

MUMC SUMMER KIDS CLUB CAMP 2024

“Travel the World”

DATES: June 17- August 9 and
August 19th and 20th
(We will be closed August 12th- 16th)

TIME: Monday-Friday 7:00am - 6:00pm
AGES: Children ages 3*- 12
*must be able to use the bathroom without assistance

RATE PLANS

<p>Plan 1: 20 + hours per week \$ 160.00 per week 1st child \$ 150.00 per week 2nd child</p> <p>Payment due weekly for each week registered</p>
<p>Plan 2: 0 -19 hours per week \$ 120.00 per week 1st child \$ 110.00 per week 2nd child</p> <p>Payment due weekly for each week registered.</p>
<p>A Non-Refundable Registration Fee of \$50.00 will be required of each family not currently enrolled in our 2023/2024 School Year program.</p>

AGES:

GROUP 1: Preschool and Completed Kindergarten

(Completed Kindergarten MAY be moved to Group 2 depending on registration numbers)

GROUP 2: Completed 1st - 6th grade (May include completed Kindergarten)

REGISTRATION will be given priority according to the following:

1. Plan 1 and Plan 2
2. Currently enrolled families and church members (if registered before April 9th)
3. Order of receipt of all other applications

LUNCH

Parents need to send a packed lunch with a drink and a cold pack if the contents need to remain cool. Please do not pack anything breakable or food that needs to be heated. Milk will be available for lunch.

EXTRA ITEMS TO BRING

Please pack the following in your child's backpack just in case they are needed. Please make sure your child's name is on his/her belongings.

1. **Extra clothes and towel** (in case playtime includes water, or an accident occurs)
2. **Rest things**, small blanket and/or pillow for Group 1. A book to read for Group 2.
3. **Shoes that can get wet** (water play) other than the sneakers they are normally wearing

Please make sure your child has or is wearing sneakers for playing on the mulched playground.

CELL PHONES

Children will not be allowed to have cell phones out at Kids Club. If your child has a cell phone it will need to remain in his/her bag. (Exceptions will be made for medical reasons, but will only be used for that.)

SUNTAN LOTION

Please send suntan lotion in a **ziplock bag with your child's name** on it to be left at Kids Club. **Children cannot keep suntan lotion in their backpack.** You must complete the Topical Authorization form included in the registration packet.

PERMISSION FORM

A single permission form, which is part of the registration, must be signed for your child to attend field trips which may occur throughout the summer. **Due to transportation issues, we may not go on field trips this summer. If we are able to go on a field trip, we will give prior notice to families.**

ACCIDENTS / INJURIES

In the event of an accident, appropriate procedures will be followed and parents will be notified. Reports are kept on all accidents and copies are given to the parent upon picking up the child. In the event the child must be transported to the hospital or medical center and the parent/guardian or emergency contact cannot be reached, a staff member will accompany the child.

MOVIES

We periodically show movies to the children throughout the summer. Preschool aged children will view G rated movies, or age appropriate unrated cartoons unless we have prior approval for a PG movie. Kindergarten through Middle school aged children may view PG rated movies. We will provide a permission slip for you to sign giving your child permission to view movies at Kids Club. We will let you know via brightwheel if we are showing a movie on any given day.

**MUMC SUMMER KIDS CLUB CAMP
2024 REGISTRATION**

Today's date _____

Child's name _____ Birthdate _____ Grade Completed _____

Allergies/Medical Conditions _____

Does your child have an IFSP or IEP? _____ Will you share that information with MUMC? _____

Guardian /
Parent's name: _____

Address _____

Phone numbers: Home _____

Cell _____

Work _____

Email address: _____

Authorized to pick up? Yes _____ No _____

Guardian /
Parent's name: _____

Address _____

Home _____

Cell _____

Work _____

Email : _____

Authorized to pick up? Yes _____ No _____

Permission Form

My child, _____ has my permission to attend any field trip provided by MUMC Summer Kids Club Camp from June 12, 2024 - August 22, 2024. I hereby agree to his/her participation having full confidence that every precaution will be taken to insure his/her safety and well being during this trip/activity. In the event of an emergency and I cannot be reached, I hereby give permission to the physician selected by the adult leader in charge to administer necessary and appropriate emergency medical care including hospitalization, anesthesia, and surgery.

Our insurance Provider and Policy Number is: _____

(Parent or Guardian Signature)

(Phone #)

(Date)

Emergency Contact / Pick Up (someone other than parents):

Name and Phone Number

Name and Phone Number

MUMC SUMMER KIDS CLUB CAMP - 2024 CONTRACT

Please indicate which weeks your child will be attending as well as the days needed and approximate time in and out.

The child who attends the MOST is considered the First Child.

Plan 1 \$160.00 per week / \$150.00 sibling (20+ hours)

Plan 2 \$120.00 per week / \$110.00 sibling (0 - 19 hrs.)

Week 1: June 17 - 21 Plan _____ Days: M T W Th F

England Time In _____ Time Out _____

Week 2: June 24 - 28 Plan _____ Days: M T W Th F

America Time In _____ Time Out _____

Week 3: July 1 - 3 (America) Plan _____ Days: M T W

(Closed July 4th and 5th) Time In _____ Time Out _____

Week 4: July 8 - 12 Plan _____ Days: M T W Th F

Japan Time In _____ Time Out _____

Week 5: July 15 - 19 Plan _____ Days: M T W Th F

Australia Time In _____ Time Out _____

Week 6: July 22 - 26 Plan _____ Days: M T W Th F

Vacation Bible School week Time In _____ Time Out _____

Week 7: July 29 - August 2 Plan _____ Days: M T W Th F

France Time In _____ Time Out _____

Week 8: August 5 - 9 Plan _____ Days: M T W Th F

Brazil Time In _____ Time Out _____

MUMC will be closed August 12 - 16th for church cleaning.

Week 9: August 19th and 20th Plan _____ Days: M T

Back to school Time In _____ Time Out _____

FCPS and MUMC Kids Club School Year 2024/25 begins Wednesday, August 21, 2024

Maryland State Department of Education
Office of Child Care
**TOPICAL BASIC CARE PRODUCT APPLICATION
AUTHORIZATION FORM**

Topical basic care products such as a diaper rash product, sunscreen, or insect repellent, authorized and supplied by the child's parent, may be applied without prior approval of a licensed health care practitioner. Please document the application of these products on this form. Keep this form in the child's record as required by COMAR. OCC 1216 IS NOT REQUIRED.

CHILD'S NAME: _____ **DOB:** _____

Product Name:

Diaper Rash product: _____ Date Received: _____

Sunscreen: _____ Date Received: _____

Insect Repellent: _____ Date Received: _____

I authorize the child care staff to apply and store the topical basic care product as indicated above per the manufacturers' instructions. I attest that I have administered at least one application of the product to my child without adverse effects. I certify that I have the legal authority to consent to the application and storage of the product(s) for the child named above.

PARENT/GUARDIAN PRINTED NAME	PHONE NUMBER
PARENT/GUARDIAN SIGNATURE	DATE
NAME OF STAFF RECEIVING PRODUCT	SIGNATURE AND DATE

DATE (ONCE PER DAY)	PRODUCT (check box)			REACTIONS OBSERVED (IF ANY)	SIGNATURE
	Diaper	Sunscreen	Insect		

Maryland State Department of Education
Office of Child Care

DATE	PRODUCT			REACTIONS OBSERVED (IF ANY)	SIGNATURE
	Diaper	Sunscreen	Insect		