



## MARIPOSA Child Care Center SUMMER CAMP Enrollment Packet

### INSTRUCTIONS

Thank you for your interest in Mariposa Child Care Center Summer Camp. We hope and will work for you to have a positive experience with us. Please carefully review the information below. If you have questions, please feel free to contact us at [jpaulino@mariposacc.com](mailto:jpaulino@mariposacc.com) or by calling at 877-421-9382.

#### Registration Process:

- Registration begins on March 1, 2019.
- Complete this pack and return it including payment in order to hold space for your child.
- Spaces will fill up on a first-come, first-served basis.
- Deposit is NOT refundable**

#### To register:

- Complete this pack and return it as soon as possible.
- Make check payable to: **Mariposa Child Care Center.**
- Mail or bring this pack with payment to:  
61 Fairview Street  
Dedham, MA 02026

#### Notes for Parents:

- Parents will drop off and pick children from program. Mariposa does not provide transportation.
- Parents are to provide daily meals and snacks.
- Camp hours are from 8 am to 5 pm.
- Leave electronics at home. Mariposa is not responsible for the loss of personal belongings.
- A letter from the doctor is required in order to accept your child in our camp. Your child must be able to participate in all camp activities. If your child has any medical condition or require medications, please call us to discuss appropriate accommodations with camp director prior to enrollment.
- Copy of Health Insurance Card is required.
- Upon request, parents have the right to review our background check, health care, discipline and grievance policies.
- Camper must be toilet trained.

Child's Name: \_\_\_\_\_

**Policies:**

- 1) Balance is paid in full before with this application.
- 2) Money is not refundable.
- 3) After submitting application, MCCC will not accept changes on application.
- 4) Registration is not transferrable.
- 5) If registration is cancelled due to behavioral issues, money is not refundable. Please see discipline policy before submitting this application.
- 6) Parents are responsible for any balance due regardless of absences.

I have read, fully, understand and agree with these policies for the Mariposa Spanish Summer Camp.

Parent/guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Discipline Policy:**

**Philosophy of Discipline**

When discipline is necessary, we show patience and caring but also gentle firmness and consistency. The staff tries to help children develop the self-confidence and knowledge that will foster self-control. The classroom staff, with as much input from the children as possible, clearly set behavioral standards (i.e. takes care of classroom toys, take turns and share with friends, use your words, etc.) Children are encouraged to use words instead of physical aggression. Children are not allowed to hurt themselves, others, or destroy school property. Positive reinforcement and praise for appropriate behavior to encourage children to make positive, safe choices. The goal is to acknowledge every child doing something right.

When a child behaves unacceptably, the teacher states clearly why it is unacceptable, and redirects him/her. If the same behavior happens again, the child will be given two more warnings. If a child continues to be disruptive, uncooperative, or inappropriate, he/she will be given a short time away from the other children to help them calm down return to appropriate interactions with the other children. As adults, it is our role to help the child understand that it is **the “behavior” and not the child that is not acceptable.**

A parent may be called to come and take the child home if the staff is unable to help a child regain self-control after a period of time. This type of behavior is often the result of extreme anger or frustration on the child’s part. The staff will notify the Director and the parents if such behavior occurs on a regular basis. The parent will be asked to attend a meeting with the teacher and the Director to discuss the situation and begin to evaluate whether or not this center is the appropriate setting for the child and discuss or explore other options.

No child will be subject to embarrassment / humiliation from a staff person for any reason. Denial of food or physical punishment will never be used as a tool to change undesirable or inappropriate behaviors. No child will be forced to eat. Any staff person found to use physical, verbal, or emotional abuse will be subject to immediate dismissal.

I have read, fully, understand and agree with these policies for the Mariposa Spanish Summer Camp.

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child’s Name: \_\_\_\_\_

**Child Information:**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Child's First Language: \_\_\_\_\_

Allergies/Special Diets: \_\_\_\_\_

**Parent's Information:**

Parent(s)/Guardian(s): \_\_\_\_\_

Home address (if different): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent(s)/guardian(s) business address/location during child care:**

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

Where: \_\_\_\_\_ Where: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Instructions: \_\_\_\_\_ Instructions: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Emergency Contact/Authorized pick-up person:**

In the event of an emergency when I may not be reached, the Educator may contact the following individuals (in the order given) whom I authorize to take my child from the child care premises.

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

**Authorized Pick-up:**

I additionally authorize the following individual to take my child from the child care premises. (Please let me know at the beginning of the day when your child will be picked up by one of the authorized individuals. Must be 17 or older)

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

If applicable, please provide copies of any custody agreements, court orders, restraining orders.

**Notes:**

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Child's Name: \_\_\_\_\_

**Please indicate which camp sessions you are registering for:**

<input type="checkbox"/> Session 1: June 24 – June 28: <b>The Farm</b>	<input type="checkbox"/> Session 6: July 29 – August 2: <b>The Nature (Reptiles)</b>
<input type="checkbox"/> Session 2: July 1 – July 5 (closed on July 4 <sup>th</sup> ): <b>How to Plant</b>	<input type="checkbox"/> Session 7: August 5 – August 9: <b>Sports</b>
<input type="checkbox"/> Session 3: July 8 – July 12: <b>Sports</b>	<input type="checkbox"/> Session 8: August 12 – August 16: <b>Water Games</b>
<input type="checkbox"/> Session 4: July 15 – July 19: <b>Water Games</b>	<input type="checkbox"/> Session 9: August 19 – August 23: <b>Science</b>
<input type="checkbox"/> Session 5: July 22 – July 26: <b>Science</b>	

**Payment:**

Day Camper (\$400 tuition per session) 2.9 - 8 yrs old      \$400 X \_\_ (# of sessions) = \_\_\_\_\_  
Registration Fee      \$50.00  
**Total**      \_\_\_\_\_

**Credit Card Authorization**

Name on Card: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ CSV \_\_\_\_\_  
Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Health Information:**

**Medical Insurance Information:**

Subscriber's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

Copy of Insurance Card

**Child's Physician or Health Care Professional:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, Code: \_\_\_\_\_

**Health:**

Any known complications at birth? \_\_\_\_\_

Serious illnesses and/or hospitalizations: \_\_\_\_\_

Special physical conditions, disabilities: \_\_\_\_\_

**Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:**

\_\_\_\_\_  
\_\_\_\_\_

Regular medications:

\_\_\_\_\_

**Note: If your child requires medication during camp, you will be asked for a parent consent, a letter from the doctor with instructions, and the medication. Prescribed medications must include the pharmacy label with dosage, directions for use, and the child staff. Prescribed medications must be in their original-un-opened container. Parents are to bring medications on the first day of camp. No child that uses medication will be accepted on camp without them.**

Child's Name: \_\_\_\_\_





## Permission to Photograph

At Mariposa Child-Care Center, we attempt to capture as many special moments of your child's school day as we can, through art and other means. Photographs and videos provide us with a unique glimpse into these moments, and they offer an opportunity for you to see them through newsletters and internet. We will use these opportunities to post them on flyers, brochures and over the internet, for different activities and for marketing purposes. Your child's identity will not be revealed.

We respect that you may prefer not to have your child photographed while at school. Please indicate your preference below, so we may add this to our records:

- I DO want my child photographed and videotaped at school
  
- I DO NOT want my child photographed at school

*I have read, understand and agree to the above outlined policies.*

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

Child's Name: \_\_\_\_\_

## **Transportation Plan and Authorization**

CHILD'S NAME: \_\_\_\_\_

### **MY CHILD WILL ARRIVE AT THE PROGRAM:**

\_\_\_\_ Parent Drop Off

### **MY CHILD WILL DEPART FROM THE PROGRAM:**

\_\_\_\_ Parent Pick up

Child's Name: \_\_\_\_\_

Dear Physician: \_\_\_\_\_

My child \_\_\_\_\_  
(Child's Name)

is enrolled at Mariposa Child Care Center which is licensed by the Department of Early Education and Care. The Department of Early Education and Care's regulations require at the time of admission a written statement from a physician as evidence of each child's annual physical examination, immunizations and lead screening in accordance with Department of Public Health's recommended schedules. A prompt response is appreciated.

Evidence of a physical exam is valid for one (1) year from the date the child was examined and must be renewed annually thereafter.

**IDENTIFICATION**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Examination of Child: \_\_\_\_\_

What is your opinion concerning the child's general health and appearance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this child been screened for lead poisoning? Yes \_\_\_\_\_ No \_\_\_\_\_

**(\*At least one (1) time between ages 9-12 months; Annually-Ages 2 & 3; at Age 4 if High Risk for Lead Poisoning)**

If yes, date screened: \_\_\_\_\_

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which require special consideration or care by the child care educator? If so, please detail below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please return this form and the child's immunization record to:

**Mariposa Child Care Center**  
61 Fairview Street  
Dedham, MA 02026

Child's Name: \_\_\_\_\_