

# 2017 Fiddlehead Forest Summer Camp



## Parent Checklist

Before your child attends A Child's Nature ("ACN"), please be sure the following items are in your child's file – signed and dated where stated (pages are front and back) ~

- 1\_\_\_ Application Form
- 2\_\_\_ Enrollment Contract
- 3\_\_\_ Biography –Background information and all about your child
- 4\_\_\_ Please attach a CURRENT picture of your child
- 5\_\_\_ Indemnification, photo permission, pond and farm permission
- 6\_\_\_ Child Emergency Information form, *with notes about allergies and chronic illnesses*
- 7\_\_\_ In House Medication form
- 8\_\_\_ NH State Declaration, giving or not giving permission for interview by NH State Employee
- 9\_\_\_ Parent Questionnaire and Volunteer Support
- 10\_\_\_ Documentation of inoculations and a recent physical from your pediatrician **OR** Religious exemption from physical examination and inoculations (forms available in office)
- 11\_\_\_ Emergency Evacuation Information
- 12\_\_\_ I have read the Parent Handbook
- 13\_\_\_ Ask your employer or the State of NH if you are eligible for childcare reimbursement

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**Please be sure that the following payments are made on or before May 15, 2017:**

1. \_\_\_\$50.00 Enrollment fee per family each year for enrolling in 3-10 weeks (non-refundable).
2. \_\_\_\$25.00 Enrollment fee per family each year for enrolling in 1-3 weeks (non-refundable).
3. \_\_\_\$25.00 Initial Application Fee per child

**PLEASE ATTACH: (NON-REFUNDABLE)  
\$25 OR \$50 ENROLLMENT FEE PER FAMILY (SEE ABOVE)  
\$25 APPLICATION FEE PER CHILD**

For children enrolling in June's camp offerings, full payment must be made on or before **June 15<sup>th</sup>**.  
For Children enrolling in any July Summer Camp week, full payment must be made on or before **June 30<sup>th</sup>**.  
For children enrolling in any August Summer Camp week, full payment must be made on or before **July 29<sup>th</sup>**

*All forms must be returned by May 15, 2017.*



# FIDDLEHEAD FOREST SUMMER CAMP APPLICATION 2017

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

### EARLY CARE

6:45am - 7:30am - \$5/day

Circle Days - **M T W TH F** Total Cost for Early Care:

Please select weeks below and note full day (7:30am-5:30pm) or half day (7:30am-12:00pm)

**Week 1 – June 19-23 – In the Summer Garden**

Preschool – Full Day (\$250) \_\_\_\_\_ Half Day (\$160) \_\_\_\_\_

Infant Toddler – Full Day (\$285) \_\_\_\_\_ Half Day (\$190) \_\_\_\_\_

**Week 2 – June 26-June 30 – On Top of the Sea**

Preschool – Full Day (\$250) \_\_\_\_\_ Half Day (\$160) \_\_\_\_\_

Infant Toddler – Full Day (\$285) \_\_\_\_\_ Half Day (\$190) \_\_\_\_\_

**Week 3 – July 3-7 – Fairy Gardens and Gnome Homes**

Preschool – Full Day (\$250) \_\_\_\_\_ Half Day (\$160) \_\_\_\_\_

Infant Toddler – Full Day (\$285) \_\_\_\_\_ Half Day (\$190) \_\_\_\_\_

**Week 4 – July 10-14 – Wonders in the Sky**

Preschool – Full Day (\$250) \_\_\_\_\_ Half Day (\$160) \_\_\_\_\_

Infant Toddler – Full Day (\$285) \_\_\_\_\_ Half Day (\$190) \_\_\_\_\_

**Week 5 – July 17-21 – Bugs Who Love to Fly**

Preschool – Full Day (\$250) \_\_\_\_\_ Half Day (\$160) \_\_\_\_\_

Infant Toddler – Full Day (\$285) \_\_\_\_\_ Half Day (\$190) \_\_\_\_\_

**Week 6 – July 24-28 – Life Beneath the Earth**

Preschool – Full Day (\$250) \_\_\_\_\_ Half Day (\$160) \_\_\_\_\_

Infant Toddler – Full Day (\$285) \_\_\_\_\_ Half Day (\$190) \_\_\_\_\_

**Week 7 – July 31-August 4 – Under the Sea**

Preschool – Full Day (\$250) \_\_\_\_\_ Half Day (\$160) \_\_\_\_\_

Infant Toddler – Full Day (\$285) \_\_\_\_\_ Half Day (\$190) \_\_\_\_\_

**Week 8 – August 7-11 – Where the Wild Berries Grow**

Preschool – Full Day (\$250) \_\_\_\_\_ Half Day (\$160) \_\_\_\_\_

Infant Toddler – Full Day (\$285) \_\_\_\_\_ Half Day (\$190) \_\_\_\_\_

**Week 9 – August 14-18 – Let's Go Camping!**

Preschool – Full Day (\$250) \_\_\_\_\_ Half Day (\$160) \_\_\_\_\_

Infant Toddler – Full Day (\$285) \_\_\_\_\_ Half Day (\$190) \_\_\_\_\_

**Week 10 – August 21-25 – Summer Garden Harvest**

Preschool – Full Day (\$250) \_\_\_\_\_ Half Day (\$160) \_\_\_\_\_

Infant Toddler – Full Day (\$285) \_\_\_\_\_ Half Day (\$190) \_\_\_\_\_

The signatories below acknowledge legal responsibility for payment according to the terms of this contract. It is understood by the parties that no refunds are available, and that full payment is expected according to the dates and amounts specified, regardless of the child's attendance. Please make checks payable to A Child's Nature.

Parent/Guardian

Parent/Guardian

Date

Approved by A Child's Nature

Date



# FIDDLEHEAD FOREST SUMMER CAMP 2017

## ENROLLMENT CONTRACT

Today's date: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

I/We \_\_\_\_\_ and \_\_\_\_\_,

parents/guardians (both parents/guardians MUST sign where financial responsibility is shared for the child), do hereby enroll

\_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, my/our Child(ren), in A Child's Nature, according to the following options:

***The program runs for 10 total weeks and this contract between the parent(s) listed above and A Child's Nature is valid for the weeks selected on the Application Form. This contract begins on the first day of enrollment and ends on the last day of the final week elected on the Application Form.***

### Schedule options:

1. ACN's school day begins at 7:30am and closes promptly at 5:30pm. Early care is available from 6:45am – 7:30am for an additional fee – see application. Extended care until 6:00pm is offered beginning 6/26/17 – 7/28/17 – see extended day form to select this option. Children ages 3 through 7 years will be accepted. Antioch and Renewal children ages 6 weeks through age 2 are accepted into our Summer program as space allows.
2. **Age of child(ren) at time of enrollment:** \_\_\_\_\_. Enrollment may be adjusted to match the child's placement in the program (i.e. infant, toddler or preschool room) as deemed developmentally necessary. Weekly camp themes are designed for children 3 – 7 years old.
3. **Payment schedules:** For children enrolled in either of June's two week camp offerings, payment must be made on or before June 15<sup>th</sup>. For Children enrolling in any July Summer Camp week, payment must be made on or before June 30<sup>th</sup>. For children enrolled in any August Summer Camp week, payment must be made on or before July 29<sup>th</sup>. A late fee of \$35 will be assessed if payment is not received by the above dates. If payment for the full 10 weeks is made in advance, a 2% discount will be applied to the cost of tuition. In the event of contract cancellation with 5 days notice, unused tuition payments will be returned pro rata.  
**Please initial:** \_\_\_\_\_
4. **All schedule reductions or withdrawals require a minimum 5 day written notice** and the Center Director's approval. Withdrawal without a minimum 5 day notice forfeits reimbursement of remaining tuition. **Please initial:** \_\_\_\_\_
5. **Payments in arrears:** The parents/guardians understand and agree that if tuition payments are in arrears by more than five days, A Child's Nature has the right to cancel this contract and discontinue care of the child at any time. A late payment fee of \$35 will be charged for payments received past due date. Payments returned for insufficient funds will incur a \$35 fee.  
**Please initial here:** \_\_\_\_\_
6. A Child's Nature reserves the right to cancel this contract and discontinue care of the child at any time deemed necessary if the needs of the child are judged to be beyond the scope of the program.
7. This contract may be changed or terminated with written notification **30 days prior**.
8. A Child's Nature will be open on Tuesday, July 4<sup>th</sup> – **please inform teachers if your child will not attend that day – you will still be charged for this day.**
9. **Timely payment is expected** regardless of absence due to family vacations, illness, or for any other reason. The parents/guardians understand and agree that when children are picked up late, the parents will be *charged at a rate of \$5.00 for every five minutes of tardiness*.

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*PLEASE NOTE: Families receiving financial assistance for child care from the NH Dept of Health & Human Services or from any other institution agree to pay all fees that are not covered by the aforementioned department. These parents agree to be vigilant about not accumulating any arrearage due to child absences or other non-payment by the state or federal agency. The parents understand and agree that this contract will be terminated and care of the child discontinued if any such arrearage occurs. Families receiving state assistance should ask for a tuition scholarship application from ACN.*

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**Please initial here:** \_\_\_\_\_

# Child Biography~

## Background for your child



Please take some time to complete the following Biography for your child. Feel free to attach additional pages. We use this information to gain deeper insight into everything that shapes your child as he/she grows. This helps us provide accurate developmental guidance and support for your family. All information is kept confidential.

**Pregnancy and Birth History (natural child birth, cesarean, breach presentation, etc.)**

**Age at which your child first crawled, walked, talked, and changed teeth.**

**Early health, accidents, illnesses, allergies, and injuries.**

**Eating and sleeping habits.**

**Changes at home: divorce, separation, death, new family members – since birth.**

**Family moves and relocations.**

**Please indicate any special and unusual traits or needs of the child.**

**Characterize your child in the following areas: when playing and when interacting with others.**

# All About Me... \_\_\_\_\_

*Child's Name*



Has your child received care from another provider or center before? If yes, please describe the setting.

Do both parents live at home? Please list other family members living with you – include names and ages. Also, please share the names your child uses for parents (Mama, Daddy, Pappa, etc.)

Mom:

Dad:

Does your family have any pets? Please include type of pets and names.

Does your child exhibit any fears (i.e. insects, water, swings, loud noises, etc.)

Does your child have a security item such as a blanket, teddy bear, or pacifier?

What time does your child usually eat? BREAKFAST: LUNCH: DINNER:

Describe your child's appetite – circle one. POOR GOOD GREAT

Does your child nap? If so, for how long?

Bedtime is usually at: \_\_\_\_\_PM My child wakes up at: \_\_\_\_\_AM

Does your child have any food allergies or dietary restrictions? Please describe.

Would you like us to encourage toilet learning? If yes, at what age?

Has your child ever been swaddled? YES NO

May we use a swaddle wrap for your infant at rest time? YES NO N/A

Are there any health concerns or prior medical issues or emergencies we should be aware of?

Is there any other information about your child you feel is necessary for teachers and caregivers to know?



FIDDLEHEAD FOREST SUMMER CAMP 2017

# Emergency Information

|                                |
|--------------------------------|
| <b>LAST NAME:</b> _____        |
| <b>DATE SIGNED:</b> _____      |
| <b>ALLERGIES LISTED:</b> _____ |
| _____                          |
| _____                          |

ACN License # \_\_06593

|                                       |                          |                             |                           |
|---------------------------------------|--------------------------|-----------------------------|---------------------------|
| <b>Student(s) Last Name(s):</b> _____ | <b>First Name:</b> _____ | <b>Date of Birth:</b> _____ | <b>Age / Grade:</b> _____ |
|---------------------------------------|--------------------------|-----------------------------|---------------------------|

**Mother's Name & Address:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Father's Name & Address:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Mother's Business Name & Address:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_

**Father's Business Name & Address:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_

*Please indicate below the names, telephone numbers and relationship of at least one friend or relative who could be called upon to come and care for your child in case you cannot be reached & who can act on your behalf in an emergency:*

| NAME            | NUMBER(S) | RELATIONSHIP |
|-----------------|-----------|--------------|
| 1. _____        | _____     | _____        |
| <b>REQUIRED</b> |           |              |
| 2. _____        | _____     | _____        |
| 3. _____        | _____     | _____        |

**WHO SHOULD BE CALLED FIRST? (please circle one)**

- **Mother/Guardian, best phone:** \_\_\_\_\_
- **Father/Guardian, best phone:** \_\_\_\_\_

*The nearest trauma center is Southern NH Medical Center, Nashua, NH. If you prefer a different facility, please indicate below:*

**Emergency Care Facility:** \_\_\_\_\_  
**Facility's Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Doctor to be Notified (MUST BE FILLED OUT) :** \_\_\_\_\_  
**Doctor's Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*I hereby give permission for the staff of A Child's Nature to provide simple first aid treatment to my child(ren) listed above. In the event of a more serious injury or illness, I give my permission for him/her to be transported to a hospital or urgent care facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer treatment as medically necessary, and I authorize licensed health practitioners working in the hospital or urgent care facility to examine and provide emergency medical treatment to my child if warranted. I understand that there may be fees involved, for which I will be responsible.*

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



FIDDLEHEAD FOREST SUMMER CAMP 2017  
**IN - HOUSE MEDICATION FORM**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

**All over-the-counter products need parental permission for administration and all oral substances need doctor's permission including teething tablets.**

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*There have been many questions raised regarding the safety of children's pain and fever reducing medications and dosages; you must consult with your Doctor before asking us to administer Tylenol or Motrin. For these medications and prescriptions, we need the medication with original prescription to come with a signed form from your doctor. We must administer according to the label. Please put the form and medicine in a zip lock bag with your child's name on it and hand it to your teacher for the day. It should return home with you at pick up, if possible.*

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**THE FOLLOWING IS A LIST REQUIRING PARENTAL PERMISSION FOR  
GENERAL ADMINISTRATION OF PRODUCTS WE KEEP ON HAND.**

\_\_\_\_\_ ***Please, Do Not Give Anything to My Child***

\_\_\_\_\_ **I DO give permission for my child to receive** the following medication and/or external products for minor illnesses and/or injuries. (Check as many as you wish)

**Homeopathic First Aid/Prevention**

- \_\_\_\_\_ Arnica Cream (Hylands, Nelson's, or Weleda) - for bumps and bruises
- \_\_\_\_\_ Burn/Sting Gel (Nelson's or Weleda) - for bee stings, minor burn, itching
- \_\_\_\_\_ Calendula Ointment (Hylands) - for rashes, skin irritations, scratches, scrapes, and cuts
- \_\_\_\_\_ Sun Block (Badger)
- \_\_\_\_\_ Insect Repellent (Natural, botanical based brands)

**Conventional First Aid**

- \_\_\_\_\_ Caladryl Lotion (any brand) - for itching
- \_\_\_\_\_ Hydrogen Peroxide (any brand) - for washing out sores
- \_\_\_\_\_ Saline Eye Wash (any brand)

**Parent(s)/Guardian(s) Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Teacher's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## FIDDLEHEAD FOREST SUMMER CAMP 2017 INDEMNIFICATION

A Child's Nature is dedicated to providing a safe environment in which children may learn and grow. Children in our care will be closely supervised at all times to ensure that their play and work are as safe as possible. Our curriculum does have acceptable risks that are developmentally appropriate for the young child, such as walking in the woods and to the neighboring farm, climbing on rocks, playing with sticks and stones in a safe manner, climbing on playground apparatus and on climbing equipment in the classroom, using tools to cut vegetables, cloth or paper, using tools to dig, garden, saw and hand-drill, etc.

**The parents/guardians of:** \_\_\_\_\_ understand that these and similar activities are a part of the curriculum and agree that they will hold harmless A Child's Nature, and its employees should any injury occur to their child in the normal course of curricular activities.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

### Photography/Image Use Permission

I give permission to A Child's Nature staff to photograph my child, \_\_\_\_\_, and use in the following manner (please circle):

- Yes No** For use in the classroom or on Pine Hill campus. (Bulletin boards, posters)
- Yes No** For use in print marketing materials or advertisements.
- Yes No** For use on A Child's Nature website.
- Yes No** For use on A Child's Nature **private group** Facebook page- an approved, invite-only page for ACN families and extended family members.
- Yes No** For use on A Child's Nature online social media - Public Facebook page, Instagram (note photos will not be tagged for other users).

### Pond/Farm Permission

We would like to take advantage of opportunities to make trips to the beautiful pond on the Pine Hill campus and to the adjacent Temple Wilton Community Farm. For visits to the pond, Licensing requires that at least one teacher attending a water event must have taken a Water Safety Training course and CPR. Another licensing regulation states that the ratio of teachers to students must be increased to 1 to 2 for 2 year-olds, 1 to 4 for 3 & 4 year-olds, and 1 to 8 for 5 years and up.

Teachers who may accompany children to the pond include; Nancy Wilson - Water Safety, as well as others deemed suitable by ACN. All Lead Teachers will be completing the Water Safety Course.

Your signature gives your approval for your child to join us. Thank you.

My Child \_\_\_\_\_ Birthdate: \_\_\_\_\_ may take spontaneous trips to the adjacent farm and pond as long as the conditions above are filled.

Signed \_\_\_\_\_ Date \_\_\_\_\_





# NH State Licensing Declaration of Parent Rights

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*IMPORTANT CONSIDERATION*

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**NOTE TO PARENT/S or GUARDIAN/S:**

The licensing authority for this program is the Bureau of Licensing and Certification, Child Care Licensing Unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at <http://childcaresearch.dhhs.nh.gov> or by calling the unit at 1-800-852- 3345, extension 4624 or 603-271-4624.

During licensing, monitoring, and complaint investigation visits to licensed programs the department shall speak with children regarding the care they receive at the program, if in the judgment of the licensing coordinator the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to interview in a manner that is respectful and non-leading. **However, if you do not want your child interviewed, or if you wish to be informed prior to your child being interviewed you must give the family child care provider, center director, site director or designee, and update annually, a signed dated statement indicating your preference.**

For more information about Child Care Licensing please visit our website at:

[www.dhhs.state.nh.us/DHHS/BCCL/default.htm](http://www.dhhs.state.nh.us/DHHS/BCCL/default.htm)

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

PLEASE PRINT NAMES

Do you wish to have your child interviewed upon State Inspections at ACN?      YES    NO

Do you wish for your child to be interviewed upon State Inspection at ACN with prior notification?

YES    NO

Parent or Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE PRINT NAME

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Initial Stating that you have read this declaration:** \_\_\_\_\_



## FIDDLEHEAD FOREST SUMMER CAMP 2017

### WHAT BROUGHT YOU HERE?

We thank you for choosing A Child's Nature Care and Education, and for entrusting us with the care of your precious child/children.

Our goal is to serve the community by providing high quality childcare and early childhood education as well as providing parent education and the opportunity to participate in community. We strive to better understand what attracted you to our program, and how we can improve our offerings as we continue to develop and grow.

Please take a moment and let us know why you have chosen A Child's Nature for your child(ren).

Circle all that apply.

- a. Program-Philosophy
- b. Convenience/location
- c. Cost
- d. Other (please let us know!)

How did you hear about A Child's Nature?

We would love it if you would write just one sentence about why you chose our program.

Is there anything you wished we offered or would like to see us change?

We appreciate your feedback and support!



FIDDLEHEAD FOREST SUMMER CAMP 2017

## EMERGENCY EVACUATION INFORMATION

A Child's Nature, Wilton, NH

**Emergency Contact Person:** Center Director: Nancy Wilson

**Phone numbers of emergency contact:** Bluebell Cottage 654-2758, Main Building 654-2662

**Cell phone of emergency contact:** Nancy Wilson 603-554-6804

**In the event the facility must be evacuated because of a confined emergency, the staff and children will leave the building and gather in the immediate area at:** *lower parking lot/ basketball court for children in Preschool, in the Sweet Pea Play yard for children at Children's Village*

**In the event the facility must be evacuated because of an emergency in the immediate area the children and staff will walk to:** *the Pine Hill Waldorf School auditorium, 77 Pine Hill Rd., Wilton, NH*  
*Or: High Mowing School kitchen, 222 Isaac Frye Hwy, Wilton, NH*

**The contact person, phone number and address at the assembly area are:**

*Nancy Wilson 603-554-6804, 77 Pine Hill Rd., Wilton, NH*

**If necessary, the children will be transported to this emergency trauma center:** *Southern NH Medical Center, Nashua, NH*

**Address, phone number, and contact person at health care facility:** *8 Prospect St., Nashua, NH (603) 577-2000; Nancy Wilson 603-554-6804*

**Please refer to the emergency evacuation information in the ACN parent handbook.**

**I understand that my child(ren) may be relocated to an evacuation site in the case of an unsafe condition in the child care program facility.**

**Child/Children's Name(s):** \_\_\_\_\_

\_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature for Permission to treat medically**