



2024 Summer Camp | Registration

Camper Name: _____ Camper DOB: _____

Camper Grade Fall 2024: _____ Parent/Caregiver Email: _____

Camper #2 Name: _____ Camper #2 DOB: _____

Camper #2 Grade Fall 2024: _____ Parent/Caregiver Email: _____

Camper #3 Name: _____ Camper #3 DOB: _____

Camper #3 Grade Fall 2024: _____ Parent/Caregiver Email: _____

HOW TO REGISTER

1. Please visit us in person.
2. Bring this completed registration packet with you to Jolly Toddlers, located at 275 2nd Street Pike Southampton PA 18966, and ring the bell on the side door entrance.
3. Janine or Nancy at the front desk will gladly accept your packet, register your camper/s, and take your deposit fee, registration fee, and payment method hold.
4. Please indicate the size for your child's JT Kidz Kamp T-shirt:
Small **Medium** **Large** **Extra Large**

Required the Wednesday before your camper's first day of camp in order for your registration to be complete:

- A copy of your child's current (within a year) health assessment and record of immunizations.

Please email your child's health assessment to: kidslovejollytoddlers@gmail.com



2024 Summer Camp | Financial Terms & Conditions

- I understand the weekly camp fee for 2024 is \$320 per week. The cost included care 7am-6pm from June 17, 2024 through August 9, 2024, all trips, camp t-shirt, and activity fees.
- I understand Jolly Toddlers has limited availability for summer camp, but that I am able to hold my child's spot now for a non-refundable deposit fee of \$50.00.
- I understand that if I choose to move forward with registration after Spring that there is an additional, non-refundable registration fee of \$50.00 due, along with a payment method hold.
- **I understand that the \$50 deposit & \$50 camp registration are non-refundable.**
- **I understand that a billing method must be on file at the time of registration (No debit cards).**
- I understand that any changes to camp registrations must be made 7 days before the billing date and I will be charged a \$10 change fee to my billing method on file.
- I understand payments will be drafted from my account the Friday prior to each week of camp for a total of **no less than 8 weeks.**
- I understand that no refunds or credits will be given for any change or cancellation made after being billed without a doctor's note provided to kidslovejollytoddlers@gmail.com.
- I understand that for the safety of all campers, midweek camp changes cannot be made.
- I understand that JT does not credit nor refund for events considered outside of our control which cause closure of camp and services (weather, power outage, Act of God, COVID forced closure, etc.)
- I understand that if I do not pay in-full for camp, that I hereby give authority to JOLLY TODDLERS to use the information provided or currently on file, to charge my bank account for camp on the published due date. Payments will be drafted from my account on the due date for ALL 8 WEEKS. I will be responsible for all payments from my account and will notify JOLLY TODDLERS of any changes to my account. Should any draft not be honored by my bank for any reason, I realize that I am still responsible for that payment, plus subject to any late or overdraft charges applied by the JOLLY TODDLERS. The current return draft fee is \$45.00. This is in addition to any service fee my bank may charge.

Camper Name

Parent/Guardian signature

Date

Camper Name

Parent/Guardian signature

Date

Camper Name

Parent/Guardian signature

Date



2024 Summer Camp | Parent Statement of Understanding

The following information is important for the safety and protection of your child:

- I understand that JT camp is a full 8-week commitment and I am responsible for paying all 8 weeks even if my child is absent, on hiatus, or on vacation, etc.
- I understand my child may not stay at JT on field trip days in lieu of attending a field trip. If I do not want my child to go on a certain field trip, or if I fail to sign a required waiver, etc. I agree to keep my child home on such days.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child including older siblings or other relatives must be listed with Jolly Toddlers. Any other arrangements must be made by calling JT's office.
- I understand the request of JOLLY TODDLERS to not use social media as means to vent potential concerns and or frustrations with camp, as this negatively impacts the morale of camp staff and families. Instead, I will reach out to my camp director and together we will foster a solution.
- I understand that JT staff and volunteers are not allowed to baby-sit or transport children at any time outside the JT program. Immediate disciplinary action will be taken by the JT toward staff and volunteers if a violation is discovered. I understand I can face legal consequences for engaging in such actions.
- I understand no camp changes may be made mid-week.
- I understand that I am not to leave my young child or children at JT or program site unless a JT staff or volunteer is there to receive and supervise my child.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- I understand that I can help ensure my child's safety by taking an active interest in his or her JT experience.
- I understand that the JT is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that I must send my child with a snack, lunch, and water bottle. If I do not, my account will be charged for one.
- I understand that if my child brings medication to camp (including inhalers and epi-pens), that I must sign it in with the director.
- I understand that my child may be dismissed from the camp program if his/her actions are contrary to the core values of JT. No refunds or credits will be given.
- I have received a copy of the JT Camp Handbook and will keep it for future reference.
- I provide consent for the following: JT obtaining emergency medical care, administering minor first aid and medication, my child may participate in walks and trips including transportation and may participate in swimming and wading.
- I hereby grant permission for photographs and videos taken by JOLLY TODDLERS staff and volunteers to be used for JOLLY TODDLERS publicity purposes. I/we, the undersigned, have read, understand and agreed to the above.

JT AGREEMENT – PLEASE READ CAREFULLY

I understand that payments are due based on a full 8 week commitment. I agree to make those payments. I understand and agree to the terms of the camp financial terms & conditions. I give permission for my child to participate in ALL Camp activities including field trips, swimming and special events. I consent to photographs being taken of my child. The photographs will become the property of the JT and may be reproduced and published as the JT desires, free of any claim on my part. In case of illness or emergency regarding my child, I authorize the Camp Director, or assigned personnel, to secure the services of a doctor if deemed to be necessary by the JT. I understand that I am responsible for the financial costs related to medical services. I understand that medical information and personal data will be used only in Camp, when necessary to protect my child's well-being.

WAIVER AND RELEASE

In consideration of my/our participation in the activities of the JOLLY TODDLERS, I/we do hereby hold free from any liability JOLLY TODDLERS, it's directors, officers, employees and members, including but not limited to its (or their) own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/we may have or which may hereafter accrue to me/us arising from my/our use of or connected with my/our participation in any of the activities of JOLLY TODDLERS it's facilities, equipment or program activities. Furthermore, I hereby grant permission for photographs and videos taken by JOLLY TODDLERS staff and volunteers to be used for JOLLY TODDLERS publicity purposes. I/we, the undersigned, have read, understand and agreed to the above.

Camper Name

Parent/Guardian signature

Date



EMERGENCY CONTACT/PARENT CONSENT FORM

CAMPER INFORMATION

Child's Name: _____ Birth Date: _____ Gender: _____
Address: _____
City: _____ State: _____ Zip: _____ School District: _____ Home Phone #: _____

PARENT/LEGAL GUARDIAN INFORMATION

Guardian #1: Who we will call first in times of emergency, also authorized pick up:

Name #1: _____ Best phone # to reach you: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Place of Employment: _____ Work# _____

Guardian #2: Who we will call second after not having reached Guardian #1 in times of emergency, also authorized pick up:

Name #2: _____ Best phone # to reach you: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Place of Employment: _____ Work# _____

**For more emergency contacts and authorized pick up persons; see next page*

RESTRICTIONS, DISABILITIES OR OTHER ACCOMMODATIONS

Are there any medical or dietary considerations that staff should be aware of? (Put N/A if none)

Are there any allergies that staff should be aware of? (Put N/A if none)

Are there any accommodations made in the school setting that can be carried over in the camp setting? (Put N/A if none)

Does your child have an IEP or formal behavior plan that you are willing to share with staff? (Put N/A if none)

HEALTH INSURANCE AND MEDICATION INFORMATION

Health Insurance Information

Health Insurance Provider _____ Policy/ID # _____

Physician – Name of child's physician practice: _____

Physician's Name _____ Phone # _____

Medications - List all medications your child is presently taking, including over the counter medication.

Medication Name: _____	Medication Name: _____	Medication Name: _____
Dosage amount: _____	Dosage amount: _____	Dosage amount: _____
Time Taken: _____	Time Taken: _____	Time Taken: _____
How often: _____	How often: _____	How often: _____
Reason: _____	Reason: _____	Reason: _____



2024 Summer Camp | Emergency Contacts

Emergency Contacts- Names and phone numbers of persons to be contacted in the event Guardian #1 or #2 are not available. Your child will only be released to the guardian's listed at the top of the sheet and those authorized as a pick-up person below. A photo ID is required.

Name: _____ Relationship to Child: _____ Phone #: _____

Address: _____

Name: _____ Relationship to Child: _____ Phone #: _____

Address: _____

Name: _____ Relationship to Child: _____ Phone #: _____

Address: _____

Name: _____ Relationship to Child: _____ Phone #: _____

Address: _____

Name: _____ Relationship to Child: _____ Phone #: _____

Address: _____

Name: _____ Relationship to Child: _____ Phone #: _____

Address: _____

AGREEMENT - To the best of my knowledge all of the information provided above is true. I believe my child to be in good health, and he/she has my permission to participate in all activities, unless otherwise specified. I hereby indemnify and hold harmless the JOLLY TODDLERS, its staff and volunteers from all losses, claims or actions that may arise from any act, omission, event or incident of any nature, occurring while my child is engaged in any reasonable and normal activity sponsored by JT. I have read and agree to: the financial terms and conditions, parent statement of understanding, JT agreement and waiver and release and nondiscrimination in services.

Camper Name	Parent/Guardian signature	Date
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2024 Summer Camp | Camper Rules

The following information is important for the safety and protection of your child:

- PLEASE LABEL EVERYTHING.
- Please apply sunscreen on your child in the morning. The counselor will reapply sunscreen in the afternoon.
- Please have your child wear shoes with a closed front. **No flip-flops or sandals are allowed.**
- Each camper must bring in a morning and afternoon snack with enough to drink for the whole day. Your child should have a reusable **water** bottle daily. Due to the size of our refrigerator, we ask that you put an ICE PACK in your child's lunch box. Please leave as many items in the lunch box as possible.
- Arrive **NO LATER** than 9AM on WEDNESDAY FIELD TRIP DAYS. Your child must be dressed in the JT Kidz Kamp T-Shirt to board the bus. This is for safety purposes.
- Children may bring toys on THURSDAYS so long as it does not have a lot of pieces. JT is not responsible for any lost toys, so please do not send in valuables.
- FRIDAYS at JT are WATER PLAY DAY, so please send your child into school wearing his/her bathing suit. Please also provide a towel and a change of clothes in a labeled bag with your child's name.
- Each camper is responsible for **monthly** supplies: 2 Paper Towels, 2 Tissues, & 2 Packs of Wipes for hands.



Subject: Nondiscrimination in Services
To: Parents/Guardians
From: JOLLY TODDLERS, Camp Leadership Staff

Admissions, the provision of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among methods.

Any parent/guardian/student who believes they have been discriminated against, may file a complaint of discrimination with:

Department of Human Services
Bureau of Equal Opportunity
Room 223, Health & Welfare Building
PO Box 2675
Harrisburg, PA 17105

PA Human Relations Commission
Philadelphia Regional Office
110 N. 8th Street
Suite 501
Philadelphia, PA 19107

U. S. Department of Health and Human
Services Office for Civil Rights
Suite 372, Public Ledger Bldg.
150 South Independence Mall West
Philadelphia, PA 19106-9111

Commonwealth of Pennsylvania
DHS Bureau of Equal Opportunity
Southeast Regional Office
801 Market Street, Suite 5034
Philadelphia, PA 19107

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
Date of Last Physical:	LICENSE NUMBER: _____ DATE FORM SIGNED: _____

Parents may write immunization dates; health professional should verify and complete all data.



Dear Families,

Our partnership with Lillio (formerly Hi Mama) means all of our billing and payments can be done through the app! QR code it here!



As a busy parent, paying your child's childcare tuition directly through Lillio/HiMama will allow you to view and track your invoices, auto pay, download tax information, and more.

If you haven't already set up payment, it's as easy as 1-2-3! **Please add your payment information into HiMama ASAP, but no later than the Wednesday before your first week of care. To get started:**

Step 1: Click on 'More' followed by 'Invoices'

Step 2: Select 'Add a preferred payment method' and insert your payment details

Step 3: Finally, turn on autopay, and sign the PAD agreement.

IMPORTANT INFO: Your first Lillio invoice will be sent to you on Wednesday. The due date will be Friday. *Payment will be automatically deducted on the Friday before service, which will occur in the early morning hours, as early as 12:02AM.

Please note that there will be a \$0.60 fee added to tuition for all bank transfer payments and a 2.9% fee added to tuition for all credit card payments. **Please note: American Express and debit cards are NOT accepted** (if you set up payment using one of these, additional fees will apply.) The banks set these fees and help cover the processing fee for each transaction. Thank you for your understanding.

You are welcome to pay by cash, paper check, or cashier's check at **no additional cost**.

If you pay through your bank account, you may notice that the payment is **pending** for a few days. This is **completely normal and could last up to week**. **Pending** means that you have paid your invoice and the money is on its way from your bank account to ours!

Please make sure your payment information is entered into Lillio correctly. Any failed payment fee is .60, so please double-check your entries, especially this first time. Let us know if you have any questions, or need any additional resources.

All the best,

Jolly Toddlers

Enforced Autopay Pre-Authorized Debit (PAD) agreement with

[_____]

Welcome to the Enforced Autopay system. To set up your Enforced Autopay, please review and accept the PAD agreement terms below, authorizing [JOLLY TODDLERS] (the "Center") to automatically debit the tuition fee from your account as per the agreed schedule. If you have any questions or concerns, please contact the Center.

Agreement:

The Payer hereby authorizes the Center to debit Payer's account for costs associated with their child's attendance and additional services rendered, such as after-school care or special programs based on the terms and conditions explained in the registration documents provided by the Center. These agreed upon amounts will be debited on a pre-determined schedule, which has been communicated in the registration and/or parent handbook. This agreement will commence from [_____] (the "start date") and will continue for the duration of the child's enrolment at the Center, unless terminated by methods below, or until such time that the Payer has fully paid for all services rendered during the period of the child/children's enrolment.

Dispute and Refund: In case of an error or dispute about a debit, the Payer should contact the Center directly and promptly to lodge a dispute and seek potential reimbursement. The Payer is responsible for any fees incurred by the Center in cases of erroneous disputes or holds.

Non-sufficient Funds: If a transaction fails due to non-sufficient funds, the Payer will be responsible for any charges or penalties incurred, including any penalties incurred by the Center which may be passed on by the Center to the Payer.

Changes to the Agreement: The Center reserves the right to change the terms of this Agreement at any time, provided that the Payer is notified at least 10 business days in advance of such changes.

Termination: The Payer may terminate this Agreement at any time by contacting the Center in writing. Termination will take at least 3 business days to become effective. The Center may terminate this Agreement at any time, provided the Center gives notice on how to render payment for monies owed prior to termination.

Account Information: The Payer is responsible for providing complete and accurate bank account and/or payment card information. The Payer is responsible for promptly updating all payment information to avoid interruption of service. If the Payer wishes to remove their payment information, they must contact the Center directly. If the Payer wishes to change payment methods they must also contact the Center directly.

The undersigned Payer is acknowledging and accepting the terms of the PAD agreement and agreeing to HiMama's terms of service.

Signature of Payer