



Welcome to the 2023 Summer Camp Session!

We are thrilled to have your child joining us at Discovery Adventure Camp this year! Each day is sure to bring activities that will spark your child's curiosity along with their imagination with hands-on play and exploration. Please note that drop off for this camp is at the preschool entrance (turn left and head all the way down after pulling into the parking lot of Regal Gymnastics).

If you are new to camp, please make sure you have all the camp forms completed prior to the first day of camp. Every child will have a confidential classroom file containing the documents found in this packet. Please complete these forms and return them along with:

- 1) **A copy of your child's current immunization record** (or exemption form from your doctor).
- 2) **A record of an annual physical/health history form** (both forms provided by your doctor).

These documents must contain your child's primary health care and dental care (if applicable), names and phone numbers.

***Each child MUST have ALL of these forms, filled out completely and handed in by or at the time of drop off on your child's first day of attendance. This is a VT State Licensing regulation and we cannot allow children to attend without all the required forms. You will be turned away without them. We do NOT have a fax machine so please plan accordingly!*

Each child should bring the following items to summer camp every day:

- 1) **Lunch** (a.m. and p.m. snack will be provided)
Lunches need to be in "ready to serve"; we will not be cutting or warming up anything. Please do not send in juice / sports drink, fruit snacks, fruit leather, candy or chocolate of any kind. These items will NOT be served and will be returned to you for at home consumption.
- 2) **Water bottle**
Labeled with your child's name. Flavored water is not permitted and will be thrown out. Clean, fresh regular water will be added and refreshed throughout the day,
- 3) **A bag with a clean change of seasonal, weather appropriate clothing & footwear**
Outdoor footwear must be suitable to get wet in sprinkler/mud pit. Shoes must be worn at all times.
- 4) **Labeled sunscreen & bug spray in a labeled Ziploc bag**
No aerosol of any kind.
- 5) **Indoor shoes**
A clean pair of shoes/slippers for INDOOR use only. Children need a separate pair for outside use.
- 6) **A leotard or shorts for gym time & gymnastics instruction (optional)**
- 7) **Bathing suit and towel**
Sprinkler used when it's warm enough for outside water play.



ADMISSION FORM

CHILD'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

EMAIL: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

EMAIL: _____

ALLERGIES / MEDICAL CONCERNS / IEP'S - (MUST BE APPROVED BY THE PROGRAM DIRECTOR TO MAKE SURE THAT WE HAVE THE APPROPRIATE STAFFING AND/OR THE ABILITIES TO MAKE THE NECESSARY ACCOMMODATIONS **BEFORE THE CHILD'S START DATE):**

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



EMERGENCY CONTACT INFORMATION

CHILD'S NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

ALLERGIES/HEALTH CONCERNS: _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

PEDIATRICIAN:

DENTIST:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

EMERGENCY CONTACT INFORMATION (TWO NON-PARENT/GUARDIANS):

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

MEDICAL EMERGENCY TREATMENT

I HEREBY GIVE *THE BALANCING ACT ENRICHMENT CENTER* PERMISSION TO ADMINISTER BASIC FIRST AID AND/OR CPR TO MY CHILD, _____, AND/OR TAKE HIM/HER TO THE HOSPITAL FOR MEDICAL TREATMENT WHEN I CANNOT BE REACHED OR WHEN DELAY WOULD BE DANGEROUS TO MY CHILD'S HEALTH.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

INSURANCE INFORMATION

COMPANY NAME: _____

POLICY NUMBER: _____ **OTHER SPECIAL INSTRUCTIONS:** _____



CHILD PICK UP/RELEASE FORM

AS PARENT/GUARDIAN OF : _____

***I GIVE THE BALANCING ACT ENRICHMENT CENTER PERMISSION
TO RELEASE MY CHILD ONLY TO THE FOLLOWING PEOPLE:***

NAMERELATIONSHIP TO CHILD

IS THERE ANYONE WHOM WE SHOULD BE AWARE OF THAT, UNDER ANY CIRCUMSTANCES, SHOULD NOT BE PERMITTED TO PICK UP YOUR CHILD?

ALL PARENTS OR GUARDIANS MUST SIGN:

PARENT/GUARDIAN SIGNATURE: _____ ***DATE:*** _____

PARENT/GUARDIAN SIGNATURE: _____ ***DATE:*** _____



PERMISSION FORM / ACKNOWLEDGMENT OF HANDBOOK AGREEMENT

Child's Name: _____

As an important part of our program, we like to take our students on walking trips around the grounds. We have beautiful nature trails and wooded property just waiting to be explored! The purpose of such walks is varied and provides valuable hands-on learning experiences for our young learners. In order to allow flexibility for these natural activities, we ask permission for your child to participate in such walks throughout the summer. As the parent/guardian of the above listed child, I have checked all the applicable information:

_____ I give permission for my child to participate in nature walks for the 2023 summer camp session.

_____ I give permission for the staff to apply sunscreen to him/her while playing outside.

_____ I have provided sunscreen for my child's use

_____ I give permission for the staff to apply bug spray to him/her before playing outside/going into the woods.

_____ I have provided bug spray for my child's use

_____ I give permission for the staff to photograph my child for:

_____ Display in the classroom/Use in promotional materials

_____ Use on The Balancing Act's Facebook Page (No Names)

_____ I give permission for my child to participate in supervised wade pools/sprinkler activities for the 2023 session.

_____ I have read & understood The Balancing Act Enrichment Center Handbook and agree to the policies within it.

Parent/Guardian Signature: _____ **Date:** _____



TELL US ABOUT YOUR CHILD

LIST 5 WORDS THAT YOU WOULD USE TO DESCRIBE YOUR CHILD:

HAS YOUR CHILD EVER BEEN IN PRESCHOOL, CAMP OR CHILDCARE SETTING BEFORE?

PLEASE DESCRIBE THEIR EXPERIENCES:

TELL US ABOUT CHILD'S INTERESTS/FEARS:

DOES YOUR CHILD HAVE SIBLINGS? PETS?

WHAT ARE SOME OF THE THINGS YOU ENJOY DOING TOGETHER?

WHAT ARE YOUR CHILD'S FAVORITE FOODS AND THOSE THEY DISLIKES?

TELL US ABOUT YOUR CHILD'S BEHAVIOR, ENERGY LEVEL AND TEMPERAMENT:

WHEN YOUR CHILD IS UPSET, WHAT SEEMS TO COMFORT THEM THE MOST?

WHAT ARE YOUR HOPES & DREAMS FOR YOUR CHILD THIS YEAR?