



## Our Lady of Grace Roman Catholic Church

Angel Care • Kids of the Kingdom

666 Albin Avenue, West Babylon NY 11704

631-893-6564

Dear Kids of the Kingdom Parents,

WELCOME!!

Our Lady of Grace Kids of the Kingdom would like to welcome parents and children to our Program. We would like to go over a few policies for this year that may have changed and are important for you to know. Please take the time to read the following and then sign and date the last page.

### **PROGRAM GOALS:**

1. To provide a safe and enriching program for children
2. To encourage self-image and self-worth in each individual child.
3. To make new friends.
4. To help children develop skills to interact with peers in a positive manner.
5. To provide a consistent, daily schedule to help with feelings of security and control in the environment.
6. To offer variety of materials and activities for carrying attention spans.
7. To offer free choice activity times to foster independent choice, sharing, cooperation, and exchange of ideas
8. To offer a homework area where children may work on homework and receive assistance.
9. To enjoy games which encourage language skills and math skills.
10. To offer a variety of activity centers which encourage learning and promote the development of skills.

### **REGISTRATION AND PAYMENT POLICY**

At time of registration, the following is required:

1. A non-refundable \$75.00 registration fee per child (or \$95.00 per family).
2. All required registration forms, filled out completely.
3. All tuition **MUST** be made prior to the start of the summer program. There are **NO EXCEPTIONS**. Children will not be allowed to attend the program if tuition is not paid.

### **Fees/Payment Agreement**

The price per week for the 1<sup>st</sup> child is \$350 and \$325 for each additional child.

1. You may make online credit or debit card payments using WeShare. Please add a \$10 service fee per week to your fee. 360 per week. Otherwise, we take cash and check in the office.
2. **Camp runs from 8:30-4:30. If we have Before care 7:30-8:30 and Aftercare 4:30-5:30 the fee is \$40 dollars a week.**

## **LATE PICK-UP:**

We understand that emergencies can and will arise. Please arrange for emergency pick-up people that you can contact in these instances to pick up your child. They must be listed on your child's paperwork.

Parents are required to contact emergency pick up person if they suspect that they will be late picking up their child. If unsuccessful in contacting emergency pick up person, then parents must immediately contact Kids of the Kingdom Supervisor at 631-893-6564. If child is not picked up on time they will be removed from the program.

1. PLEASE BE RESPECTFUL OF OUR HARDWORKING STAFF BY BEING ON TIME!

## **HEALTH REMINDERS AND POLICY**

### **Medical Policy**

All children, prior to enrollment, are required to have yearly medical examinations completed and a statement from child's health care provider verifying the child to be in good health, immunizations up to date and the child free from communicable disease according to the State guidelines and those of the Department of Health. Our Kids of the Kingdom medical form includes lead-screening results for children under 6 years of age. If our findings report that a child is missing any of the necessary immunizations, the parent will be notified and required to follow up with their child's primary care physician. We will be following all COVID 19 guidelines.

Parents must submit a copy of any and all updated immunizations as your child receives them, even if your child's annual medical exam is not due yet, as per New York State Licensing Requirements.

In addition to our Health Care Plan and Procedures here at Kids of the Kingdom, we observe your child's daily physical health. If your child becomes ill or displays symptoms of illness during the day, we will immediately isolate your child from contact with other children until you pick up your child. Therefore, immediate pick up is mandatory.

### **Exclusion Policy**

For the safety and health of your child and the other children, please do not send your child back to the facility if they:

- Have a fever or has had a fever during the previous 48 hours, especially, if fever is accompanied by behavior change, stiff neck, a rash, unusual irritability, poor feeding, vomiting or excessive crying. Fever means:
  - ❖ Oral Temperature above 100° Fahrenheit
  - ❖ Rectal Temperature above 102° Fahrenheit
  - ❖ Axillary (armpit or ear) above 100° Fahrenheit
- Are still in the first 24 hours of antibiotic treatment

- Have a deep persistent cough. As long as the cough is not deep and they know to cover their mouths, there is no problem with them attending Kids of the Kingdom. We instruct children, to cough into their sleeve or arm and NOT their hands to prevent them from spreading germs further via their hands.
- Have symptoms of a possible communicable disease (RED ITCHY EYES, SNIFFLES, SORE THROAT, PAINFUL EARS, STOMACH PAIN, HEADACHE, OR DIARRHEA)
- Persistent diarrhea, defined as three or more stools in a 24 hours period, when that pattern represents:
  - An increased number of stools compared to the child's normal pattern, an increase in stool water, or symptoms of dehydration (sunken eyes, dry skin, concentrated urine, small amounts of urine, or no urine in four hours); or accompanied with blood in the stool.
- Lice
- Undiagnosed skin rash and/or infected skin patches
- Vomiting two or more times in a previous 24 hour period.

Children may not return until a medical evaluation allows inclusion

### **Medication Policy**

Prescribed medication for children with allergies, seizures or chronic illnesses will be given only with the following three items:

1. A labeled prescription bottle.
2. A note from the doctor, stating the child's name, the name of the medication, the dosage, the times to administer, and a statement that the childcare provider can administer medication.
3. A signed parent permission form to administer medication.

**If your child has a communicable disease, please inform the program as soon as possible so that we can notify all parents and take the necessary disinfecting precautions here at our program.**

Please note that in case of contagious illness we will notify parents by posting a notice in the building, and sending one home with each child. A child must remain out of the program for a 24 hour period, symptom free, before returning to school. If we send your child home during a session, we will send home a reminder of this precaution. Any form of viral or contagious disease that a child might have had must have a doctor's note stating the well-being of the child and that the child is no longer contagious in order to return to Kids of the Kingdom.

## **RULES AND REGULATIONS**

- **Please send your child with plenty of water on all days.**
- No Cell phones or electronic devices at all.
- Children will wear appropriate outer clothing when outside the building.

- Children will wear sneakers at all times. Please pack an extra pair of socks in their backpack for days in which socks are required, in case they aren't wearing them that day. Children will not be allowed to participate if footwear is not appropriate. No flip flops.
- Children will never, under any circumstance, be left without direct supervision.
- Children will never be allowed into bathrooms alone.
- Children will remain with his/her group leader(s) at all times, and follow all instructions given by said group leader(s).
- Children will not be physically, verbally, or otherwise abusive to any person(s) he/she comes in contact with during the course of the day. Use of foul language at anytime is strictly prohibited.
- Children will not mark, deface or otherwise destroy any property belonging to Our Lady of Grace Church or others.
- No Hand Sanitizer or Lotions of any kind are permitted on the premises. Hand wipes will be provided to the children when soap and water is not available.
- Please apply sunscreen before camp everyday.
- Staffing Ratio will not exceed:
  - One Staff member to 9 children aged 5 years.
  - One Staff member to 10 children aged 6-9 years.
  - One Staff member to 11 children aged 10-12 years.



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## POLICY AGREEMENT

CHILD'S NAME: \_\_\_\_\_

- I have read, fully understand, and agree to accept the conditions set forth in Kids of the Kingdom Policies, including Program Goals, Registration/Payment Policy and Health Reminders, Medical Policy, Exclusion Policy, Medication Policy, Disciplinary Policy and the Inclement Weather Policy.
- I have read the above rules and have explained them to my child.
- I understand that should any of these be broken my child may not be allowed to continue in the Kids of the Kingdom program and I will not be monetarily reimbursed.
- I understand all tuition is due before my child begins the summer program and that they will not be allowed to participate until tuition is completely paid.

### **KIDS OF THE KINGDOM PROGRAM HOURS: 8:30AM – 4:30PM**

Please Circle weeks your child will be attending:

June 29 – July 2<sup>th</sup>

(closed July 4<sup>th</sup> - pro-rated at \$280.00)

July 6<sup>th</sup> – July 10<sup>th</sup>

July 13<sup>th</sup> – July 17<sup>th</sup>

July 20<sup>th</sup> – July 24<sup>th</sup>

July 27<sup>th</sup> – July 31<sup>st</sup>

August 3<sup>rd</sup> – August 7<sup>th</sup>

August 10<sup>th</sup> – August 14<sup>th</sup>

August 17<sup>th</sup> - August 21<sup>st</sup>

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

\_\_\_\_\_  
Date

**Photo, Quote and Video Image Release**

I, (please print name) \_\_\_\_\_, give Our Lady of Grace without compensation, the absolute right and permission to use, for a period of five (5) years from signing the date, my photograph, quote and/or identity of me in Our Lady of Grace newsletters, annual report, press release, direct mail piece, website or other publications or other promotional or fundraising materials. I release Our Lady of Grace Church, the Diocese of Rockville and the Bishop thereof, their officers, employees, agents, designees, photographers, writers, the editors, the publishers from liability for any violation of any personal or proprietary right I may have in connection with such use. I am 18 years of age or older.

Child or Elder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**For Parent or Guardian:**

I represent that I am the parent/guardian of the minor named above or the caregiver/guardian of the elder named above and agree that the grant and release contained therein binds us and said minor or elder to all of the terms thereof.

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**Parent/Guardian/Caregiver Signature**

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**Print Name of Parent/Guardian/Caregiver**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Authorization:**

I hereby authorize the taking of photographs for the purposes stated above.

\*Release duration five (5) years from date signed

Parent/Guardian/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, (please print name) \_\_\_\_\_, **do not** give Our Lady of Grace permission for the above photo, quote and video release.



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## REGISTRATION FORM

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN & ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

ADDRESS (if different than child's): \_\_\_\_\_

MARITAL STATUS\* \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

ADDRESS (if different than child's): \_\_\_\_\_

MARITAL STATUS\* \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**\*DOES THE PARENT NOT LIVING WITH THE CHILD HAVE LEGAL ACCESS TO THE CHILD?**

\_\_\_\_\_ YES \_\_\_\_\_ NO

*If no, please supply court paperwork.*

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PROOF OF AGE: \_\_\_\_\_ Physical Report Form Complete: \_\_\_\_\_

REGISTRATION FEE PAID \_\_\_\_\_ METHOD OF PAYMENT \_\_\_\_\_

REGISTRATION CHECKED BY: \_\_\_\_\_



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## Release Authorization

Children will only be released to authorized persons on this list. The release authorization form must include the name(s) of the child's parent(s) and/or guardian(s). It is very important to keep this information updated and accurate. Inform both the office and your child's staff member(s) if there are any changes of telephone numbers, addresses, or of authorized persons as they occur.

If there are visitation issues involving the child, a copy of relevant court documents should be included with the enrollment packet.

The following persons are authorized to pick up: \_\_\_\_\_  
Child's Full Name

NAME	RELATIONSHIP	TELEPHONE #	ADDRESS
	Mother		
	Father		

- An adult, with ID, listed on the child pick-up sheet will go into Fr. Shanahan Hall at the end of each day and sign my child out.
- I understand my child will not be released to anyone, (other than those listed on the child pick-up sheet).
- I understand the program ends at 4:30 PM and my child will be picked-up no later. There will be a late fee charged if pickup is after 4:30pm. If my child is not picked up by 5:30 pm he/she will be brought to the Suffolk County Police Department, 1<sup>st</sup> Pct. located at 555 Route 109, West Babylon, NY, (631)-854-8100.

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

\_\_\_\_\_  
 Date



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**Educational Bus Co.**  
**Kids of the Kingdom Transportation Request**

In accordance with the laws of New York State, I hereby request transportation by Educational Bus Co. during the Summer of 2024. I give permission allowing any employee of the Educational Bus Co. to transport my child to and from field trips for Kids of the Kingdom.

Childs Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Emergency #: \_\_\_\_\_

\_\_\_\_\_  
Parents Signature:

\_\_\_\_\_  
Date:



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### Kids of the Kingdom Emergency Plan

In the event of a serious accident or injury to a child, the Director immediately contacts the Fire/Rescue and have them send an ambulance to the center, and proceed to Good Samaritan Hospital Medical Center, *(if your child needs emergency care while on a field trip, the Director, if unavailable, the person in charge, will call 911, request an ambulance to their location and have the child taken to the nearest hospital emergency room for treatment.)* The Director (if unavailable, the staff person in charge) will accompany the child to the hospital with the child's medical information and emergency treatment form. The Director or their designee will call the parent (if unavailable, the emergency contact) and have them meet the child at the hospital.

Good Samaritan Hospital Medical Center is located at 1000 Montauk Hwy., West Islip.

If your child is ill while in the care of Kids of the Kingdom, but does not require emergency treatment, you will be contacted at: **HOME—WORK** (circle one).

### EMERGENCY INFORMATION

Parents:

MOTHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FATHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Other responsible person in the event parent(s) cannot be reached:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**DOES YOUR CHILD HAVE ANY ALLERGIES?** \_\_\_\_ Yes \_\_\_\_ No

IF YES, PLEASE LIST: \_\_\_\_\_

### AUTHORIZATION FOR EMERGENCY TREATMENT

I hereby give my consent to an adult caretaker representing Our Lady of Grace Church to authorize medical, surgical, and/or dental treatment including hospitalization for my child

\_\_\_\_\_  
(Print Child's Name)

Should it be necessary while my child is in the care of the Kids of the Kingdom Program.

I, \_\_\_\_\_, the parent/legal guardian of the above mentioned child, do hereby certify that the information provided is valid and agree not to hold Our Lady of Grace Church, or any employees or volunteers of Our Lady of Grace Church, responsible for any accidental injury my child might incur while in the care of the Kids of the Kingdom Program.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness (Notary) \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM MUST BE NOTARIZED**



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## ALLERGY INFORMATION

Child's Name: \_\_\_\_\_

Is your child **allergic** to any **foods**?  Yes  No

Please List: \_\_\_\_\_

Is your child **allergic** to any **medications**?  Yes  No

Please List: \_\_\_\_\_

Does your child have any **seasonal allergies**?  Yes  No

Please List: \_\_\_\_\_

Does your child have any food restrictions; e.g. religious, diet, etc.?  Yes  No

Please List: \_\_\_\_\_

- If a medication must be administered at the center we need authorization from the physician on the prescription form with specific instructions for administering the medication at the center. The parent or guardian must also fill out the **Permission to Give Medication** form when the medicine needs to be administered. Please come to the office immediately to update this information when there is a change.+

## Permission to Administer Epi-pen

I am supplying an **Epi-pen** for my child and the doctor's authorization for use (Please attach).

Allergy: \_\_\_\_\_

This Epi-pen expires and I understand it is my responsibility to supply the Director with a new Epi-pen at least one week prior to the expiration date. I further understand that if there are any changes in the doctor's authorization or specific directions for administration of the Epi-pen, I must notify the Center immediately.

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date of Expiration

\_\_\_\_\_  
Date Authorized

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



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## GETTING TO KNOW YOUR CHILD

**Child's Name:** \_\_\_\_\_

Is your child allergic to anything? \_\_\_\_\_

Are Medicines taken regularly? \_\_\_\_\_ Type: \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_

Does your child have any previous experience away from parents? \_\_\_\_\_

Describe how your child relates to other children: \_\_\_\_\_

Describe your child's personality: \_\_\_\_\_

If parents are not together, does your child see the non-custodial parent? \_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

What are your child's weaknesses? \_\_\_\_\_

What are your child's interests? \_\_\_\_\_

Does your child have any scars/birthmarks? \_\_\_\_\_

\_\_\_\_\_



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## Payment Agreement for Families Using DSS Child Care Subsidy

I will pay the parent fee as determined by Suffolk County Department of Social Services each Monday morning for my child's care for that week.

According to the DSS policy, "failure to pay the parent fee will lead to termination of all Day Care Services".

**I understand that if I do not maintain the above payment schedule my care will be terminated and DSS will be notified.**

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES



# Medical Statement of Child in Childcare

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:
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**Immunizations required for entry into day care**

Yes  No

**Medical Exemption** The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	5 <sup>th</sup> Date
Polio (IPV or OPV)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date OR 1 <sup>st</sup> Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Hepatitis B	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date			

**Other immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A**

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

**Tests**

Tuberculin Test Date:     /     /     Mantoux Results:  Positive  Negative     mm

TB Tests are at the physician's discretion.

If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date:     /     /    

Attach lead level statement

**Lead Screening (Include All Dates and Results)**

1 year     /     /     Result:     mcg/dL  Venous  Capillary

2 years     /     /     Result:     mcg/dL  Venous  Capillary

**Most recent date of lead screening (if different from above):**

    /     /     Result:     mcg/dL  Venous  Capillary

**Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.**

ADDITIONAL INFORMATION ON REVERSE SIDE →

## Remind

Remind is a free service that lets me communicate with parents. Send out announcements, pictures and messages to everyone involved with Kids of the Kingdom.

Send a text to 81010

Code @9d9b7c

Reply to the message from the Remind team with your first and last name, and you're in.

If you have any questions about Remind, please feel free to contact me.

Doreen

Parent agreement for applying sunscreen before attending Kids of the Kingdom Summer Program.

I \_\_\_\_\_ parent or guardian of \_\_\_\_\_ will apply sunscreen to my child every morning before camp.

\_\_\_\_\_ At camp my child's counselor will reapply sunscreen after lunch if they are going outside.

\_\_\_\_\_ At camp I did not leave sunscreen, so I understand that my child will not have sunscreen applies for the afternoon time.

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_







# Medical Statement of Child in Childcare

**(continued)**

Health Specifics	Comments
Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Summary of Physical Exam

Include special recommendations to Day Care Providers

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On the basis of my findings as indicated above and on my knowledge of the named child, I find that he/she is free from contagious and communicable disease and is able to participate in day care.  Yes  No

Signature of Examiner \_\_\_\_\_ Address \_\_\_\_\_

Please Print Name \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

## Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.