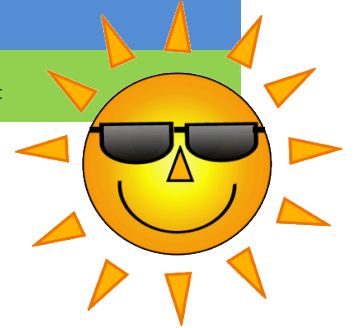


GVH Children's Center

# Summer Camp

June 10<sup>th</sup> - August 16<sup>th</sup> 2024



## Camp Introduction

Dear Families,

Grand View Hospital Children's Center would like to welcome you! Summer camp begins Monday, June 10<sup>th</sup> and ends on Friday, August 16<sup>th</sup>, and is for those children entering Kindergarten through the completion of third grade.

We have many activities planned for a summer of fun! The children will enjoy karate, field trips, and a variety of in-house activities, which are all included in the summer camp tuition price.

Attached you will find information regarding summer camp. If you have any questions, please call 215-453-4258. To secure your child's spot for summer camp, we will need the registration fee payment and the completed schedule form. There is limited space, so we suggest getting your paperwork in early to secure a spot for your child!

**Without the registration payment and schedule form, we are unable to guarantee a spot in our summer camp.**

The remainder of the summer camp forms must be handed in no later than Friday, April 26<sup>th</sup>.

We look forward to a fun summer with your child!

Thank you,

GVHCC Management

## Registration Fee

Children currently enrolled in GVHCC	\$25 per child
Children currently NOT enrolled in GVHCC	\$100 per child

### **Grand View Hospital Employees:**

5 Days per week	\$222.00
4 Days per week	\$201.00
3 Days per week	\$164.00
2 Days per week	\$121.00

Additional days that are scheduled beyond what is contracted will be billed at \$65 per day.

### **Community Members:**

5 Days per week	\$277.00
4 Days per week	\$243.00
3 Days per week	\$198.00
2 Days per week	\$151.00

Additional days that are scheduled beyond what is contracted will be billed at \$80 per day.

\*GVH employees may payroll deduct their tuition charges.

The registration fee should be paid by check made payable to GVHCC.

## **Please return the following by April 26th.**

1. Completed emergency contact form. Please be sure to put your insurance information and sign all boxes.
2. Financial agreement. Please complete, sign and date at the bottom.
3. Confirmation of schedule indicating days and hours needed (changes can be made upon approval).
4. Discipline Contract
5. T-Shirt order form and **\$12 cash** (mandatory for field trip attendance)

Each week the campers will enjoy a field trip or in-house activity. Permission slips will be distributed at least one week prior to the trip. The permission slips will provide specific details regarding the trip, such as departure and arrival times, specifics about clothing, lunch, etc.

If the field trip/activity occurs on a day that is not a regularly scheduled day for your child, you may request to add him/her for the field trip. However, this will be on a first come, first serve basis, as we may be unable to accommodate due to limited space.

*The cost of the field trips, in-house activities, and karate have been incorporated into your summer tuition.*

## **Field Trips / In-House Activities:**

TBD...will post at a later date.

# Financial Agreement

Name of Child(ren): \_\_\_\_\_ age \_\_\_\_\_  
\_\_\_\_\_ age \_\_\_\_\_  
\_\_\_\_\_ age \_\_\_\_\_

## GVH employees:

Please check the number of days you will be contracting:

- 5 days per week = \$222.00
- 4 days per week = \$201.00
- 3 days per week = \$164.00
- 2 days per week = \$121.00

Please check the payment plan:

- I will make bi-weekly payments by check beginning June 17<sup>th</sup> and concluding August 12<sup>th</sup>.
- I will pay in full by check on June 10<sup>th</sup>
- I will have tuition withdrawn by GVH payroll deduction beginning with the pay of June 10<sup>th</sup> and concluding with the pay of August 5<sup>th</sup> (Applies to Grand View Employees Only).
- Registration fee to be payroll deducted (Applies to Grand View Employees Only).

## Community Members

- 5 days per week = \$277.00
- 4 days per week = \$243.00
- 3 days per week = \$198.00
- 2 days per week = \$151.00

Please check the payment plan:

- I will make equal bi-weekly payments by check beginning June 17<sup>th</sup> and Concluding August 12<sup>th</sup>
- I will pay in full by check on June 10<sup>th</sup>

By signing this agreement, I agree to make payments by the scheduled dates. I understand that there is no refund for early withdrawal, extenuating circumstances may be reviewed. I also understand that the daily rate will apply for additional days that are added to my contracted days.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Grand View Hospital Summer Camp 2024

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

This form needs to be filled out and handed in ASAP to secure your child's spot. Please circle YES or NO, the days of the week that you need and write in the hours your child will be in our care.

<u>Week</u>	<u>Need</u>	<u>Days</u>	<u>Arrival</u>	<u>Departure</u>
June 10-14	Yes or No	M T W TH F	_____	_____
June 17-21	Yes or No	M T W TH F	_____	_____
June 24-28	Yes or No	M T W TH F	_____	_____
July 1-5	Yes or No	M T W TH F	_____	_____
July 8-12	Yes or No	M T W TH F	_____	_____
July 15-19	Yes or No	M T W TH F	_____	_____
July 22-26	Yes or No	M T W TH F	_____	_____
July 29-Aug 2	Yes or No	M T W TH F	_____	_____
Aug. 5-9	Yes or No	M T W TH F	_____	_____
Aug. 12-16	Yes or No	M T W TH F	_____	_____



# Grand View Health Children's Center

## Discipline Contract

Appropriate behavior is anticipated from the children enrolled in Grand View Health Children's Center Summer Camp Program.

**Children are expected to:**

1. Respect other children and staff persons.
2. Demonstrate good manners.
3. Follow directions and instructions of staff.
4. Take proper care of property and materials used.
5. Demonstrate kindness and concern in actions and words.

**Children will not be permitted to:**

1. Use abusive or vulgar language or gestures.
2. Demonstrate backtalk or disrespect towards staff.
3. Hit, push, bite or hurt others in any way.

If a child's behavior is uncontrollable, extremely disruptive, and/or harmful to him/herself or others, a parent may be contacted and asked to remove the child from school for the day or permanently if the behavior is repeated. GVHCC reserves the right to immediately and permanently dismiss a child should a child's behavior present a concern for the safety and well-being of other children or staff.

\_\_\_\_\_  
Parent Signature

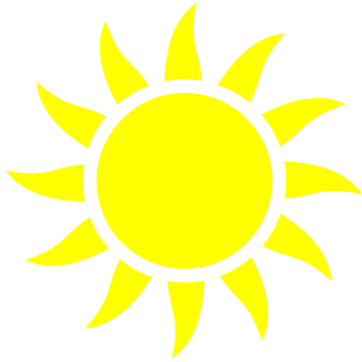
\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Director Signature

\_\_\_\_\_  
Date



## Summer Camp Families

We will be ordering camp t-shirts again this summer! Each child must purchase a shirt for \$12. We will be wearing these shirts on our field trips and keeping them here (and washing them 😊) for the summer. This ensures that all children have their shirts for the field trips. At the end of the summer they will be yours to keep!

We ask that you have this order form returned by April 26<sup>th</sup> to ensure that the shirts arrive before our first field trip. Please make your payment in cash.

Size	Quantity
XS (2-4)	
S (6-8)	
M (10-12)	
L (14-16)	
XL (18-20)	
Total	

Thank you!

Total Shirts \_\_\_\_\_ x \$12.00 = \$ \_\_\_\_\_

Name \_\_\_\_\_



## EMERGENCY CONTACT PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182, 3280.124(a)(b), 3280.181 & 182, 3290.124(a)(b), 3290.181 & 182

CHILD'S NAME		BIRTH DATE	
ADDRESS			
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE	
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER	
ADDRESS			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTIONS)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>			
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS		SWIMMING	
TRANSPORTATION BY THE FACILITY		WADING	

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

