Watch Me Grow Summer Camp

June 30, 2025 – August 29, 2025

Ages 5 – 12

Cost: \$67.00/ Day* or \$295.00/ 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

Summer Camp **2025**Registration Form

Child's Name	Date	
Male Female Date of Birth		Age
Grade (In September) School		
Parent(s) Name	Phone	
Address		
e-mail		
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
6/30 - 7/04					X
7/07 - 7/11					
7/14 - 7/18					
7/21 - 7/25					
7/28 - 8/01					
8/04 - 8/08					
8/11 - 8/15					
8/18 - 8/22					
8/25 - 8/29					

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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 Friday, July 4, 2025. I understand that the Summer Camp Program runs from June 30, 2025 through August 29, 2025 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.

cliffe for use in the center, marketing in	iateriais,	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 Cir	rcle One)
1.) Has allergies to:	•
2.)Does not have any allergies	
Parent Signature:	Date:

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Parent to complete:



Please Note: This form must be Reauthorized every 6 months

Written OTC Topical Medication Consent Form – First Aid

Child First Name:	Child Last Name:
Date of Birth:	
Child's known allergies:	
l,,	the parent/ guardian of
authorize Watch Me Grow Daycare Ce below to my child "as needed" for first	nter to administer OTC topical medication named aid:
 1.) Neosporin 2.) Antiseptic wipes 3.) Hydrogen peroxide 	
Parents Name:Please Print	Parents Signature:
Provider to complete:	
Name of provider who received this sta	atement:
Provider Signature:	Date Received:

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Please Note: This form must be Reauthorized every 6 months

<u>Written OTC Topical Medication Consent Form – Sunscreen</u>

Parent to complete:	
Child First Name:	Child Last Name:
Date of Birth:	
	es:
1,	, the parent/ guardian of
authorize Watch Me below:	Grow Daycare Center to administer OTC topical medication named
Name of OTC topical	medication:
Frequency of applica	ion:
	Parents Signature:Parents Signature:
Provider to complete	
Name of provider wh	received this statement:
Provider Signature:	Date Received:

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Child's Name:



Date:

Child Release Authorization

	individuals designated by up person, in addition to before the child is release with an original copy of the	Watch Me Grow Daycare Center t	notification of an alternee also require photo idests, the Director must be	native pick- lentification be provided
	Name	Address	Phone	Relationship
1				
2				
3				
4				
	notify the Center each tir	the only individuals authorized to ne these authorized people will b s list when it becomes necessary.		
1	Parent Signature		Date	

001	FS-LOSS-0792 (10/2018) F	TAOR					
			OFFICE OF CH	NEW YORK STATE IILDREN AND FAMILY SER ARE ENROLLMENT			
		Child's Full Name:			Date of Birth:	Gen	der:
	рното оғ	Preferred Name/Nickname:			/ /		
1	CHILD (Optional)	Child's Home Address:					
		Name of Person Enrolling Child	! ;	Relationship to Child:	☐ Caretaker ☐ I	Relative	
ļ				Other	Ot the Property	1 11 1-12-13.	
Pho (one Number(s) of Pers) -		ok to text	Address of Person Enrollin	ig Chila (if differen	it than child):	
Em	ail Address:						
	EMERGENCY CO	ONTACT NAMES / ADDRESSES	Authorized to Pick Up	PRIMARY PHONE NUMBER	OTHER PHON	E NUMBER / E	MAIL
EMERGENCY INFO	Primary Contact:		☐ Yes ☐ No	ok to text	ok to text		
S. C.			☐ Yes				
ERGE			□ No	ok to text	ok to text		
EM		1.000.000.000.000.000.000.000.000.000.0	Yes				
			☐ No	ok to text	ok to text		
	Program Use Only			For Program Use Only Date of Disenrollment:	/ /		
Date	of Enrollment:	1 /	A CONTRACTOR OF THE PROPERTY O	Date of Disemonificat.	, ,		
OCF	S-LDSS-0792 (10/2018) RE	VERSE					
Chile	d's Full Name:			, Lillian and Marketine and Company	Date of Birth:		
Cho	ak hayaa balayi ta ir	ndicate if your child has any sp	asial pandalan	rvices: None	/		
		cial Education 🔲 Occupational T			cal Therapy		
□ A	llergies (list)						
	Other	A A A A A A A A A A A A A A A A A A A					
Plea	se provide informatio	n here AND discuss with your chil	ld care provider	:			
Chilo	d's Primary Care Phys	sician's Name/ Group:			Phone N	umber:	
Prefe	erred Hospital:				Phone N	umber:	
Chilc	l's Dental Care:				Phone N	umber:	
	(Child health insurance informat	tion is available	e by calling toll-free 1-800- https://nystateofhealth.ny.go	698-4543 or		
AGR	REEMENTS	the 1413 Health Market	-	ппрэ.//пуматеонеанглу.да	27/		
		medical treatment for my child	• • • • • • • • • • • • • • • • • • • •				□No
• Ic	consent for my child to	o take part in neighborhood trips ((i.e., library, par	k and playground) away fron	n the program		□No
• 16	inderstand the progra	nm may need additional permissio	ons for situations	s such as transportation, me	dication,		□No
		on my child's special needs to the					□No
		m must give parents, at the time					□ No
		odate this information whenever a		and at least once every yea		Yes	□No
SIGN	ATURE - PARENT OR I	PERSON(S) LEGALLY RESPONSIBI	LE:		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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- 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.

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NUT-FREE FACILITY

Watch Me Grow Daycare Center is a <u>Nut-Free facility</u>. 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.