.

I understand the hours of operation for the Summer Camp. A late charge of \$1.00 per minute per child will be charged for any pickup time after 6:30 P.M. This amount is DUE at time of pick up.

I understand that my child is responsible for following rules while attending Happy Valley Summer Camp.

I understand that I will keep the Summer Camp updated on any address, employment, phone number changes or any emergency contact information.

I _____ (parent name) hereby acknowledge that I

Please Print

am aware of the conditions stated in the Happy Valley School Summer Camp Contract and agrees to abide by the above requirements.

Parent Signature

Date

Child's Name: _____

Grade going into the fall: _____

Email Address for billing: _____








































Payment Due:

\$50.00 Registration Fee per Family: _____

First Week Tuition: _____

Total Payment Due: _____

Check #:	Credit/Debit:
	exp: cvc: zip code:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>June 1</p> <p>Theme: In the Jungle</p> <p>Lions </p>	<p>June 2</p> <p>Tigers </p>	<p>June 3</p> <p>Bears </p>	<p>June 4</p> <p>Elephants </p>	<p>June 5</p> <p>Animal Print Giraffes </p>
<p>June 8</p> <p>Theme: In the Game</p> <p>Minecraft </p>	<p>June 9</p> <p>Pac Man </p>	<p>June 10</p> <p>Angrybirds </p>	<p>June 11</p> <p>Tetris </p>	<p>June 12</p> <p>Favorite Video Game Character Pokemon </p>
<p>June 15</p> <p>Theme: Sailors & Mermaids</p> <p>ships </p>	<p>June 16</p> <p>Mermaids & sharks </p>	<p>June 17</p> <p>Sailor hats </p>	<p>June 18</p> <p>kaleidoscope </p>	<p>June 19</p> <p>Sailors & Mermaids Sail boat races </p>
<p>June 22</p> <p>Theme: Camp Warriors</p> <p>Ninjas </p>	<p>June 23</p> <p>Warrior hats </p>	<p>June 24</p> <p>shields </p>	<p>June 25</p> <p>Jester hats </p>	<p>June 26</p> <p>Wear Camo Castle torch </p>
<p>June 29</p> <p>Theme: Adventure</p> <p>Rock painting </p>	<p>June 30</p> <p>Dream Catchers </p>	<p>July 1</p> <p>Camp Fire </p>	<p>July 2</p> <p>smares </p>	<p>July 3</p> <p>CLOSED</p>
<p>July 6</p> <p>Theme- Mad Science</p> <p>Skittle experiment </p>	<p>July 7</p> <p>Slime </p>	<p>July 8</p> <p>Einstein </p>	<p>July 9</p> <p>Volcanos </p>	<p>July 10</p> <p>Wacky Hair Day! Science goggles </p>
<p>July 13</p> <p>Theme: Fun & Fitness</p> <p>Yoga </p>	<p>July 14</p> <p>volleyball </p>	<p>July 15</p> <p>Obstacle course </p>	<p>July 16</p> <p>Balloon Ping pong </p>	<p>July 17</p> <p>Jersey Day kickball </p>
<p>July 20</p> <p>Theme: Disney</p> <p>Disney Ears </p>	<p>July 21</p> <p>Nemo and Dory hats </p>	<p>July 22</p> <p>Cars </p>	<p>July 23</p> <p>Toy Story </p>	<p>July 24</p> <p>Favorite Disney Characters Snow White </p>

Craft supplies needed:
White t-shirt for tye dye
Flip flops for a craft



CDC/SGH# or name: _____

Arizona Department of Health Services
Bureau of Child Care Licensing

Emergency, Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call: *A Health Care Provider is a physician, physician

Health Care Provider*	Name:	Contact Telephone Number:
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assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.) For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
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<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? **No** **Yes**
If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if cur
reaction oc

Is child usually susceptible to infections and if so, what precautions need to be taken? **If yes**, **No** **Yes**
list precautions:

Is child subject to convulsions and what should be our procedure if one occurs? **If yes**, **No** **Yes**
specify procedure:

Is there any physical condition that we should be aware of and what precautions should be taken
(heart trouble, foot problem, hearing impairment, hernia, etc.)? **If yes**, list precautions: **No** **Yes**

Additional comments:

Other special instructions:

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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