



Nu Heights Academy Summer Camp 2017

June 5, 2016 – July 28, 2017

Registration Fee*:

Early registration: \$55.00

After March 24th: \$65.00

**There will be no refunds on registration fees.* Registration fees are per child. All children enrolling must be 3 years of age and fully potty-trained (no pull-ups).

Weekly Cost:

\$125.00/week for the 1st child

\$115.00/week for 2nd child

\$105.00/week for 3rd child and each thereafter

Summer camp enrollment will be on first come first serve basis so please register your child to reserve a spot.

All questions concerning summer camp should be directed to:

Morgan Webster or Kela Webster at 1-317-329-2726 or email: nuheightsacademy@nucbchurch.org

Summer Camp FAQ's

1. Summer Camp will operate for 8 weeks. It will run from June 5th–July 28th, closed on July 4th.
2. Registration fees paid in full per child holds a spot for summer camp. Your child(ren) are not considered registered until ALL fees are paid in FULL.
3. Please make sure to fill in the correct t-shirt size. T-shirts cannot be switched once they are ordered. All applications in by Friday, May 12th will have their camp t-shirts at orientation.
4. When enrolling your child, please make sure to write the age that they will be as of June 5th. If they turn a year older during the duration of camp that will place them in another age bracket please note that on their application. We will place them in that group from the beginning. The children are grouped ages 3-4, 5-6, 7-8, 9-10, 11-12.
5. Our hours of operation are from 7:00 am -5:45 pm. There are no before/after care fees for camp. The children must be picked up by 5:45 pm. There will be a late fee of \$1.00 per minute applied to your child's account and due upon arrival. After 15 minutes, you will be charged a flat fee of \$25.00.
6. All campers must be here by 9:00 am. There will be some field trips in which parents will be notified that children must be here at 8:00 am and parents will be notified of these trips in advance.
7. Children ages 3-6 must leave a change of clothes onsite at all times. They must also bring a pillow and blanket. On the days where we stay on-site the children will take a nap. Please label the tags of each of your children's items with first initial and last name.

8. Payments are due on MONDAY by 5:45 pm. On Tuesday morning you are assessed a late fee of \$20.00 and your child cannot return until all fees are paid. They will continue to assess a fee of \$20.00 per day until paid in full.
9. The children swim twice per week, weather permitting. All counselors go swimming and are required to be in the water and designated areas. Therefore, if you opt for your child not swim, they cannot attend camp on those designated days.
10. The children are required to wear a field trip t-shirt with every field trip. The children may take up to 3-5 field trips per week. You are at liberty to purchase as many shirts as you like, but the registration fee only covers one shirt per child. Additional shirts are \$8.00/each.
11. All children that attend summer camp must wear sneakers. There are to be NO flip flops, sandals, crocs, etc.
12. The children CANNOT wear t-shirts from previous year's summer camps on field trip days.
13. Each family will be provided a calendar at the beginning of camp and it is very important to read daily. If the children show up to camp without their field trip shirts they will not be able to attend the field trip and someone will be asked to pick the child up for the day. If the child is dropped off and they do not have a shirt, a shirt must be dropped off or your child must be picked up no later than 9:00 am.
14. TAX STATEMENTS will NOT be provided please keep a copy of your receipts for your records. Our tax id is 26-0618722.
15. Fees are not based off the number of days in attendance. If a child is present one day for the week you are still required to pay the full week pay.

- ✓ I have read the Summer Camp Questions and Information section and understand.
- ✓ I am aware that Nu Heights does not provide tax statements and know to keep receipts for my own records. The tax id is included for tax purposes.
- ✓ I understand that fees are due on Monday and they accrue a late fee of \$20.00 per day after Monday @ 5:45 pm
- ✓ I understand that there are no daily fees so if my child comes only one day the fee amount is the same weekly cost. There are no exceptions.

I am signing that I understand all the information above. I have read and asked questions about the things that were unclear.

Parent/Guardian _____ Date _____



Nu Heights Academy Summer Camp 2017

Name: _____
First Name Middle Initial Last Name

Address: _____
Street City State Zip Code

Birth Date: _____ T-Shirt Size (Youth): XS S M L XL **Adult:** S M

Age: _____ Ethnicity: _____ Gender: _____

School Name: _____ Grade Level for Fall 2017: _____

Siblings: _____

Allergies: _____

Mother/Guardian: _____

Place of Employment: _____

Email: _____

Contact Numbers: _____
Home Cell Work

Father/Guardian: _____

Place of Employment: _____

Email: _____

Contact Numbers: _____
Home Cell Work

Emergency Contact Name: _____ Relationship: _____

Home Phone: () _____ Cell: () _____

Authorizations

The individuals listed below are authorized to pick up my child and also serve as a contact person for my child in case of an emergency. If none of the people listed are available, I give my permission to the Nu Heights Academy staff to make a plan for the care of my child. Please select someone other than the parent to be listed to contact in case of an emergency.

Signature of Parent _____ Date _____

Contact Name _____ Relationship _____

Contact Numbers: _____
Home Cell Work

Contact Name _____ Relationship _____

Contact Numbers: _____
Home Cell Work

Contact Name _____ Relationship _____

Contact Numbers: _____
Home Cell Work

Release for Emergency Care

If I cannot be reached in case of an emergency that needs medical attention, I hereby authorize the Nu Heights Academy staff to take my child(ren) _____, to

Doctor Name: _____ Preferred Hospital: _____

Address _____ Phone _____

Dentist Name _____

Dentist Address _____ Phone _____

Insurance Carrier: _____ Policy Number _____

I give my consent for the physician and/or hospital to administer any necessary treatment to my child. I give consent to transport my child by ambulance if the situation calls for it. Nu Heights Academy is not responsible for any fees associated with the transportation of your child(ren).

Signature of Parent _____ Date _____



T-Shirt Order Form

Your child will be provided with one camp t-shirt.
It is recommended that you order at least one additional shirt to maximize shirt life.
All t-shirt orders must be submitted before **Friday, May 12th, 2017.**

Cost: \$8.00 per shirt

Parent's name: _____

Child's name: _____

Method of payment: _____ money order _____ check* (_____ check no.) _____ credit

Please check the box corresponding to shirt size:

____ Youth X-Small

____ Youth Small

____ Youth Medium

____ Youth Large

____ Youth X-Large

____ Adult Small

____ Adult Medium

Number of Additional Shirts (circle):

1

2

3

4

5

Total Amount:

\$8

\$16

\$24

\$32

\$40

*Please make all checks payable to Nu Heights Academy. There is a returned check fee of \$35.

We will only order shirts up until summer camp orientation, so please plan accordingly. There will be no additional shirts on hand for purchase. Each child should have a separate t-shirt order form. Any questions please call (317) 329-2726

**Nu Heights Academy
Medical Authorization Form**

STUDENT INFORMATION

Student's Name _____

Doctor's Name _____ Phone _____ Hospital _____

List any known drug allergies/reactions _____ Height (inches) _____ Weight (lbs) _____

PRESCRIBER AUTHORIZATION

Name of Medication _____ Reason for Taking _____

Dosage _____ Route _____ Frequency/Time(s) to Be Given _____

Begin Medication _____ Stop Medication _____
Date Date

Special Instructions:

Does medication require refrigeration? Yes ☐ No ☐

Is the medication a controlled substance? Yes ☐ No ☐

Is self-medication permitted and recommended for this student? Yes ☐ No ☐

If asthma inhaler or emergency medication, do you recommend this medication be kept **“on person”** by the student? Yes ☐ No ☐

Potential Side Effects/Contraindications/Adverse Reactions _____

Treatment Order in the event of an adverse reaction: (Attach additional sheet or use the back of this form if necessary)

Signature of Prescriber

Date

Phone

Fax

PARENT AUTHORIZATION

I authorize Nu Heights Academy to delegate an unlicensed personnel the task of assisting my child in taking the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. I also authorize the staff to talk with the prescriber or pharmacist should a question come up about the medication.

Medication must be registered with the Youth Director. It must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration, and the date of drug's expiration when appropriate.

Signature of Parent or Guardian

Date

Phone

I authorize and recommend self-medication by my child for the above medication.

Signature of Parent or Guardian

Date



Nu Heights Academy
5935 West 56th Street
Indianapolis, IN 46254
317-329-4076

DISCIPLINE/GUIDANCE POLICY

It is very important a child's development is nurtured through caring, patience and understanding. However, while caring for your children, we may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, we will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation

In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of your child's age, if necessary.

If your child's behavior is very disruptive or harmful to himself or other children, we will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Child's Name

Date of Birth

Additional techniques to be used with my child:

Parent/Guardian Signature _____ Date _____

Sick Child Policy



Nu Heights Academy is a well child care facility. This means that if your child is not feeling well, for any reason, you will need to find alternate care. Please do not bring your child if he/she contagious illness or exhibits any of the following symptoms:

- fever of 101 degrees or above
- vomiting,
- diarrhea
- conjunctivitis (“pink eye”)
- consistent complaints of ear or stomach pain
- bleeding other than minor cuts and scrapes
- excessive greenish nasal discharge, indicating possible infection
- head lice
- ring worm

In general, if your child is too sick to go outside and play, then your child is too sick to attend childcare. If your child becomes ill during daycare, you will be phoned at work and asked to pick your child up immediately.

If your child has a common cold (slight cough, sneezing, clear runny nose and/or temperature below 101 degrees) your child may attend daycare. However, if your child reaches a point when he/she requires constant attention, will not play, cries continuously, whines and wants to be held constantly then your child will need to stay at home.

Any child requiring prescription medication will need to be kept at home for a period of at least 24 hours until no longer contagious, unless accompanied by a signed note from the child’s medical practitioner.

Please dispense all medications at home whenever possible. For times when it is not possible, a Medical Authorization Form must be filled out before we can dispense any medications. All prescription and over-the-counter medications must be in their original container(s), and prescriptions must display the pharmacist’s label with the doctor’s name. If you have any questions, please feel free to discuss them with the Director.

Signatures below indicate acknowledgement of receipt of this form and agreement to adhere to these policies.

Parent/Guardian _____ Date _____

NHA Staff _____



Nu Heights Academy
Summer Camp
Transportation/Field Trip/Media Release Form

I give permission for my child, _____ to participate in all field trips sponsored by Nu Heights Academy Summer Camp.

Parent/Guardian Signature

Date

I understand that NuHA does not provide transportation for **infants and toddlers for field trip purposes (younger siblings enrolled in NuHA child care)**. Therefore, I do hereby release and agree to indemnify and hold harmless from any lawsuit or claim for injury, regardless of cause, Nu Heights Academy, its staff and Nu Corinthian Baptist Church and its ministries.

Parent/Guardian Signature

Date

I hereby release and agree to indemnify and hold harmless from any lawsuit or claim for injury, regardless of cause, NuHA Summer Camp 2017, its counselors and staff, and Nu Corinthian Baptist Church, and its ministers, staff, elders and members, from any and all responsibility and liability for any injury or illness that my child may sustain while attending summer camp, or while attending any function sponsored by NuHA.

Parent/Guardian Signature

Date

Media and Photo Release

☐ Yes – I consent. I grant permission for my child to participate and appear in video or audio recordings, photographs, written articles, or on websites and social media sites. This consent includes the use of my child's image or voice in media projects by NuCBC to print, broadcast or social media outlets, such as newspapers, radio and television stations and news websites. In consideration of the opportunity for my child to participate, I release NuCBC, including its employees and contractors, from all claims resulting from the use and editing of my child's image, voice or name.

☐ No – I do not consent to Nu CBC's use of my child's photograph, voice and/or name in various media projects.

Parent/Guardian Signature

Date



Nu Heights Academy Child Care Financial Contractual Agreement

We look forward to a healthy and happy relationship with you and your child(ren) This contract will cover your child(ren)'s care for the **SUMMER 2017** term.

This agreement is made between:

Mother's Name

Address

Phone

Father's Name

Address

Phone

OR

Guardian's Name

Address

Phone

Guardian's Name

Address

Phone

AND

Nu Heights Academy 5935 W. 56th Street, Indianapolis, IN 46254, (317) 329-2726

Provision of child care for: (Child's name and birthdate)

Child's Name

Birthdate

Agreement for Payment Policy and Rate:

Payments will be made on time (no later than Monday at 5:45 pm) each week or the payment will be assessed a late fee of **\$20.00 a day**. After one day of late fees your child(ren) will not be able to return to summer camp until fees are paid in FULL. The parent/guardian will still be responsible for fees that are assessed while child is not in attendance if your child(ren) have used their two weeks for the time period allotted. We reserve the right to take all outstanding accounts to court and collections. **Should it be necessary, parent/guardian is responsible for all court and collection costs.**

ALL FEES ARE NON REFUNDABLE

SUMMER CAMP FEE PAYMENT POLICY

Nu Heights Academy is an enrollment based academy. In order for your child to maintain his/her enrollment at NHA Summer Camp, the full weekly fee/payment is required. There is no daily rate option. Full payment is expected for the time that your child is or is not in attendance.

PAYMENT ARRANGEMENTS

If a bi-weekly or monthly payment arrangement is preferred, payments must be made in advance, and not in arrears. Prior to beginning a payment arrangement, it must first be discussed with the Director and approved.

Withdrawal:

If for some reason you decide to stop bringing your child to summer camp, a two-week written notice is required. This will allow time to fill your child's spot. **Payment is still due for the two week notice period whether or not the child is brought into our facility.**

CCDF

It is very important that you are keeping up on swipes weekly. Please do not wait weeks to catch up because that is resulting in no payment from the CCDF office. If payment is not received from the CCDF office you will be responsible for payment to Nu Heights Academy for the days or weeks where no payment is received.

Discrepancy forms are to be filled out and signed by the parent/guardian if you fail to swipe and have missed the opportunity to swipe. If you sign too many discrepancy forms that will result in a warning letter from the CCDF office and possible removal from the program.

Signatures:

By signing below, you acknowledge and understand all the information shared and agree to the terms and conditions outlined in this contract and in the Policies and Procedures handbook.

Parent/Guardian

Date

Parent/Guardian

Date

NHA Director

Date

**PARENT'S NOTICE**

State Form 49444 (R / 1-09) / BCC 0035

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry.

Signature of Parent or Guardian

Name(s) of children enrolled

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.

Name of facility

Nu Heights AcademyAddress of facility (*number and street, city, state, and ZIP code*)**5935 West 56th Street****Indianapolis, IN 46254**

County

Marion