

Before and After Camp Child Care for Beachwood Recreation Camps

PLEASE NOTE POLICY REGARDING LATE FEES NEW FEES

Before and After Care is available from June 14th – July 30th (no July 5th).

Before Camp care is from 7:00 a.m. until the start time of camp. After Camp Care is from the time camp releases until 6:15 p.m. Children are either bussed or walked to their camp location in the morning, and to the After Care site in the afternoon.

PRE-REGISTRATION IS REQUIRED. All registration must be PAID IN FULL to the Recreation office by 4:30 p.m. on the WEDNESDAY PRIOR to the week needed. Childcare made after Wednesday will be subject to a late fee (See attached schedule for due dates for each week).

Unused camp care payments cannot be carried over to another week and are non-refundable.

FEES:

Regular fees (paid prior to 4:30 p.m. the Wednesday prior to week needed):

Before Care: \$8 per day

After Care: \$10 per day

Late registration fees (paid after 4:30 p.m. the Wednesday prior to week needed):

Before Care: \$16 per day

After Care: \$20 per day

Ways to pay/register:

Attached please find two (2) forms, a Before Care form, and an After Care form. Place a check mark on each Before/After Care day you wish for your child to attend. Also note that you have to state what camp your child is attending for each week. Fees can be paid in cash, check, *MasterCard or Visa. Forms can either be faxed at (216) 595-3745 with Credit Card information, mailed to Beachwood Recreation, Attn: Michelle, 25325 Fairmount Blvd, Beachwood, OH 44122 (if mailed it must be received by Wednesday), or dropped off directly to our office. Office hours are M-F 8:30 a.m. – 4:30 p.m. There is also a black after-hour drop box located on the outside right of the Community Center main entrance (entrance facing Fairmount Blvd between City Hall). Please be aware that any requests placed in after-hour drop box after Wednesday 4:30 p.m. will be charged at late registration price.

*Once a credit card is on file in our office for Before/After Care, you are welcome to phone in child care days for your child at **(216) 292-1943**.

Children registered with Beachwood Board of Education Camps

If your child is registered in a camp through the Board of Education the emergency form (attached) **MUST** be filled out **completely** prior to any childcare service being granted. Incomplete forms will not be accepted.

Should you have any further questions or concerns regarding childcare, please contact the Beachwood Recreation Office at (216) 292-1970 or (216) 292-1492.

Before/After Childcare Registration Dates

If you are in need of Before and/or After Care for your child(ren) during the camp season, you will need to register according to the dates listed below by 4:30pm to avoid late fees (NO EXCEPTIONS).

Week childcare is needed	Last day to register (by 4:30pm)
#1 June 14-18	Wednesday, <u>June 9</u>
#2 June 21-25	Wednesday, <u>June 16</u>
#3 June 28 – July 2	Wednesday, <u>June 23</u>
#4 July 6-9 (No camp July 5)	Wednesday, <u>June 30</u>
#5 July 12-16	Wednesday, <u>July 7</u>
#6 July 19-23	Wednesday, <u>July 14</u>
#7 July 26-30	Wednesday, <u>July 21</u>

BEACHWOOD RECREATION CHILCARE (Board of Education Camps Only)

Emergency Medical and Legal Authorization

(PLEASE PRINT)

Child Name: _____ /_____/_____
Last First Date of Birth Camp

Purpose: To enable parents and guardians to authorize the prevention of emergency treatment for children who become ill or injured while under the Recreation Division authority, when parents or guardians cannot be reached.

Custodial or Non-Custodial Parent (*Please circle one*)

Parents Names _____

Address _____

City _____ Zip _____ Phone () _____

Father day time Phone () _____ Cell/Pager () _____

Mother day time Phone () _____ Cell/Pager () _____

In case of an emergency, please contact:

Name(1) _____ Phone () _____ Relationship _____

Name(2) _____ Phone () _____ Relationship _____

Attention: Please give accurate, up-to-date facts concerning your child's medical history, health status, allergies, and medications: _____

In the event you cannot contact me or the other persons listed:

_____ **I grant consent** I hereby give my consent for treatment deemed necessary by:

Preferred Physician Dr. _____ Phone () _____

Preferred Dentist Dr. _____ Phone () _____

Event that the preferred doctor is not available, by any licensed physician or dentist, and the transfer of my child to Preferred Hospital _____ or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity of such surgery, and obtained prior to the performance of surgery.

Signature of parent or guardian

X _____ Date _____

_____ **I refuse to grant consent** I do not consent for emergency medical treatment of my child. In the event of illness of injury requiring emergency treatment, I wish the Recreation Division to take the following action:

Signature of parent or guardian

X _____ Date _____

BEFORE CAMP CARE
REGISTRATION FORM
SUMMER 2010

Before Camp Care (7:00 am – 9:15 am) is \$8.00 per day.
After Camp Care (3:00 pm – 6:15 pm) is \$10.00 per day.

ALL CHILD CARE FEES MUST BE PAID IN FULL IN THE RECREATION OFFICE BY 4:30 PM
ON THE WEDNESDAY PRIOR TO THE WEEK OF SERVICE OR SUBJECT TO LATE FEE.

UNUSED BUT PAID CHILD CARE FEES *WILL NOT* BE CARRIED OVER
ANOTHER WEEK AND ARE NON-REFUNDABLE.

Childs name _____ will be
attending the **BEFORE CAMP PROGRAM (7:00 am – 9:15 am)** on:

Week 1 CAMP _____
Mon. 6/14 _____ Tues. 6/15 _____ Wed. 6/16 _____ Thurs. 6/17 _____ Fri. 6/18 _____

Week 2 CAMP _____
Mon. 6/21 _____ Tues. 6/22 _____ Wed. 6/23 _____ Thurs. 6/24 _____ Fri. 6/25 _____

Week 3 CAMP _____
Mon. 6/28 _____ Tues 6/29 _____ Wed 6/30 _____ Thurs. 7/1 _____ **Fri. 7/2** _____

Week 4 CAMP _____
Mon. 7/5 NO CAMP Tues. 7/6 _____ Wed 7/7 _____ Thurs. 7/8 _____ Fri. 7/9 _____

Week 5 CAMP _____
Mon. 7/12 _____ Tues. 7/13 _____ Wed. 7/14 _____ Thurs. 7/15 _____ Fri. 7/16 _____

Week 6 CAMP _____
Mon. 7/19 _____ Tues. 7/20 _____ Wed. 7/21 _____ Thurs. 7/22 _____ Fri. 7/23 _____

Week 7 (NO Sports Camp this week) CAMP _____
Mon. 7/26 _____ Tues. 7/27 _____ Wed. 7/28 _____ Thurs. 7/29 _____ Fri. 7/30 _____

Payment

Mastercard or Visa (circle one) _____ Exp. _____

AFTER CAMP CARE
REGISTRATION FORM
SUMMER 2010

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UNUSED BUT PAID CHILD CARE FEES *WILL NOT* BE CARRIED OVER
ANOTHER WEEK AND ARE NON-REFUNDABLE.

Childs name _____ will be
attending the **AFTER CAMP PROGRAM (3:00 pm – 6:15 pm)** on:

Week 1 CAMP _____

Mon. 6/14 _____ Tues. 6/15 _____ Wed. 6/16 _____ Thurs. 6/17 _____ Fri. 6/18 _____

Week 2 CAMP _____

Mon. 6/21 _____ Tues. 6/22 _____ Wed. 6/23 _____ Thurs. 6/24 _____ Fri. 6/25 _____

Week 3 CAMP _____

Mon. 6/28 _____ Tues 6/29 _____ Wed 6/30 _____ Thurs. 7/1 _____ **Fri. 7/2** _____

Week 4 CAMP _____

Mon. 7/5 NO CAMP Tues. 7/6 _____ Wed 7/7 _____ Thurs. 7/8 _____ Fri. 7/9 _____

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Mon. 7/12 _____ Tues. 7/13 _____ Wed. 7/14 _____ Thurs. 7/15 _____ Fri. 7/16 _____

Week 6 CAMP _____

Mon. 7/19 _____ Tues. 7/20 _____ Wed. 7/21 _____ Thurs. 7/22 _____ Fri. 7/23 _____

Week 7 (NO Sports Camp this week) CAMP _____

Mon. 7/26 _____ Tues. 7/27 _____ Wed. 7/28 _____ Thurs. 7/29 _____ Fri. 7/30 _____

Payment

Mastercard or Visa (circle one) _____ Exp. _____