

Watch Me Grow Summer Camp

June 28, 2021 – September 3, 2021

Ages 5 – 12

Cost: \$59.00/ Day* or \$265.00/ Week*



* Cost includes breakfast, lunch, afternoon snack, center visitors, and supplies.

Our Campers will enjoy planned activities, sports, special visitors, arts & crafts, games, science experiments, cooking projects, and plenty of fresh outdoor air in a safe and supervised environment.

Our camp schedule is vacation friendly.

Tuition is waived for planned family vacation weeks.

Watch Me Grow Daycare Center

2550 Union Road

Cheektowaga, NY 14227

(716) 656-8050

**WATCH ME GROW DAYCARE
CENTER OF WESTERN NEW YORK**

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Dedicated to the growth of children

**REGISTRATION FORM
SUMMER CAMP 2021**

Child's Name: _____ Date: _____

Male Female Date of Birth: _____ Age: _____

Grade (In September): _____ School: _____

Parent(s) Name: _____ Phone: _____
 _____ Phone: _____

Address: _____

Starting Date for Care: _____
 Estimated Arrival Time: _____
 Estimated Departure Time: _____

Days Care is Needed: Mon Tue Wed Thur Fri
 Full Days:

Scheduled Vacation Days: (Please check off below)

Week	Mon	Tue	Wed	Thur	Fri
06/28 -07/02					
07/05 - 07/09	X				
07/12 - 07/16					
07/19 - 07/23					
07/26 - 07/30					
08/02 – 08/06					
08/09 - 08/13					
08/16 - 08/20					
08/23 – 08/27					
08/30 – 09/03					

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Summer Camp Contract

I understand that upon enrolling my child in the Center, a \$30.00 registration fee and one (1) week's tuition must be paid to the Center. The one (1) week of tuition will be applied to my child's last week of care. If my child does not attend the Center, I understand that the enrollment deposit (both the one (1) week of tuition & registration fee) are **Non-refundable**.

I agree to comply with the policies and procedures as set forth in the Parent Handbook. I understand the fee schedule and that tuition is due weekly, in full, on or before the first day of the period for which my child will be attending. I understand that failure to pay tuition in a timely manner will result in a \$10.00 late fee for any given week, on any and all unpaid balances, and may result in loss of enrollment.

I understand that I am responsible for payment of tuition for all days scheduled on page one of this agreement, regardless of absenteeism, EXCEPT FOR vacation days scheduled on page one of this agreement AND Monday, July 5, 2021. I also understand that a fee may be charged for field trip admissions and transportation. I understand that the Summer Camp Program runs from June 28, 2021 through September 3, 2021 and that I am responsible for tuition during this time based upon the schedule set forth on page one of this agreement.

I also agree to give the **Center at least two (2) weeks Written notification of withdrawal** of my child from the Center. I understand that I am still responsible for two weeks of tuition even if I fail to give two (2) weeks notice of withdrawal from the Center.

I agree to pay all of Watch Me Grow Daycare Center of WNY Inc.'s cost and expenses, including attorney fees and interest, in any way relating to the collection of the amounts due here or to the enforcement or protection of the rights of Watch Me Grow Daycare Center of WNY Inc.

I agree to release and hold harmless Watch Me Grow Day Care Center of WNY, Inc., its officers, directors, shareholders, employees, representatives and agents from any and all claims arising out of or related to the services to be rendered pursuant to this agreement other than as a result of the gross negligence or willful misconduct of Watch Me Grow Daycare Center of WNY, Inc.

I have also provided the Center with all pertinent medical and health information regarding my child as well as emergency notification information. I agree to keep the Center informed of any changes regarding this information.

I also authorize the Center to provide and/or arrange for treatment in case of a medical emergency.

I give my permission for Watch Me Grow Daycare Center of WNY, Inc. to videotape and photograph my child for use in the Center, marketing materials, our website and social media.

Signature of Parent/Guardian-Mother Date Signature of Parent/Guardian-Father Date

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Allergy Form

My child, _____

(Please Circle One)

1.) Has allergies to:

2.) Does not have any allergies

Parent Signature: _____ Date: _____

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Please Note: This form must be
Reauthorized every 6 months

Written OTC Topical Medication Consent Form – First Aid

Parent to complete:

Child First Name: _____ Child Last Name: _____

Date of Birth: _____

Child's known allergies: _____

I, _____, the parent/ guardian of _____,
authorize Watch Me Grow Daycare Center to administer OTC topical medication named
below to my child "as needed" for first aid:

- 1.) Neosporin
- 2.) Antiseptic wipes
- 3.) Hydrogen peroxide

Parents Name: _____ Parents Signature: _____

Please Print

Provider to complete:

Name of provider who received this statement: _____

Provider Signature: _____ Date Received: _____

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Please Note: This form must be
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Written OTC Topical Medication Consent Form – Sunscreen

Parent to complete:

Child First Name: _____ Child Last Name: _____

Date of Birth: _____

Child's known allergies: _____

I, _____, the parent/ guardian of _____

authorize Watch Me Grow Daycare Center to administer OTC topical medication named
below:

Name of OTC topical medication: _____

Frequency of application: _____

Parents Name: _____ Parents Signature: _____

Please Print

Provider to complete:

Name of provider who received this statement: _____

Provider Signature: _____ Date Received: _____

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Child Release Authorization

Child's Name: _____

Date: _____

For the safety of your child, Watch Me Grow Daycare will only release a child to those individuals designated by the child's parent(s). We require notification of an alternative pick-up person, in addition to the information found here. We also require photo identification before the child is released. If an Order of Protection exists, the Director must be provided with an original copy of the Order.

I give my permission for Watch Me Grow Daycare Center to release my child to the following people: (Please include yourselves!)

	Name	Address	Phone	Relationship
1				
2				
3				
4				

I understand that these are the only individuals authorized to pick up my child and that I must notify the Center each time these authorized people will be picking up my child. It is my responsibility to update this list when it becomes necessary.

Parent Signature

Date

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)	Child's Full Name:		Date of Birth: / /	Gender:	
	Preferred Name/Nickname:				
	Child's Home Address:				
	Name of Person Enrolling Child:		Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____		
Phone Number(s) of Person Enrolling Child: () - <input type="checkbox"/> ok to text		Address of Person Enrolling Child (if different than child):			
Email Address:					
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
	Primary Contact:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
<i>For Program Use Only</i> Date of Enrollment: / /			<i>For Program Use Only</i> Date of Disenrollment: / /		

Child's Full Name:		Date of Birth: / /
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (list) _____ <input type="checkbox"/> Other _____		
Please provide information here AND discuss with your child care provider:		
Child's Primary Care Physician's Name/ Group:		Phone Number: () - -
Preferred Hospital:		Phone Number: () - -
Child's Dental Care:		Phone Number: () - -
Child health insurance information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/		
AGREEMENTS		
<ul style="list-style-type: none"> • I consent to emergency medical treatment for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I provided information on my child's special needs to the program to assist in caring for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I agree to review and update this information whenever a change occurs and at least once every year..... <input type="checkbox"/> Yes <input type="checkbox"/> No 		
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:		DATE: / /

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PARENT INFORMATION/EMERGENCY INFORMATION:

Child's Name: _____

MOTHER'S INFORMATION:

Name: _____

Employer: _____

Work Address: _____

Work Phone Number: _____

Home Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email: _____

FATHER'S INFORMATION:

Name: _____

Employer: _____

Work Address: _____

Work Phone Number: _____

Home Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email: _____

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NUT-FREE FACILITY

Watch Me Grow Daycare Center is a **Nut-Free facility**. Please check the ingredients of all food items and beverages being brought into the Center to ensure that they do not contain nuts, tree nuts or nut by-products. (donuts, breakfast bars, cereal, milk etc...)

We have children who have severe nut allergies and cannot be exposed to items containing nuts or nut by-products.

Many items that you may think do not contain nuts, actually do! Please read the packaging labels on the items you plan to bring into the Center to confirm that they contain no nut or nut by-products.

Thank you for your attention to this matter.

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- Plain white t- shirt (Labeled we will be making camp t-shirts)
- Tissues
- Sun Screen
- Bathing suit and towel
- Sneakers to keep in cubby
- Extra clothing just in case

Please make sure everything is labeled with first and last name thank you.