



BUF/HHS SUMMER CAMP

Summer Camp

The BUF/HHS Summer Camp is designed to motivate children from the age of 3 to 11. We will, on a daily basis, help them to explore their world and community. They will learn self-control and good self-esteem from experiences they encounter through play and interaction with their camp mates.

BUF Campers will be exposed to the world of adventure by participating in a number of hands on exploration.

Taking many trips, local and far enriches our program. Through interacting with the environment, children are encouraged to grow mentally, physically and socially.

Summer Camp Activities

Everyday is an adventure at the BUF/HHS Camp. Campers will visit our local parks, have picnics, take neighborhood walks and learn about health, play games, and have talent show.

Every camper will be afforded the opportunity to go on a variety of field trips, such as USA skating, New York Aquarium, Philadelphia Zoo, Bow Craft, Hurricane Harbor, bowling, theater, and much more.

Days & Times

Campers can report to the BUF/HHS facility starting at 7:00am-5:30pm daily Monday through Friday. Because of the children's tight schedule, all children must be at camp no later than 9:00am.

Children should be picked up no later than 5:30pm promptly from the BUF/HHS facility. If a child remains later than 5:30pm we will charge \$20.00 for the first 30 minutes, after 6:00pm a \$50.00 late fee will be charged.

Medical Requirements

To insure that all campers are in good physical condition, all campers are required to submit their immunization and physical examination records within the last six months. The proper forms must be in the BUF/HHS office no later than the first day of camp.

Camp Attire

All campers should wear casual play clothes and sneakers. They should bring with them a bathing suit, cap, and a towel everyday. We also recommend that they have a change of clothing that they can leave at the site in their cubbies/lockers.

Cost & Dates

We will have 9 weeks of camp from June 28th through August 27th. Children must be registered for each weekly session. Payment for each session is due the Friday before the session begins.

The cost for each week of camp is - \$120.00 per camper includes weekly trips.

******A \$25.00 NON-REFUNDABLE DEPOSIT IS REQUIRED UPON RECEIPT OF THIS APPLICATION. THERE WILL BE NO REFUND OF FEES.******

Any questions may be directed to the BUF/HHS Camp Office (908)561-0123

Please Print:

Camper's Name: _____

Address: _____ City/State/Zip _____

Home Telephone: _____ Age _____ Date of Birth _____ Sex _____

Father's Name _____ Bus.# _____

Mother's Name _____ Bus.# _____

Emergency Contact _____ Tel.# _____

Please circle each week you would like to register your child:

June 28- July 2

July 5-9

July 12-16

July 19-23

July 26-30

August 2-6

August 9-13

August 16-20

August 23-27

Print Parent Name

Parent's Signature

Date

Please return to Black United Fund/Health & Human Services Camp, 403 West Seventh St. Plainfield, NJ 07060. **Balances** for each session are due every **Friday prior to Monday** start or child will not be accepted into the program. There is no refund of fees.

Tell Us About Your Child

Name _____

Likes _____

Dislikes _____

Hobbies or Special Interests _____

Does your child make friends easily () yes () no

How is your child's anger expressed _____

How do you discipline your child? _____

Is a language other than English spoken in your home? () Yes () no

Child's strengths? _____

Any special allergies or food restrictions? _____

Any additional information about your child? _____

Any other children at home () yes () no

Number of sisters _____ Number of brothers _____

Parents/Guardian's Signature

Print Name

Date

EMERGENCY CONTACT /PARENTAL CONSENT FORM

Child's Name _____ DOB _____

Address _____

Mother's Name/ Legal Guardian _____

Address _____ Phone# _____

Business Name _____ Business # _____

Address _____

Father's Name/Legal Guardian _____

Address _____ Phone# _____

Business Name _____ Business # _____

Address _____

Emergency Contact _____ Phone # _____

Person(s) to whom the child may be released:

1. _____

2. _____

3. _____

4. _____

5. _____

Name of Child's Physician _____

Address _____ Phone _____

Medical Disabilities (If Any) _____

Medical/ Dietary Information _____

Special Needs of Child _____

Health Insurance/ Medical Assistance Benefits _____

Group/Plan # _____

Please sign permission for which activities child may participate in below:

Obtaining Emergency Medical care.

Admin. Of minor first aid procedures.

Transportation by the facility.

Walks and Trips.

Swimming

Wading

Signature of Parent or Guardian _____

Date: _____

BUF/HHS SUMMER CAMP
ACTIVITIES PERMISSION SLIP

I give permission for my child, _____ to participate in all Activities offered by the Black United Fund, HHS Summer Camp program. Activities include swimming, gym, outdoor activities and field trips.

NOTE TO PARENTS: All children will return from all field trips at approximately 5:00 P.M.

PARENT'S SIGNATURE: _____ **DATE:** _____

PARENT COUNSELOR CONFIDENTIAL FORM

Camper's Name _____ (M) or (F) _____
Nickname _____ Age _____
School _____ DOB _____ Grade Next Fall _____
Age of Sister(s) _____, _____, _____, _____ Brother(s) _____, _____, _____, _____
Church _____ Kinds of Pets _____

Things Campers Like to do: _____

What does Camper want to get out of camp? _____

How does your child get along with others the same age? _____

With whom is the camper residing with, in case of divorce or separation?

Does our child have any specific fears? _____

Is there anything concerning your child that his / her counselor should know?

Please list three objectives you have for sending your child to camp:

Health Regulations and Procedures

A. Regulations

1. Per state regulations, the Before/After School Programs cannot permit any child or staff with an excludable communicable disease to attend or remain at the program until site staff receives a note from a physician that the child/ staff member presents no risk to his/herself or others.

TABLE OF EXCLUDABLE COMMUNICABLE DISEASES

Chicken Pox	German Measles	Impetigo
Measles	Homophiles influenza	Lice
Meningococcus	Giardia Lamblia	Scabies
Mumps	Hepatitis A	Salmonella
Strep Throat	Hepatitis	Shingella
Whooping Cough		

Outbreaks of such excludable communicable diseases must be announced through written notes to each parent and must be reported by Program Directors to State Dept. of Health Communicable Disease Program.

2. Children or staff exhibiting the symptoms listed below may not attend the program. If symptoms are exhibited at the site, staff will be dismissed and children will be separated from others until child is picked up. Once the child/staff is symptom free, he/she may return.

Severe Pain, Acute Diarrhea, Blood in Urine, Temperature over 101.5, Swollen Joints, Jaundiced Skin, Yellow or Red eyes with Discharge, Visibly enlarged lymph nodes, Two or more acute vomiting within 24 hours, Infected/Untreated skin patches or rash lasting more than 1 day.

Illness noticed at the site should be noted in the site log, including date, time and symptoms.

B. Accidents

If an accident happens at the site, staff must complete a BUF accident report and submit it to the Administration Office before the end of the workday. An Accident Report form must be completely filled in, including the results of the accident, with injured taken to Physician? Hospital?

Minor accidents, those requiring more than just a band –aid, should be noted in site log.

C. Sanitation

All areas where food is to be served must be washed in the following manner: First, the area is to be washed with soap and water and then disinfected with either a commercial disinfectant or with a solution of ¼ cup bleach to a gallon of water.

Smoking is prohibited during working hours.

D. Personal Hygiene

Staff must ensure that children wash hands with soap and running water: before eating, after toileting, after coming into contact with bodily fluids.

Staff must wash their hands with soap and running water:

Before preparing or serving foods, after toileting, after caring for a child who appears to be sick, after coming into contact with bodily fluids. Staff shall use disposable rubber gloves, which shall be discarded after each use, when coming into contact with blood or vomit.

SUMMER CAMP

PERSONAL HEALTH AND MEDICAL RECORD

NAME _____ **DOB** _____

ADDRESS _____

IN CASE OF EMERGENCY, PLEASE NOTIFY...

1. **NAME** _____

RELATIONSHIP _____

ADDRESS _____

2. **NAME** _____

RELATIONSHIP _____

ADDRESS _____

EMERGENCY MEDICAL INFORMATION

Has been or is subject to; Please check where applicable:

- | | |
|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Contact Lenses |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Other/ Illnesses or Conditions |
| <input type="checkbox"/> Allergy or reaction to any medicine, food, plants, animal, or insect toxin | |

Explain, if necessary:

ACTIVITY PARTICIPATION

Approved for: Except if noted:

- Hiking
 Water Activities
 Competitive Sports
 All Activities

IMMUNIZATION

VACCINES:

	DATE REC'D	IF NEEDED		DATE REC'D	IF NEEDED
Tetanus	_____	_____	Measles	_____	_____
Diphtheria	_____	_____	Mumps	_____	_____
Polio	_____	_____	Rubella	_____	_____
Chicken Pox	_____	_____	Whooping Cough	_____	_____

Medical History

Most recent physical examination (Date)

Do you have any current health problems? (If yes, please explain.)

Yes ____ No ____

Are you now under medical care or taking any medications? (If yes, please explain.)

Yes ____ No ____

Has there been any surgery, illness, allergy or change in health status since last physical examination? (If yes, please explain.)

Yes ____ No ____

Past or Present History of:

Yes	No	Year	Details	Yes	No	Year	Details
___	___	___	Serious Illness	___	___	___	Stomach
___	___	___	Serious Injury	___	___	___	Bowels
___	___	___	Deformity	___	___	___	Appendicitis
___	___	___	Surgery	___	___	___	Kidneys
___	___	___	Skin/Glands	___	___	___	Bladder
___	___	___	Ears	___	___	___	Infection
___	___	___	Eyes	___	___	___	Bed Wet
___	___	___	Nose/Sinus	___	___	___	Hernia
___	___	___	Teeth	___	___	___	Back
___	___	___	Throat/Tonsils	___	___	___	Limbs
___	___	___	Dentures	___	___	___	Joints
___	___	___	Bridge	___	___	___	Sleepwalk
___	___	___	Heart	___	___	___	Behavior
___	___	___	Rheumatic Fever	___	___	___	Other

AUTHORIZATION

To the best of my knowledge, this medical history is correct and complete. I know of no reason to restrict applicant's activity and give my permission for participation in all activities except those specifically noted herein. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, or to order injection, anesthesia, or surgery for my child as named above.

Parent's Signature _____ Date _____

PHYSICAL EXAMINATION: (to be completed by physician)

SCALP _____

HEART _____

EYES AND VISION _____

PULSE _____

EARS AND HEARING _____

ABDOMEN _____

NOSE _____

GENITALIA _____

TEETH AND MOUTH _____

EXTREMITIES _____

THROAT _____

REFLEXES _____

NECK _____

RECTUM _____

LYMPH GLANDS _____

SHIN _____

SPINE _____

THORAX _____

LUNGS _____

OTHER _____

HEIGHT _____

WEIGHT _____

EXAMINATION RESULTS

CHILD'S NAME: _____

Please indicate any condition, which might affect this child's performance at school, or any conditions, which the staff should be aware:

(Medical treatment, special requirements as to diet, rest, allergies, avoidance of certain activities and other care.)

RECOMMENDATIONS:

The above named child has been given a routine medical examination and has been found to be free of infectious or contagious diseases.

PHYSICIAN'S SIGNATURE

DATE

PHYSICIAN'S ADDRESS

Parent's Agreement

Parent's Agreement

I consent to the enrollment of my child,

In the Black United Fund Health and Human Services Corporation Pre-school –Kindergarten Program and I agree that the Center shall not be responsible in case of sickness or the injury of my child while in the school program or facility or in transit to or from the facility.

I give my consent for my child to take part in field trips excursions under proper supervision.

I will carry out the rules and regulations of the Preschool- Kindergarten Program and of the Black United Fund Health and Human Services Corporation

I further agree that in case of accident, injury, or an emergency, medical care may be given in the event that I cannot be contacted immediately.

_____ Mother's Signature

_____ Father's Signature

_____ Date

***Español al Dorso**

Acuerdo de Padres

Acuerdo de Padres

Yo consiento a la matriculación de mi niño(a),

En el Black United Fund Health and Human Services Corporation en el Programa Pre escolar- Kindergarten y yo estoy de acuerdo que el Centro no será responsable en caso de enfermedad o la lesión de mi niño(a) mientras en el programa escolar o facilidad o en el tránsito o de la facilidad.

Yo doy mi consentimiento para mi niño tomar parte en las excursiones de viajes bajo la vigilancia apropiada.

Yo llevaré a cabo las reglas y regulaciones del Programa Pre escolar - Kindergarten y del Black United Fund Health and Human Services.

Yo estoy de acuerdo de que en caso de accidente, lesión, o una emergencia, el cuidado médico puede darse en caso de que yo no pueda ser avisada inmediatamente.

_____ Firma de Madre

_____ Firma de Padre

_____ Fecha

Dear Parents:

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with this informational statement.

The statements highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's Division of Youth and Family Services (DYFS).

Please read this statement carefully and if you have any questions, feel free to contact me at (908) 561-0123.

Sincerely,

Sondra R. Clark,
President/CEO

***Español al Dorso**

Queridos Padres/Madre:

Siguiendo los requisitos de lincesiatura del estado de New Jersey, estamos obligados a proveerle a usted, el padre/madre del niño(a) matriculado en nuestro centro, con declaración informativa.

Los momentos culminantes de las declaraciones, entre otras cosas,; su derecho para visitar y observar nuestro centro cuando quiera sin tener que pedir permiso anterior; la obligación del centro a ser autorizado y cumplir con las normas de la licenciatura; y la obligación a todos los ciudadanos para reportar algún abuso nfantil/abandono/explotación a División del Estado de Juventud y Servicios de la Familia (DYFS).

Por favor lea esta declaraciones con cuidado y si tiene alguna preguntas, sientase libre al contactarme a (908) 561-0123.

Sinceramente,

Sondra R. Clark,
Presidente/CEO

INFORMATION TO PARENTS

Under provisions of the Manual of Requirements for Child Care Center (N.J.A.C. 10:122), every licensed child care center in NJ must provide to parent of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center may comply with this requirement:

By reproducing and distributing to parent this written statement, prepared by the Bureau of Licensing in the Division of Youth and Family Services (DYFS).

By incorporating the required information in its own handbooks, Brochures or other informational materials. In keeping with its requirement, the center must secure every parent's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing Law to be licensed by the Bureau of Licensing of New Jersey Division of Youth and Family Services. A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with Manual of Requirements for Child Care Centers, (the official licensing regulations). The regulations cover such areas as: physical environment, life safety, staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirement; parent/Community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may secure a copy of the Manual of Requirements for Child Care Centers, for a nominal fee, by writing to the bureau of Licensing, Youth and Family Services, CN 717, Trenton, NJ 08625.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing standards, you are entitled to report them to the Bureau of Licensing; Of course, we would appreciate your bringing these concerns to our attention too.

Our center must have a policy concerning the release of children to parent or people authorized by the parent(s) to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

***Español al Dorso**

Our center must have a policy about dispensing medicine and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Parents are entitled to review the center's copy of the Bureau of Licensing's Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation summary report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them we will make them available for you to review.

Our center must cooperate with all DYFS inspections/investigations. DYFS staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of its available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the Bureau for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by state law to report the concern immediately to the Division of Youth and Family Services' Office of Child Abuse Control, Toll-Free at (800) 792-8610, or to any District Office. Such reports may be made anonymously.

Parents may secure information about child abuse and neglect by contacting: Community Education Office, Division of Youth and Family Services, CN717, Trenton, New Jersey.

Español al Dorso

INFORMACIÓN PARA LOS PADRES

Bajo las provisiones del Manual de Requisitos para el Centro de Cuidado de Niño (N.J.A.C. 10:122), cada centro de cuidado de niño autorizado en NJ debe proporcionar al padre de niño(a) matriculados información escrita sobre la visitas del padre, requisitos de la autorización Estatal, abuso/abandono de niño(a) requisitos reportados y otras materias de cuidado de niño. El centro puede obedecer este requisito:

Reproduciéndose y distribuyendo al padre esta declaración escrita, preparada por el Bureau of Licensing in the Division of Youth and Family Services (DYFS).

Incorporando la información requerida en sus propios manuales, folletos u otros materiales informativos. Siguiendo sus requisitos, el centro debe afianzar la firma de cada padre que atesta al recibo de la información.

Nuestro centro requiere licenciatura con la Ley Estatal de Centro de Cuidado de Niño(a)s, a ser autorizada por DYFS. Una copia de nuestra licencia debe ser puesta en un lugar prominente en nuestro centro. Puedes buscarlo cuando usted este en el centro.

Para ser licenciada nuestro centro debe obedecer el Manual de Requisitos para los Centros de Cuidado de Niño, (las regulaciones de la autorización oficiales). Las regulaciones cubren tales áreas como: el ambiente físico, seguridad de vida, calificaciones del personal, vigilancia, y proporciones del personal/niño(a); programar actividades y equipo; la salud, comida y nutrición; requisitos de descanso y de dormir; la participación de los padres/comunidad; administrativo y requisitos de Tenedor de Libros; y otros.

Nuestro centro debe tener en las premisas una copia del Manual de Requisitos y debe hacerlo disponible a los padres interesados para la revisión. Si le gustara repasar nuestra copia, simplemente pregúntele a cualquier miembro del personal. Los padres pueden afianzar una copia del Manual de Requisitos para los Centros de Cuidado de Niño, por una baja cuota, escribiendo a el buró de Lincensing, Youth and Family Services, CN 717, Trenton, NJ 08625.

Nosotros animamos a los padres a discutir con nosotros cualquier pregunta o preocupación sobre las pólizas y programa de nuestro centro, aplicación o violaciones supuestas del Manual de Requisitos. Nosotros estaremos contentos en poder repasar y discutir en una hora conveniente estas materias. Si usted sospecha que nuestro centro puede estar en violación de las normas autorizadas, usted tiene derechos de informarlos al Escritorio de Autorización; Claro, nosotros apreciaríamos que usted lleve a nuestra atención sus preocupaciones también.

Nuestro centro debe tener una póliza acerca de las personas responsables por el niño(a), autorizadas por los padres de recoger al niño(a). Por favor discuta con nosotros sus planes para la salida de su niño del centro.

Nuestro centro debe tener una póliza sobre distribución de medicina y de enfermedades compartidas. Por favor hable con nosotros sobre estas pólizas para que nosotros podamos trabajar para tener a nuestros niños saludables.

Los padres tienen derecho de repasar la copia de el Bureau of Lincensing's Inspection/Violation Reports del centro. Este reporte es dado después de cada inspección estatal. Si hay una queja sobre el reporte sumario, así como cartas esforzando o otras acciones tomadas contra el centro durante el periodo de licenciatura. Déjenos saber si quisiera repasarlas y nosotros lo haremos disponible para repasar.

Nuestro centro debe de cooperar con las inspecciones/investigaciones de DYFS. El personal de DYFS puede entrevistar los miembros del personal y niños.

Nuestro centro debe de anunciar por escrito la filosofía en la disciplina del niño en una situación prominente y debe hacer una copia disponible a los padres. Nosotros lo animamos a repasar y discutir con nosotros cualquier pregunta que usted pueda tener sobre él.

Nuestro centro debe anunciar una inscripción o diagrama de esos cuartos y áreas aprobados por el Bureau para el uso de los niños. Por favor hable con nosotros si usted tiene cualquier pregunta sobre el espacio del centro.

Nuestro centro debe ofrecerles amplia oportunidad a los padres de los niño(a)s, matriculados en el centro para participar y observar en las actividades del centro. Padres que desean participar en las actividades o funciones del centro deben discutir su interés con el director del centro, para que pueda aconsejarlos de cuales oportunidades están disponibles.

Los padres de los niño(a)s matriculados en el centro pueden visitar nuestro centro cuando quiera. Sin tener aprobación del director o cualquier miembro del personal. Por favor siéntase libre a hacerlo cuando pueda. Nosotros damos la bienvenida a las visitas de nuestros padres.

Nuestro centro debe informar a los padres de antemano de cada viaje, excursión, o eventos especiales fuera del centro, y debe obtener el consentimiento escrito de los padres antes de tomar a un niño(a) en cualquier viaje.

Cualquiera que tenga causa razonable para creer que un niño matriculado ha sido o es sujetó de cualquier forma de pegar, castigo corporal, lenguaje abusivo, ridiculiza, áspero, humillando o tratamiento aterrador, o cualquier otro tipo de abuso, abandono, o explotación por cualquier adulto, trabajando en el centro o no, se requiere por la ley estatal, de informar cualquier preocupación inmediatamente a la División de Juventud y la Oficina de Servicios de la Familia de Mando de Abuso de Niño, llamada es gratuita a (800) 792-8610, o a cualquier Oficina Distrito. Pueden hacer tales informes anónimamente.

Los padres pueden obtener información sobre el abuso de niño(a)s y pueden contactar: Community Education Office, Division of Youth and Family Services, CN717, Trenton, New Jersey,.

Please read and sign where indicated:

My child _____ is in good physical condition and I have advised his/her physician that he/she will be taking part in the _____ program. Please indicate any condition, which the staff should be aware of

Parent Signature: _____ Date: _____

Communicable Disease Policy- A communicable disease is an illness that can be caught from other people. If a communicable disease is observed in a child, the parent is notified. Children with untreated communicable diseases should not be participating in our program until they are no longer contagious. Parents will be asked to keep their child at home until a doctor releases the child. A return to school note from the doctor will be required. Communicable diseases seen in children: *Chicken Pox, Lice, Strep Throat, Impetigo, Scabies, etc.*

I have read the communicable disease policy,

Parent Signature: _____ Date: _____

Discipline Procedure: Children are disciplined by staff by means of talking isolation from environment for short periods of time (2 to 3 minutes). If the child continues to be a problem he/she is sent to the Director where the child sits in a chair until he/she decides that they are ready to return to the classroom. Hitting, yelling and other means of punishment are against our policy. Any staff found hitting or severely punishing children will be dismissed immediately.

Pick-Up Procedure: anyone who arrives at the center to pick a child, but in the judgment of the teacher, teacher aid, or Director appears physically impaired can not pick-up a child. The person in charge will try to reach the parent. If other relatives whose names appear on the emergency pick-up form cannot be contacted, the center will contact the appropriate authority (Police, Division of Youth and Family Services, etc.)

I have read and understand the discipline and pick-up procedures.

Parent Signature: _____ Date: _____

Authorization to take and release child/children's picture: I authorize BUF/HHS to take pictures of my child/children to be used in brochures, newspapers, etc., as directed by BUF/HHS.

Parent Signature: _____ Date: _____

Medical Treatment: I consent to the treatment of my child in the event of a life-threatening situation. I also authorize a physician to treat any minor injuries that BUF/HHS determines is serious enough for immediate treatment.

Parent Signature: _____ Date: _____

***Español al Dorso**

Por favor lea y firme dónde indicado:

Mi niño(a) _____ esta en buena condición física hemos indicado al médico de que mi niño(a) estará tomando parte en el programa de _____. Por favor indique cualquier condición que el personal debe saber,

La Firma de los padres: _____ Fecha: _____

Póliza de la Enfermedad Comunicativa - Una enfermedad comunicativa es una enfermedad que puede contagiarse de otras personas. Si una enfermedad comunicativa se observa en un niño(a), el padre se notifica. Los niño(a)s con enfermedades comunicativas que no están siendo tratados por un doctor, no deben estar participando en nuestro programa hasta que ellos no sean contagiosos. Se pedirá a los padres que mantengan a su niño(a) en casa hasta que un doctor diga que la enfermedad no es comunicativa. Una nota a la escuela del doctor es requerida. Enfermedades comunicativas vistas en los niños: La Varicela, Piojos, Garganta Estreptococal, Impétigo, Sarna, etc.,

Yo he leído la póliza de la enfermedad comunicativa,
La Firma de los padres: _____ Fecha: _____

Procedimiento de Disciplina: Los niño(a)s son disciplinados por el personal por medio de aislamiento por periodos cortos de tiempo (2 a 3 minutos). Si el niño(a) continúa siendo problemático y es enviado al Director dónde el niño(a) se sienta en una silla hasta que el o ella decida que ellos están listos a volver a la aula. Pegando, gritando y otros medios de castigo están contra nuestra póliza. Cualquier personal que sea encontrado pegando o castigando a los niños severamente se despedirán inmediatamente.

El Procedimiento de la recogida: Cualquiera que llega al centro para recoger a un niño(a), pero en la opinión del maestro, asistente de maestro, o Director parece incapacitado para recoger niño(a). La persona encargada intentará localizar a los padres. Si no se puede localizar otros parientes cuyos nombres aparecen en la forma de recogida de emergencia, el centro avisará la autoridad apropiada (Policía, la División de Juventud y Servicios de la Familia, etc.)

Yo he leído y he entendido la disciplina y procedimientos de la recogida.
La Firma de los padres: _____ Fecha: _____

La autorización para tomar y ceder fotos: Yo autorizo que BUF/HHS saque fotos de mi niño(a) ser usadas en los folletos, periódicos, etc., como dirigido por BUF/HHS.

La Firma de los padres: _____ Fecha: _____

Tratamiento Médico: Yo consiento al tratamiento de mi niño(a) en caso de una situación amenazante. Yo también autorizo que un médico trate cualquier lesión menor que BUF/HHS determine seria y necesite tratamiento inmediato.

La Firma de los padres: _____ Fecha: _____