



**Summit Child Care**  
*Helping Kids Reach New Heights*

**Summer Camp 2023**  
**Registration Packet**



## GENERAL INFORMATION

- Dates: Monday June 26<sup>th</sup> (School ends the 23<sup>rd</sup>) through September 1, 2023  
(School re-starts September 5<sup>th</sup>)
- Days/Hours: Monday – Friday  
7:00a.m. – 6:00p.m.
- Location: Northway Bible Chapel  
440 Moe Road  
Clifton Park, NY 12065  
518-557-2690  
www.summitsummercamp.com
- Eligibility: For children entering kindergarten through middle-school in the fall of 2023.

### Note

Summit Child Care, LLC is a licensed program with the NYS Office of Children and Family Services (OCFS).

## CAMP DESCRIPTION

Your kids will enjoy fun activities such as sports, crafts, games, movies, outdoor play, character building lessons and much more. They will participate in an outdoor water fun activity at least one day per week and one off-site field trip per week.

Field Trips: One per week (participation optional).

### Items Needed Daily

- Swimsuit
- Towel
- 2 snacks
- Bag lunch
- Water bottle with name on it
- Sunscreen with name on it
- Sneakers with socks
- Flip-flops or comfortable shoes



## **CAMP RATES**

\$200.00 per week / \$40.00 per day/ field are trips additional/  
3% convenience fee applied to credit card transactions.

### **Special Enrollment Note**

For those seeking less than 5 days of coverage in any given week of camp, we will accept your registration under the following conditions: 1) that you notify us of the exact days that your child will be at camp (at registration) and 2) that you understand that if Summit cannot accommodate a partial week registration due to staffing or other considerations, that you will be charged for that whole week in order to maintain your child's spot at camp (even if you choose not to use all of the days).

## **REGISTRATION**

In order to complete your child's registration for summer camp, you will need to return the following items:

- Summer Camp Registration Form (2 pages)
- Summer Camp Weekly Enrollment Form (1 Page)
- Sunscreen Permission Form
- NYS – OFCS Day Care Registration Card
- EZ-EFT form and a \$40.00 non-refundable registration fee.

To return these items, you can drop them off at Northway Bible Chapel during our after school care hours of 2:30-6:00 pm, Monday-Friday. Please ring the bell on the front door to gain entrance to the church or simply scan & email them to:

[Tracey@summitsummercamp.com](mailto:Tracey@summitsummercamp.com).



## **STUDENT RULES**

Children that attend Summit Summer Camp will enjoy respect, patience, courtesy, and caring from all of our team members. In return, our staff will expect your child/children to abide by the following rules that should be reviewed prior to their first day of camp.

- Respect other children, staff, and property
- Use inside voices
- Keep your hands and feet to yourself
- Sit on the chairs and not on the tables
- Listen to all staff
- Quiet down when counselors use the quiet signal
- Stay with a staff member at all times. NEVER leave a room or area where an activity is taking place without a staff escort.
- Adhere to rules regarding building and playground safety
- Refrain from using foul language or other forms of verbal abuse
- Fighting and/or other physical altercations is/are prohibited

If inappropriate behavior becomes consistent, a parent meeting may be required to develop a behavior plan. If the inappropriate behavior does not cease after such action, Summit reserves the right to suspend or terminate services without economic relief.

If a child exhibits more severe behavior such as fighting, verbal abuse, unprovoked physical altercations, endangering the welfare of others, assault, vandalism, running away from the program, hiding from staff or leaving the program area without staff supervision, a suspension of 3 to 5 days will be issued. If said severe behavior continues upon returning to the program, services will be terminated without economic relief.



## **POLICIES**

### **Notification Policy**

You are expected to notify Summit of your child's absence or early dismissal as soon as you are aware that he/she will not be attending or leaving early by calling Tracey Fraser @ 518-368-6338 or on our landline @ 518-557-2690.

### **Check-In Policy**

A Summit staff member will check-in your child at Northway Bible Chapel each day.

### **Pick-up Policy**

Parents or guardians picking up children must be registered and on-file with Summit and provide proper identification to sign their child/children out in the presence of a Summit employee.

### **Sick Child Policy**

Children who develop symptoms of illness such as headaches, fever, stomach aches, vomiting, etc. will be allowed to rest in an area away from the rest of the group yet in full view of staff. Parents will be notified of their child's illness and will be asked to pick them up as soon as possible. Your child cannot return to the program for 24 hours from the time that he or she leaves or until 24 hours after a fever ends.

### **Severe Weather/Natural Disasters Policy**

When the weather is severe enough to cause cancellation of the summer camp, you will be notified using the primary emergency contact phone number that you've provided.

In the event of a natural disaster or any occurrence in which the Camp cannot remain in the Northway Bible Chapel, children will be escorted and/or transported to our designated alternate location at 432 Moe Road if necessary (hair salon next door), which is walking distance of the facility, and parent phone calls will be made from there.

### **Evacuation Plan**

In the event of an emergency where children and staff need to be relocated, parents will be notified after all persons are evacuated and safe. Our primary evacuation site is 432 Moe Road, Clifton Park, NY (walking distance-it's the hair salon next door just south of us).

## **POLICIES (Continued)**

### **Finger Printing Back Ground Check Policy**

All summer camp staff are required by New York State law to be fingerprinted before starting at Summit.

### **Discipline Policy**

The purpose of discipline is to guide and assist children to resolve their own conflicts and to regain control of themselves. Each day, some children will have a difficult time following the rules or controlling their temper, etc. Minor behavior problems will be discussed privately with that child & we will ask them if everything is okay. If, after speaking with the child said problem does not subside, it may be necessary to redirect and separate the child until such a time that the child regains self-control and can return to group play.

Redirecting and separating a child from their group is only be used as a last resort. Before and after every redirection and separation time, staff will talk with the child and be sure that they understand why they are being separated from their peers. There are several guidelines that staff must follow when redirecting and separating a child:

- Use this procedure only when a child is out of control
- This procedure should be used as a time for a child to regain their composure.
- The separation area **MUST** be in full view of a staff person.
- Before and after this time, the child must be spoken with.

At times, behavior problems may become continuously disruptive or more serious. Examples of this type of behavior may include children physically hurting other children, doing property damage, continually fighting, using verbal abuse toward staff and/or a constant use of abusive or foul language. In extreme situations, it may be necessary to remove a child from the program if the behavior does not improve. The Summit Director will exclusively make this decision.

### **Communication Policy**

It is our goal to keep you properly informed about the program and your child's progress. To achieve this, we've provided you with our guidelines in this enrollment packet, we'll post items of interest on the bulletin boards, send an email or letter, and hold parent conferences upon request. At times, we'll also send information home with your child.

As the child's parent or guardian, you're encouraged to observe the program and are welcome to attend at any time. We also encourage you to bring your questions, suggestions and complaints to the attention of our team members.

## **POLICIES (Continued)**

### **Payment Policy**

All payments for each week of summer camp will be charged to the credit card or bank account on file 7 days prior to the week that your child will be in our care. A payment calendar is available for all parents to aid in understanding the amounts due each week.

If payment is declined from the bank account or credit card provided, we cannot guarantee a spot for your child for the camp week that the payment was intended and a NSF fee will be applied.

If you have submitted payment for camp but need to cancel and would like to receive a refund, you must provide at least one-weeks notice prior to the date of camp that your child was registered for. Any refund requests received less than one-week ahead of a reserved camp week cannot be guaranteed due to staffing requirements and scheduling. **No reductions in payments are to be made after registration unless a written, two-week advance notice is provided.**

### **Late Pick-Up Policy**

In the event that you find you are going to arrive after 6:00 pm, please contact Summit by calling (518) 368-6338 AND 518-557-2690 immediately. A Summit staff person will remain with your child until you arrive. There will be a charge of \$10.00 if you arrive 5 minutes late. Every minute after the first 5 minutes, you will be charged a late fee of \$1.00 per minute, per child, with no cap. It is expressly understood though, that emergencies do arise (highway accidents, etc.) which occasionally prevent the timely pick of one's child. In these instances, please contact Summit's owner, Tracey Fraser to request having the late fee waived.

# Summer Camp Registration Form (Page 1 of 2)



Date \_\_\_\_\_

NAME OF PARENT or GUARDIAN 1 \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ RELATION \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

NAME OF PARENT or GUARDIAN 2 \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ RELATION \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

PRIMARY PHONE NUMBER FOR SUMMIT TO USE FOR ALL EMERGENCY NOTIFICATIONS  
AND/OR SEVERE WEATHER UPDATES \_\_\_\_\_

Please provide us with an indication of your anticipated drop off and pick up times.  
Thank you. Drop off time \_\_\_\_\_ Pick up time \_\_\_\_\_

CAMPERS: Name \_\_\_\_\_ Grade: \_\_\_\_\_  
Check child's t-shirt size: \_\_\_\_\_ Youth small 6/8  
\_\_\_\_\_ Youth medium 10/12  
\_\_\_\_\_ Youth large 14/16

Name \_\_\_\_\_ Grade: \_\_\_\_\_  
Check child's t-shirt size: \_\_\_\_\_ Youth small 6/8  
\_\_\_\_\_ Youth medium 10/12  
\_\_\_\_\_ Youth large 14/16

Name \_\_\_\_\_ Grade: \_\_\_\_\_  
Check child's t-shirt size: \_\_\_\_\_ Youth small 6/8  
\_\_\_\_\_ Youth medium 10/12  
\_\_\_\_\_ Youth large 14/16

Note: All children are required to wear the camp T-shirt on all field trips, which will be provided by Summit Summer Camp. All children can take their shirts home at the end of their time at Summit Summer Camp.





## **Summer Camp Registration Form (Page 2 of 2)**

### **GENERAL TERMS**

I understand that under the terms of this agreement, Summit Child Care, LLC obligates itself to furnish me with a competent program and suitable facilities.

I understand that my child is to faithfully comply with all the rules of the program and that Summit Child Care, LLC reserves the right to revoke or terminate any participation at any time. In the event Summit Child Care, LLC terminates an agreement, a pro-rated refund of tuition will be made, if applicable, and no further payments will be required.

I understand that before my child engages in any physical fitness program that I should consult with my personal physician and advise them of the nature of the program and agree that all exercises are undertaken at our own risk. I understand that there is a risk of personal injury involved in any program and agree that Summit Child Care, LLC, its staff, employees or representatives shall not be held liable or responsible for personal injuries or damaged or stolen articles inside or outside of the facility.

I further irrevocably authorize Summit Child Care, LLC, its successors and assigns, and those under its authority, to copy, use, publish for art advertising, or any other lawful purpose whatsoever, photographic portraits or video of my child, in which he/she may be included in whole or in part.

I understand that if field trip costs change, Summit Child Care, LLC has the right to reflect the cost of those changes in its' billing.

### **NOTICE OF CANCELLATION RIGHTS**

You have the right to cancel this contract within seven (7) days from the date of this agreement. Notice of cancellation shall be in writing and delivered to Summit Child Care, LLC in person or mailed by registered or certified mail. This notice of Consumer's Rights is an integral part of this Application and Contract for Enrollment.

### **AUTHORIZATION**

I understand and agree with the terms listed in this Student Enrollment agreement.

Date: \_\_\_\_\_ Signature of parent or guardian: \_\_\_\_\_



## Sunscreen Permission Form

Name of child: \_\_\_\_\_

Just a few serious sunburns can increase a child's risk of skin cancer later in life. Since children in the Summit Summer Camp regularly participate in outdoor and water related recreational activities, we strongly recommend adherence to the sunscreen policy.

1. All campers should wear sunscreen with a SPF of 15 or greater on all exposed skin daily.
2. Parents or legal guardians will be responsible for providing their children with enough sunscreen to take with them for later day applications. Children will not be allowed to use any other product or share. Please send one container per child with their name clearly indicated on the bottle.
3. If a child is to run out of their sunscreen at any time during the day, they are allowed to use the Summit Sunscreen.
4. Children will need to be instructed by parent or guardian on how and where to apply the sunscreen.
5. Camp staff will routinely remind campers to apply their sunscreen.
6. Camp staff will be responsible for ensuring thorough follow-up applications after one hour in the water, after two hours of activity in the sun and any other time as needed. Camp staff may need to assist in the application of the sunscreen in the case the camper is not able.
7. Should camp staff need to assist in the application of sunscreen it will be done in the following manner:
  - Camp staff will confirm that a parent permission form has been signed.
  - Camp staff will use camper's sunscreen.
  - Camp staff will use protective gloves to apply sunscreen. A fresh pair of gloves per camper will be used.
  - Camp staff will do this in the presence of others and will not apply sunscreen to any area that a bathing suit covers.

I verify that I have read and understood and agree to comply with the Summit Summer Camp Sunscreen policy.

Yes, camp staff may apply sunscreen to my child \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FIELD TRIP AND EMERGENCY CONSENT FORM

I am aware that my child, \_\_\_\_\_, (child's name, please print) will be going on field trips as part of his/her participation in the Summit Child Care, LLC Summer Camp, I am further aware that the Summit staff will utilize Durham School Services to transport my child during these trips. I hereby grant permission for my child/children to travel with Durham School Services.

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Parent/Guardian Name(s) and Phone Numbers - please print

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

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

If parent/guardian cannot be reached in an emergency, please contact:

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

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

Any concerns or conditions to be aware of for your child? ( ) yes ( ) no

If yes, please explain:

\_\_\_\_\_

I hereby grant permission for Summit Child Care, LLC and its' staff to take whatever action they deem necessary regarding my child's health and safety in the event I cannot be reached or in a situation where time is of the essence; and fully release Summit Child Care, LLC and its employees from any liability in connection with those decisions.

I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility if needed. Any such action will be taken in the best interests of my child and will be reported to me as soon as possible.

I further grant permission for my child to go on any and all summer field trips and for the Summit staff to act on my behalf in the event of a medical emergency and to authorize medical action if necessary.

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

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

**Summit Child Care** has a convenient payment service called EZ-EFT that makes it easy for you to pay your child care fees automatically at absolutely no cost to you. This simple authorization form allows us to bill your financial institution on a pre-determined date in a pre-determined amount. There is no longer a need to write checks, remember to mail them, or worry about your payments being late. A record of your payments will also post to your monthly bank or credit card statements although we can also provide you with a monthly statement of charges and credits (upon request).

Getting started is easy. Simply complete this authorization form and attach a voided check.

Concerned about security? There's no need to be. EZ-EFT uses the same Federal Reserve's electronic payment network used by financial institutions nationwide. FYI, consumer safeguard regulations for electronic payments are even more stringent than those used to secure check writing

With your busy schedule, it's nice to know that you'll have one less task to perform each *week/month* with absolutely no cost to you. Sign up for EZ-EFT today!

## EZ-EFT Authorization Form

I hereby authorize	I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue this service, I will notify <b>Summit Child Care</b> . Change of payment method will not affect the terms of my contract.
(Print name of your financial institution.)	
to make my payment on my behalf from the checking, savings or credit account listed below and transfer it to the <b>Summit Child Care account at Key Bank</b> weekly:	Name
Every Monday of the current school year.	Address
CHOOSE ONE:	City
Checking Account Transfer (Voided check must be attached.)	State                  Zip
Savings Account Transfer	Signature
(Savings Account Number)	Date
Credit Card Charge	
___ Discover	
___ Visa                  ___ Mastercard	
(Credit Card Number)	
/                  (month/year)	
(Expiration Date)                  ( 3 digit security code)	

## **EZ-EFT FAQ'S**

### **Q. WHAT IS EZ-EFT?**

A. EZ-EFT or Electronic Funds Transfer is a paperless alternative to writing checks. You simply pre-authorize your payments to be made automatically and electronically by your financial institution (or via your credit card).

### **Q. WHAT DOES THIS PROGRAM OFFER ME?**

A. It allows you to make your payments automatically without having to remember and write checks, each week (or month). EZ-EFT payments happen on time, every time.

### **Q. WHAT DOES THIS SERVICE COST?**

A. It doesn't cost you anything. You receive all these benefits absolutely free.

### **Q. WHY SHOULD I USE THIS SERVICE?**

A. For convenience. This process saves our customers time and money. It also helps us control our costs, and we pass the savings on to you.

### **Q. HOW DO I KNOW MY PAYMENTS WILL BE MADE ON TIME?**

A. This service is provided by one of the nation's leading providers of electronic funds transfer. They guarantee proper processing of your payment to assure authorized application of funds in your account.

### **Q. HOW WILL I KNOW WHEN MY PAYMENT IS GOING TO BE TRANSFERRED FROM MY ACCOUNT?**

A. The transfer is made on the same day of each week or month.

### **Q. HOW WILL I KNOW MY PAYMENT HAS BEEN MADE?**

A. Your payment is clearly itemized on your bank statement (or credit card).

### **Q. WHAT IF I DON'T HAVE ENOUGH MONEY IN MY CHECKING ACCOUNT TO COVER THE PAYMENT ON THE DUE DATE?**

A. Your financial institution charges the same overdraft fees as for a normal transaction with insufficient funds. The advantage of using EZ-EFT is that the payment is deducted from your account on the same day of every (week) month. This approach makes it easy for you to plan ahead.

### **Q. WHAT IF MY CREDIT CARD IS AT THE LIMIT WHEN THE PAYMENT IS CHARGED?**

A. This service depends on you having enough available credit for the charge to be accepted. If your credit card does not have enough available credit, the payment could be denied by your credit card company and your payment may not be made.

### **Q. WHO HAS ACCESS TO MY ACCOUNTS?**

A. Only you and your financial institution – no one else. To use EZ-EFT, you authorize your financial institution or credit card provider to make the payments. Your financial institution automatically makes your payment on your behalf but only with your authorization. Consumer safeguards for EZ-EFT make it more secure than conventional forms of payment.