

# Acorn KinderHouse

## Mini Camp Registration Form

Child's Name: \_\_\_\_\_ age as of start date of camp \_\_\_\_\_ Birthday \_\_\_\_\_

Gender \_\_\_\_\_ Nickname \_\_\_\_\_

Child's Name: \_\_\_\_\_ age as of start date of camp \_\_\_\_\_ Birthday \_\_\_\_\_

Gender \_\_\_\_\_ Nickname \_\_\_\_\_

Mother's Name: \_\_\_\_\_ phone: \_\_\_\_\_

email address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

check if this is primary contact \_\_\_\_\_ check if you have sole custody of child \_\_\_\_\_

Father's Name: \_\_\_\_\_ phone: \_\_\_\_\_

email address: \_\_\_\_\_ cell phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

check if this is primary contact \_\_\_\_\_ check if you have sole custody of child \_\_\_\_\_

How did you hear about Summer Camp?

Facebook \_\_\_\_\_ Hula Frog \_\_\_\_\_ Friend (who?) \_\_\_\_\_ Other (please explain) \_\_\_\_\_

**Session 1 Fairy Camp – June 20,21,22** 9:00 am to 12:30 pm No. Children attending \_\_\_\_\_ @ \$100.00 each = \_\_\_\_\_

**Session 2 Pirate Camp – July 11,12,13** 9:00 am to 12:30 pm No. Children attending \_\_\_\_\_ @ \$100.00 each = \_\_\_\_\_

**Session 3 Nature Camp – July 18,19,20** 9:00 am to 12:30 pm No. Children attending \_\_\_\_\_ @ \$100.00 each = \_\_\_\_\_

**Session 4 Gnome Camp – July 25,26,27** 9:00 am to 12:30 pm No. Children attending \_\_\_\_\_ @ \$100.00 each = \_\_\_\_\_

**TOTAL FEES DUE:** = \_\_\_\_\_

**Please submit All forms and Camp fee in HARD COPY format to insure your child's place at camp. Please make all checks payable to Acorn KinderHouse with "Mini Camp" on the memo line**

For alternate payment methods contact us 248-310-1059 or email [acornkinderhouse@gmail.com](mailto:acornkinderhouse@gmail.com)

Forms may be mailed to Acorn KinderHouse 5300 Maybee Rd, Clarkston MI 48346 OR

Dropped off at the school in the black drop box on **the fence**

**Allergies: (please list – use back of sheet if necessary)**

I/we understand that snacks served during camp will be from the garden, bread made fresh, and whole grains. I/we also understand that if my child has dietary restrictions that I/we are responsible for supplying an alternative snack for my child in consultation with the Lead Teacher.

Initial here \_\_\_\_\_

I/we understand that our child will be outside for 95% of the day including rain. We will not go out in thunderstorms and will follow all State guidelines for temperature and , air quality safety

I understand that my child's photo may be posted to the Acorn KinderHouse facebook page, on Instagram and used in future marketing. Children's names will not be used. Initial here \_\_\_\_\_

I/we understand that as part of the camp program the children will leave the fenced playground area under the supervision of camp staff and will be spending time in the wooded on site area and in the garden. I/we also understand that the children may leave the grounds for walks and games and sprinkler play on public school property adjacent to the Acorn KinderHouse. initial here \_\_\_\_\_

**Cancellation Policy:** No refunds will be issued.

Please be sure to complete and return the Medical Information Form which is attached.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

# Medical Information Form

## Illness Policy

We share with you a deep concern for your child's physical and inner health. The best environment for a sick child is resting at home. If a child is not well enough to participate in all of the KinderHouse activities or being outside in all weather/temperatures then s/he should remain at home.

Parents are required to take their child(ren)'s temperature and record on the sign in sheet each day.

State licensing mandates that a child with any of the following symptoms may not attend camp or if developing symptoms will be isolated and the parents notified and ask to remove the child from the camp as soon as possible.

This policy is also in affect for all staff members and volunteers that are working directly with the children.

### Symptoms

### Keep Child at home until

- |                          |                                    |
|--------------------------|------------------------------------|
| • Fever of 100 F         | fever free for 48 hours            |
| • Running Nose           | thick discharge subsides           |
| • Severe Cough           | cough diminishes                   |
| • Red or Watery eyes     | eyes return to normal              |
| • Upset Stomach/Diarrhea | no further problem exists          |
| • Earache                | examined by a Doctor               |
| • Rash                   | caused determined by Doctor        |
| • Pale or flushed skin   | color returns to normal            |
| • Draining sore          | until drainage stops               |
| • Head Lice              | hair is treated and no nits remain |
| • Nausea/Vomiting        | subsides                           |

Oral temp	100 F	37.8 C
ear	101 F	38.3 C
under arm	99 F	37.2 C
Temporal/forehead	100.4 F	38 C

If your child is diagnosed with any communicable disease (chicken pox, whooping cough, fifth disease, pink eye, etc.) or head lice, please report this to us as soon as possible.

If your child is exposed to COVID-19 report this to us immediately.

We will notify parents of any communicable diseases that are reported to us by parents of your child's classmates.

The Michigan Public Health Code requires school officials to report communicable disease to the local health department. All schools and preschools should submit communicable disease report forms (DCH-043)

If your child is receiving antibiotics, s/he should stay home a minimum of 3 days to facilitate a healthy recovery. It is important for an ill child to remain in a quiet restful environment so that upon returning to camp they are able to fully and joyfully participate in all activities.

Children must be free from symptoms for 48 hours before returning to school.

Because of health guidelines, children who have traveled out of state/been exposed to people outside of their household/pod who are not social distancing and wearing masks within two weeks before camp should not attend camp. Questions and exceptions to this policy may be discussed with the Camp Teacher. Please contact her at 248-310-1059.

Please note that if any child in the program is diagnosed with COVID-19 Oakland County Health Department will mandate a 10 Day closure and quarantine of all children and staff. There are no refunds for a COVID-19 closure. Please be diligent in your efforts to keep the spread of COVID-19 out of camp!

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

If your child has the following form on file with the Acorn KinderHouse please initial below:

Medical Form \_\_\_\_\_

Child Information Card \_\_\_\_\_

**Injuries and Medical Emergencies Policy**

Acorn KinderHouse staff has completed State required first aid and CPR training. We will send home an incident report at dismissal or in an email of any injury that requires more than a band-aid.

If a more serious incident occurs, requiring immediate medical attention, parents and the emergency medical personnel will be notified by phone immediately after the injury/accident occurrence. **The injured child will be taken to McLaren Urgent Care on Sashabaw Rd.in Clarkston or 911 is called.** All injuries requiring medical attention must be reported to the Michigan Department of Family and Protective Services.

If the staff observes changes in a child's health or if a child is too ill to remain in the group, the child will be separated to an area that is comfortable and monitored by a teacher. As soon as the child has been isolated, the person listed (BELOW) will be contacted and will be ask to pick up the child immediately. This policy is important to help assure that no other child becomes infected.

Other serious incidents will be reported to the parent or guardian by phone immediately after they occur. In the case where the parent/guardian can not be reached by phone a text will be sent.

I (We) hereby give parental consent to Acorn KinderHouse and its faculty and/or staff to secure emergency medical, dental, and/or vision treatment, including emergency surgery for the above-named child. Initial here: \_\_\_\_\_

Primary Care Physician Name:

Address:

Phone:

Dentist Name:

Address:

Phone:

Insurance Information No Insurance (check here) \_\_\_\_\_

Medical Coverage: \_\_\_\_\_ Number: \_\_\_\_\_

Dental Coverage: \_\_\_\_\_ Number: \_\_\_\_\_

Vision Coverage: \_\_\_\_\_ Number: \_\_\_\_\_

Person other than parent to be notified in emergency situation:

Name: Relationship to child:

Address: Home Phone:

Cell Phone: Bus. Phone:

Person other than parent to be notified in emergency situation:

Name: Relationship to child:

Address: Home Phone:

Cell Phone: Bus. Phone:

**Medicine – Allergies – Asthma, Seizure Disorders Policy**

Acorn KinderHouse will not administer medication to children for common illnesses.

Any medication that must be administered require that the parents fill out a Michigan Department of Consumer and Industry Services Medication Permission Form and/or a Doctors note. All medications must remain in pharmacy-labeled containers.

When possible it should be arranged to take medication at home rather than at school. Adults must handle all medicine.

Vitamins and natural remedies are treated as medicine and must be administered by an adult.

Children with allergies must have documentation in their file of specific allergies. Allergies such as bee stings, peanuts or asthma, which require emergency treatment will need to complete a Medical Permission Form and provide the medication for your child to be treated with anti-allergen such as an "Epi-Pen".

These medications should be accompanied by written instructions of how and when to use such treatment before the first day of camp.

Please contact us for more information or State required forms.

Current Medications with Dosage:

**Does your child have:**

- insomnia/sleeping disorder \_\_\_\_\_
- phobias \_\_\_\_\_
- physical challenges \_\_\_\_\_
- emotional challenges \_\_\_\_\_
- special health conditions \_\_\_\_\_

Allergies: (attach sheet with additional information if needed)

Type: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Severity:  mild  moderate  severe

Treatment: \_\_\_\_\_

NOTE: Children with food allergies in conflict with Mini Camp snack will need to bring their own, comparable snack.

**Topical creams**

I/We give permission for Acorn KinderHouse to apply sun lotion/spray initial here \_\_\_\_\_

hand lotion initial here \_\_\_\_\_

bug spray initial here \_\_\_\_\_

essential oils initial here \_\_\_\_\_

Neosporin initial here \_\_\_\_\_

Notes: \_\_\_\_\_

Does your child have any special needs? Please explain... \_\_\_\_\_

What does your child call bowel movements and urination?

Signature of Parent/Guardian:Custodial Parent/Guardian Parent/Guardian \_\_\_\_\_ date \_\_\_\_\_

emergency phone number \_\_\_\_\_

Signature of Parent/Guardian:(second signature optional) \_\_\_\_\_ date \_\_\_\_\_

emergency phone number \_\_\_\_\_

A photocopy of this document is considered as valid as the original.