



# Les Petits Cherubs

Childcare & Learning Centers

424 King of Prussia Rd, Radnor, PA 19087 – Administrative Office

P: 610-650-8157 LesPetitCherubs.com

## SUMMER CAMP REGISTRATION FORM

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Male  Female Grade Completed 6/2018: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Group:

- Junior Camp Counselor (7<sup>th</sup> – 8<sup>th</sup> grade) - \$175.00 per week
- Adventurer (current 2<sup>nd</sup> grade – 6<sup>th</sup> Grade, Age 7 by 9/1/18) - \$235.00 per week
- Explorer (Current Kindergarten – 1<sup>st</sup> grade) - \$235.00 per week
  
- Pioneer (Current Pre-Kindergarten, Age 4 by 9/1/18) - \$235.00 per week
- Little Pioneer (Current Pre-School, Age 3 by 9/1/18) - \$235.00 per week  
*Includes: , meals, beverages, and snacks. No additional cost for before/after camp.*

Mother: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

<b>Campus:</b>
<b>Ridge</b>
<b>Cathedral</b>
<b>Radnor</b>
<b>Circle campus</b>

**Check the activity your child will participate**

Lego Robotics  
(Explorers, Adventurers, Jr. Counselors)

French (Little Pioneers, Pioneers, Explorers)

Soccer

Karate

Ice Skating  
(Explorers, Adventurers, Jr. Counselors)

Archery  
(Explorers, Adventurers, Jr. Counselors)

Piano or Violin (circle your preference)  
Pioneers, Explorers, Adventurers, Jr. Counselors)

Aquarium (Explorers, Adventurers, Jr. Counselors)

Chess (Explorers, Adventurers, and Jr. Counselors)

Theater (Explorers, Adventurers and, Jr. Counselors)

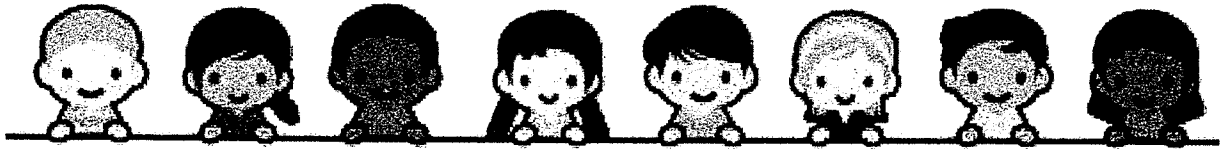
Total Amount \$ \_\_\_\_\_

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

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

1. Activity fees are billed in addition to tuition.
2. Complete the registration form
3. Submit all enrollment forms to the Administrative Office, 424 King of Prussia Rd, Radnor, PA 19087 or to your site director.
4. Make checks/money orders payable to Les Petits Cherubs.
5. Submit Payments to:
  - Les Petits Cherubs Administrative Office
  - Child's Home Campus
  - Online: [www.lespetitscherubs.com](http://www.lespetitscherubs.com)
    - i. PayPal applies usage fees to each payment.

Enrollment is limited. All activities are tentative and subject to change. There are no refunds given for illness or injury. Activity fees will be refunded only if an entire weekly activity is cancelled by Les Petits Cherubs. Half of the summer camp financial commitment is due by May 18, 2019. The remaining half (minus the registration deposit) is due by June 8, 2018. If your total financial commitment is less than \$750, the entire payment is due by May 18, 2018. Weekly tuition is accepted.



# Les Petits Cherubs

## Childcare & Learning Centers

### Summer Camp 2019

Les Petits Cherubs Summer Camp is for Boys and Girls ages three – thirteen years old. We offer a variety of activities to meet the individual interest of campers of all ages.

#### **Mission Statement:**

To offer a unique, exciting and memorable Summer Camp experience that promotes physical health, social well-being and a positive self-image.

#### **Summer Schedules at a Glance:**

Les Petits Cherubs ensures that each child's day is filled with fun, excitement and laughter. Water activities, Arts & Crafts, Sports, Chess, and Archery are some of the many activities offered at Les Petits Cherubs Summer Camp. Our teachers, professional instructors and experienced coaches plan daily activities which promote positivity and healthy living, while creating memorable moments and meeting new friends.

#### **Camp Days; Explorers and Adventurers and JC:**

- Each morning begins with breakfast, camp songs and face to name roll call. Then, children will go to the planned activities.

#### **Extended Hours:**

Summer Camp hours are 9:00a.m. to 3:00p.m. - Monday through Friday. Extended hours are available from 6:00a.m. to 9:00a.m. and 3:00p.m. to 6:00p.m. There is no additional fee for extended hours. Children will be able to participate in games, outdoor activities, arts & crafts and so much more.

#### **Meals:**

Breakfast, lunch, snacks and beverages will be provided, at no cost to children. A meal income eligibility must be completed and signed for each child. Menus will be forwarded to parents/guardians.. . .

## Les Petit Cherubs Summer Camp

**Meals**..... Breakfast, Lunch and Afternoon Snack are included through a generous grant from the Department of Agriculture. Should parents/guardians "NOT" want to have their child participate we ask that you inform the site Director, in advance, so that we are able to properly budget our meal program and ensure that each camper receives the proper meal components. Families who have Children with allergies are asked to provide a medical note stating those allergies. ( Summer menus are enclosed with this mailing) .

### **Enrollment:**

Les Petits Cherubs is a private Day Camp which accepts a limited number of enrollments. Parents/Guardians have the option to choose which session their child will attend with a 2 week min. Les Petits Cherubs will be accepting enrollments starting on Monday, February 5, 2018. Enrollments will be accepted until our capacity has been reached.

You can enroll your child(ren) by:

- o Contacting Les Petits Cherubs Administrative Office at 610-650-8157
- o Online: [www.lespetitscherubs.com](http://www.lespetitscherubs.com)

### **Changes:**

If your camper(s) has signed up for an activity session and later decides they are not really interested, we will make every attempt to make the necessary modifications. We ask that your camper(s) make every effort to attend a minimum of 2 activity days of that session before we move forward with making changes. The constant change in schedules causes confusion and discord. Our goal is to ensure that each camper has the best experience possible. Please, be certain before you make the activities selections.

***Please note that dates and weekly activities are subject to change.***

### **Cost:**

#### **Little Pioneers**

- o Currently attending Preschool (Age 3 by 9/1/2018)
- o Little Pioneers will remain at home campus

#### **Pioneers**

- o Currently enrolled in Pre- Kindergarten (Age 4 by 9/1/2018)

#### **Explorers**

- o Currently enrolled in Kindergarten – 1<sup>st</sup> Grade (Age 5 or 6 by 9/1/2018)

#### **Adventurers**

- o Currently enrolled in 2<sup>nd</sup> – 6<sup>th</sup> grade (Age 7 by 9/1/2018)

#### **Junior Camp Counselors (Counselors in training)**

## Les Petit Cherubs Summer Camp

Activity		Group	Location	Price Per Session
Soccer	8 weeks	Little Pioneers and Pioneers	Home Campus	\$99.00
Soccer	8 weeks	Explorers, Adventurers and Jr. Counselors	Home campus	\$99.00
Karate	4 weeks	Explorers, Adventurers and Jr. Counselors	Home Campus	\$65.00
Karate	4 weeks	Little Pioneer, Pioneer		\$65.00
Ice Skating	1 week	Explorers, Adventurers and Jr. Counselors	Center Ice Skating Rink	\$75.00
Archery	4 weeks	Little Pioneers and Pioneers	Home Campus	\$55.00
Archery	4 weeks	Explorers, Adventurers and Jr. Counselors	Home Campus	\$35.00
Violin/Piano	8 weeks	Explorers, Adventurers and Jr. Counselors	Home Campus	\$160.00
Violin/Piano	8 weeks	Little Pioneer, Pioneer	\$160.00	
Theater	2 weeks	Explorers, Adventurers and Jr. Counselors	Home Campus	\$80.00/wk
French	8 weeks	Explorers, Adventurers and Jr. Counselors	Home Campus	\$88.00
French	8 weeks	Little Pioneers and Pioneers	Home Campus	\$88.00
Lego Robotics	1 week	Explorers, Adventurers and Jr. Counselors	Home Campus	\$35.00
Aquarium	1 week	Explorers, Adventurers and Jr. Counselors	Home Campus	\$15.00
Chess	4 weeks	Explorers, Adventurers and Jr. Counselors	Home/ Campus	\$20.00

*All special activity costs can be pro-rated according to scheduled attendance. No refunds for missed classes.*

### **Refunds/Course Cancellation:**

In the event a course has been cancelled by Les Petits Cherubs a refund will be issued. Summer Camp Registration Fees are non-refundable. However, if you would like to cancel a session or class, the Les Petits Cherubs Administrative office will issue a full refund, you must submit a two (2) weeks prior written notice.

### **Payments:**

- Wednesday, May 18, 2019 – Deposits and Registration form are due.
- Friday, June 7, 2019 - First half of summer camp payment is due.
- Friday, June 15, 2019– Balance of summer camp payment is due.
  - *Late fees will apply for outstanding balances beyond this date.*
  - *Currently enrolled year round payments will continue to pay weekly.*

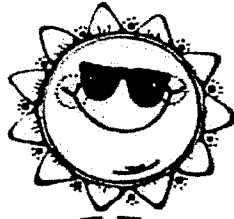
*Weekly payments are acceptable. Please call the Administrative Office to make billing arrangements.*

### **Scholarships:**

Les Petits Cherubs believes that no child should be left behind. Ultimately, Summer Camp is costly, causing some families inability to afford special activities. If you are in need of financial assistance, we ask that you contact the Administrative Office or write a letter explaining your current financial circumstances.

## Les Petit Cherubs Summer Camp

You will be asked to submit a minimum notarized letter stating that there is no members that contribute to your



of 3 paystubs, W-2 from 2017 and a other household income or family monthly expenses.



### **TOP 10 THINGS TO KNOW ABOUT LPC SUMMER CAMP:**

1. Adventures, Explorers and Junior Counselors will remain at their home site.
2. Pioneers and Little Pioneers will remain at their home site.
3. Les Petits Cherubs Summer Camp hours of operation are 9:00AM-4:00PM. We offer extended hours at no additional cost from 6:00AM-9:00AM & 4:00PM-6:30PM.
4. We are a peanut-free camp. For the health and safety of our campers and due to the severity of the allergy, Les Petits Cherubs Summer Camps are peanut/tree nut-free.
5. Children will not be released to anyone that is not listed on your Emergency Contact form. Please be prepared for you or your authorized pick-ups to show photo identification when picking up your camper.
6. All visitors to camp must sign in at the office. No one will be allowed on the camp grounds without authorization.
7. Explorer, Adventurer, Junior Counselors Campers: food program is available at no additional cost.
8. We believe camp should be a safe, fun-filled, educational, adventure in a safe, protected atmosphere that encourages confidence, caring and growth. Our goal is to

Les Petit Cherubs Summer Camp

have each and every camper go home at the end of the day and be excited to return the next.

9. Please visit our website at [www.lespetitscherubs.com](http://www.lespetitscherubs.com) for additional information.
10. Medications will be administered only with a physician RX and a medication log that is signed by the site director.

**\*\*We are not responsible for lost or broken items including cell phones and other technology devices.\*\***

# Les Petits Cherubs Summer Camp Course Descriptions

<p><b>ARCHERY</b></p> <p>Champion archer, Joe Gradus will instruct campers on stringing the bow, nocking the arrow, aim and release. The campers will enjoy some light competition in distance shooting and target games.</p> <p>1 day per week over a 4 weeks</p>	<p><b>COOKING</b></p> <p>Lili Cake Boss Cooks: Campers will be creating ice cream cone cupcakes, create cake decorations and cake pop recipes. This is a 5 week session held 1 day a week over 5 weeks</p>	<p><b>FOUND ART</b></p> <p>Campers will use objects found in nature in an artistic way. A scavenger hunt will kick off this activity. Campers will also gain the experience of learning to share and trade objects that will help each other craft their work of art.</p>	<p><b>SOCCER</b></p> <p>Happy Feet is a co-ed soccer clinic will help players to improve their basic soccer skill. Campers should bring their own shin guards and water bottles. This course is offered once a week and children are grouped accordingly by age.</p>	<p><b>JEWELRY MAKING</b></p> <p>Campers will learn the basics of design layout, forming, pinning, basic construction, filing and finishing completing friendship bracelets, dough jewelry, and custom paper beads.</p>	<p><b>BOOK CLUB</b></p> <p><b>HIGHLIGHTS FOR CHILDREN HAS ENGAGING BOOKS FOR KIDS OF ALL AGES AND A AWARD WINNING LIBRARY.</b></p>	<p><b>COMPUTER</b></p> <p>Kids learn code program in Java. Build a simple website and games.</p>
<p><b>SCRAPBOOKING</b></p> <p>Campers will design their own book of personal and summer camp memories. By using various crafting tools and art media to create a colorful and meaningful book that will preserve your good time with family and friends.</p>	<p><b>AQUARIUM</b></p> <p>Campers will build their own aquarium ready to take home and introduce species of your choice</p>	<p><b>FASHION WEEK</b></p> <p>This course will give students an insight to the fashion industry. They will learn how a simple sketch and tons of inspiration can evolve into beautiful clothing. Throughout the week, campers will be creating a "what's hot" and "what's not" for the new fall season.</p>	<p><b>VIOLIN/PIANO</b></p> <p>8 weeks of inspired lessons</p>	<p><b>AMERKICKS</b></p> <p>KARATE's comprehensive character enrichment program seeks to use karate as a tool used to convey lessons such as: self-confidence, focus, discipline, respect, goal setting and self-control, all while being introduced to the tradition martial art of kenpo and taekwon do.</p> <p>8 week Session</p>	<p><b>POTTERY</b></p> <p>Kids explore the design process with hands-on projects such as pottery painting, mosaics, fused glass, canvas painting and clay sculpting. Each camper will get to bring home their creations which will be fired and glazed.</p>	<p><b>SCIENCE</b></p> <p>Campers will discover science through hands-on explorations using a variety of materials and equipment. Some areas they will explore are: volcanoes, lightning, pop rocks and rain clouds.</p>
<p><b>ICE SKATING</b></p> <p>Campers will enjoy a break from the heat at Wisconsin Skating Club/Center Ice of Oaks. The campers will receive instruction from a professional instructor on basic skating techniques as well as enjoy some free time on the ice. Skates will be provided.</p> <p>1-week session</p>	<p><b>MAGIC</b></p> <p>Campers will be introduced to the wonderful world of magic through the guidance of a professional magician. They will learn the art of magic, including presentation, the element of surprise and the use of misdirection, with emphasis on having fun. By the end of the week they will be able to entertain their friend and family with the magic they've learned.</p>	<p><b>CHESS</b></p> <p>Charles Beatty will help the campers learn "game of kings." This class will teach them the basics to chess as well as developing the strategies needed to say "CHECKMATE" 1 day per week over a course of 4 weeks</p>	<p><b>SEWING</b></p> <p>Campers will be introduced to the fundamentals of sewing and the creative design process as they construct a handbag or book-bag. Students will be guided in fabric selection, to cutting, stitching and construction to make a quilt blanket.</p>	<p><b>FLAG FOOTBALL</b></p> <p>NFL Flag is a premiere youth football league for boy and girls ages 5-14. The programs provide young players a fun and exciting opportunity to engage in non-contact, continuing activities while learning lessons in teamwork.</p>		
			<p><b>YOGA</b></p> <p>Yoga is for everyone, all ages, boys and girls! Yoga offers many of the same benefits to children as it does to adults, such as a healthier body, the ability to control stress, increased self-esteem and a greater concentration. Certified Yoga instructor, will introduce fun exploratory poses while focusing on having fun. So, bring your mat, wear comfortable loose fit clothing (no jeans) and get ready to have some fun.</p>			



# Les Petits Cherubs

Childcare & Learning Centers

Summer Camp Schedule 2019

Time	
6:00-8:00	Arrival Free play outside
8:00-8:30	Breakfast
8:30-9:00	Circle Time/Camp Songs/Roll Call
9:00-10:00	Sports Rotation
10:00-11:00	Arts & Crafts
11:00-12:00	Daily Specials Or Water Play
12:00-12:30	Lunch
12:30 -3:00	Water Play/Arts & Crafts/Games
3:00-3:30	Clean up and Snack
3:30-4:00	Camper of the day /Free Choice
4:00-6:00	Outside Games Snack-Free Play





# Les Petits Cherubs

Childcare & Learning Centers

## MENU

### Summer 2019

Monday	Tuesday	Wednesday	Thursday	Friday
<p><u>Breakfast:</u> Corn Flakes Cereal, Blueberries, and Milk  <u>Lunch:</u> Soy Butter and Jelly on Whole Wheat, Garden Salad w. Italian Dressing, Apple Sauce and Milk  <u>Snack:</u> Wheat Crackers, Chilled Watermelon and Water</p>	<p><u>Breakfast:</u> Whole Wheat Cinnamon Toast, Oranges and Milk  <u>Lunch:</u> American Cheese/sliced Tomatoes/w bread, Apple Wedges and Milk  <u>Snack:</u> Graham Crackers, Pineapples, and Water</p>	<p><u>Breakfast:</u> Whole Wheat Bagel w/Cream Cheese, Pears and Milk  <u>Lunch:</u> Chicken salad on Whole Wheat, Garden Salad, Orange Slices and Milk  <u>Snack:</u> Cheese Cubes, Wheat Crackers and Water</p>	<p><u>Breakfast:</u> Waffles, Bananas and Milk  <u>Lunch:</u> Tuna Salad Whole Wheat Bread Baby Carrots, Applesauce and Milk  <u>Snack:</u> Cucumbers &amp; Humus, and Water</p>	<p><u>Breakfast:</u> Cheerios, Milk, Blueberries  <u>Lunch:</u> Pizza topped with Cheese and Chicken Crumbles, Garden Salad w/ Italian Dressing, Watermelon and Milk  <u>Snack:</u> Vanilla Yogurt, Pretzels and Water</p>
<p><u>Breakfast:</u> Granola Cereal, Oranges, and Milk  <u>Lunch:</u> Turkey Sandwich with Lettuce and Tomato, Apple Sauce and Milk  <u>Snack:</u> Graham Crackers, Chilled Watermelon and Water</p>	<p><u>Breakfast:</u> Rice Chex, Bananas and Milk  <u>Lunch:</u> Whole Wheat Pasta, Turkey Meatballs, , Watermelon, garden salad and Milk  <u>Snack:</u> Vanilla Yogurt, Grapes, and Water</p>	<p><u>Breakfast:</u> Corn Flakes, Apple Wedges and Milk  <u>Lunch:</u> Grilled Cheese Sandwich on WW Bread, Cucumbers w/Ranch, Orange Slices and Milk  <u>Snack:</u> Whole Grain Goldfish, Carrot Sticks and Water</p>	<p><u>Breakfast:</u> WW Cinnamon Toast, Soy butter, Bananas and Milk  <u>Lunch:</u> Turkey Dogs on WW Roll, Corn, Applesauce and Milk  <u>Snack:</u> Cheese Sticks and Saltine Crackers and Water</p>	<p><u>Breakfast:</u> Cheerios, Milk, Blueberries  <u>Lunch:</u> Turkey Tacos, Shredded Cheese, Tomatoes, Lettuce, Corn Shells and Apples  <u>Snack:</u> Mixed Fruit Cocktail, Pretzels and Water</p>
<p><u>Breakfast:</u> Whole Wheat Bagel w/Cream Cheese, Pears and Milk  <u>Lunch:</u> Chicken salad on Whole Wheat, Garden Salad, Orange Slices and Milk  <u>Snack:</u> Cheese Cubes, Wheat Crackers and Water</p>	<p><u>Breakfast:</u> Cheerios, Milk, Blueberries  <u>Lunch:</u> Pizza topped with Cheese and Chicken Crumbles, Cucumbers w/ Ranch Dressing, Watermelon and Milk  <u>Snack:</u> Vanilla Yogurt, Pretzels and Water</p>	<p><u>Breakfast:</u> Corn Flakes Cereal, Blueberries, and Milk  <u>Lunch:</u> Soy Butter and Jelly on Whole Wheat, Corn, Apple Sauce and Milk  <u>Snack:</u> Wheat Crackers, Chilled Watermelon and Water</p>	<p><u>Breakfast:</u> Granola Cereal, Oranges, and Milk  <u>Lunch:</u> Turkey Sandwich with Lettuce and Tomato, Apple Sauce and Milk  <u>Snack:</u> Graham Crackers, Chilled Watermelon and Water</p>	<p><u>Breakfast:</u> Waffles, Bananas and Milk  <u>Lunch:</u> Tuna Salad Whole Wheat Bread Baby Carrots, Applesauce and Milk  <u>Snack:</u> Cucumbers &amp; Humus, and Water</p>
<p><u>Breakfast:</u> Rice Chex, Bananas and Milk  <u>Lunch:</u> Whole Wheat Pasta, Turkey Meatballs, Garden Salad, Watermelon and Milk  <u>Snack:</u> Vanilla Yogurt, Grapes, and Water</p>	<p><u>Breakfast:</u> Cheerios, Milk, Blueberries  <u>Lunch:</u> Turkey Tacos, Shredded Cheese, Tomatoes, Lettuce, Corn Shells and Apples  <u>Snack:</u> Mixed Fruit Cocktail, Pretzels and Water</p>	<p><u>Breakfast:</u> Bagels with Cream Cheese, Apple Wedges and Milk  <u>Lunch:</u> Grilled Cheese Sandwich on WW Bread, Garden Salad, Orange Slices and Milk  <u>Snack:</u> Whole Grain Goldfish, Carrot Sticks and Water</p>	<p><u>Breakfast:</u> WW Cinnamon Toast, Soy butter, Bananas and Milk  <u>Lunch:</u> Turkey Dogs on WW Roll, Corn, Applesauce and Milk  <u>Snack:</u> Cheese Sticks and Saltine Crackers and Water</p>	<p><u>Breakfast:</u> Cheerios, Milk, Blueberries  <u>Lunch:</u> Pizza topped with Cheese and Chicken Crumbles, Garden Salad w/ Italian Dressing, Watermelon and Milk  <u>Snack:</u> Vanilla Yogurt, Pretzels and Water</p>
<p>Children under the age of 24 months receive whole milk. Children 24 months receive 1 per cent milk. Water is readily available through out the day.</p>		<p>I Certify that all meals meet the daily nutritional requirements set forth by the Penna. Department of Education. Program Sponsor: Amelia O'Donnell Narcisi</p>	<p>Please let us know any comments or suggestions you may have concerning this menu!</p>	



**Les Petits Cherubs**  
Childcare, Learning Centers, Summer Camps

**SUNSCREEN APPLICATION PERMISSION SLIP**

I, \_\_\_\_\_ authorize the Les Petits Cherubs Staff to apply Sunscreen on my  
(Parent/Guardian name)  
child, \_\_\_\_\_ as needed. I agree to apply Sunscreen to my child before they arrive  
(Camper's name)  
to come daily and understand that LPC staff will apply more sunscreen throughout the day.

- I understand sunscreen must be supplied, labeled with my child's name, by the first day of camp. \_\_\_\_\_  
(Brand and SPF of supplied sunscreen)
- I do not want LPC staff to apply sunscreen to my child, \_\_\_\_\_  
(Camper's name)
- This permission slip will be in effect until the end of the summer program or until I have submitted a written request that sunscreen no longer be applied to my child.

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



# Les Petits Cherubs

Childcare & Learning Centers

Administrative Office – 424 King of Prussia Road, Radnor, PA 19087 – 610-650-8157

## APPLICATION FOR DAY CARE SERVICES

CATHEDRAL

RIDGE

RADNOR

**Child's Information:**

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male  Female

Age at time of enrollment: \_\_\_\_\_

Any special needs of child: \_\_\_\_\_

Attendance Start Date: \_\_\_\_\_

Scheduled Orientation: \_\_\_\_\_

Age Group:            INFANT                      TRANS. INFANT                      YT                      OT

                    PRESCHOOL                      PRE-K                      KINDER                      B/A PROGRAM

**Parent/Guardian Information:**

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How did you hear about our center? \_\_\_\_\_



## Les Petits Cherubs

Childcare, Learning Centers, Summer Camps

### RULES

#### General:

- Always listen to and show respect to your camp counselors, life guards, other authority figures and fellow campers.
- Any form of physical violence or verbal abuse is unacceptable and will not be tolerated.
- The buddy system should be used at all times,
- All personal items must be labeled.
- Be sure to clean up your play areas.

#### Van/Bus:

- All campers must wear a seat belt at all times.
- No standing, rough housing or throwing things.
- No eating on the van without permission.
- Nothing, including hands, should be put out of the windows.

### REMINDERS

Please remember to....

- Label everything
- Apply sunscreen to your camper every morning
- Send your child IN their bathing suit - if am swim/ water play
- Send in proper change of clothes for after water play or swim
- Complete and return all permission slips on a timely basis
- Please call and let the staff know if your camper will be late or absent

Cathedral - 267-270-4030

Radnor - 610-341-1897

Please remember to bring:

- Sunscreen-labeled with child's name
- Beach towel-labeled with child's name
- Water shoes-labeled with child's name
- Comb or brush-labeled with child's name
- Change of clothes - including socks (dry shorts, shirt, underwear and sneakers)
- Water bottle-labeled with child's name



## Les Petits Cherubs

Childcare & Learning Centers

[www.lespetitscherubs.com](http://www.lespetitscherubs.com)

[lespetitscherubs@yahoo.com](mailto:lespetitscherubs@yahoo.com)

Administrative Office  
424 King of Prussia Road  
Radnor, Pa. 19087

Phone (610) 650-8157

### Important Telephone Numbers

- **Radnor Campus**      610-341-1897      [radnor@lespetitscherubs.com](mailto:radnor@lespetitscherubs.com)
- **Cathedral Campus**      267-270-4030      [cathedral@lespetitscherubs.com](mailto:cathedral@lespetitscherubs.com)
- **Ridge Campus**      267-270-4029      [ridge@lespetitscherubs.com](mailto:ridge@lespetitscherubs.com)
- **Administrative Office**      610-650-8157      [adminoffice@lespetitscherubs.com](mailto:adminoffice@lespetitscherubs.com)



# Les Petits Cherubs

Childcare & Learning Centers

Receive a \$235.00 tuition credit for every family  
you refer and enrolls at Les Petits Cherubs  
Summer Camp!

Referral Coupon  
**\$235.00**



*\*referral families must enroll for a minimum of 3 weeks !*

610-650-8157

Administrative Office

[www.lespetitscherubs.com](http://www.lespetitscherubs.com)

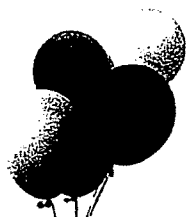


# Les Petits Cherubs

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Receive a \$235.00 tuition credit for every family  
you refer and enrolls at Les Petits Cherubs  
Summer Camp!

Referral Coupon  
**\$235.00**



*\*referral families must enroll for a minimum of 3 weeks !*

610-650-8157

Administrative Office

[www.lespetitscherubs.com](http://www.lespetitscherubs.com)



Les Petits Cherubs  
Childcare & Learning Centers

Facts about the Les Petits Cherubs Summer Meal Program.

- ◆ The summer menu is enclosed in this mailing.
- ◆ Breakfast, Snacks, Lunch and beverages are provided. Meals are provided at no additional cost through a generous grant from Pa. Department of Agriculture.
- ◆ Parents have the option to send their child to camp with a bagged lunch. You can change your mind at any time or pick or choose the days you want your child to participate. Please notify the Administrative Office a week in advance of any changes. Because we purchase enough food based on the number of children who participate.
- ◆ Children who pack from home will not be offered food from our meal program because of compliance related issues.

I would like for Les Petits Cherubs to provide meals for my child.

I would **NOT** like for Les Petits Cherubs to provide meals for my child. My child will bring a bagged lunch from home each day.

Child Name: \_\_\_\_\_ Center: \_\_\_\_\_

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





Les Petits Cherubs  
Childcare & Learning Centers










Summer Camp Medication Policy and Procedures

- ◆ Les Petits Cherubs Staff will administer medication that is prescribed by a licensed physician.
- ◆ Medication container must have a current, valid prescription label.
- ◆ A Medication Log must be completed by the parent for each child. (Dosage Amount, Time(s) to Administer, Special Instructions). The parent must sign and date the medication log daily or each time the medication or dosage changes. Each medication is to be logged on it's own sheet.
- ◆ Les Petits Cherubs Staff will record the date, time administered, amount of medication administered, comment/reactions, then they will initial the medication log.
- ◆ Medication Logs will be accessible each morning in the Summer Camp binder located on the Summer Camp information table. To protect your confidentiality, once completed, place the medication log in a white envelope, seal it, label it with the child's name, date and write medication log. Place the envelope in the Summer Camp binder for you child's group. Blank white envelopes will be available on the information table.
- ◆ Medication will be in the possession of the camp counselor in a clean, secure container that is inaccessible to children.
- ◆ Medications no longer being used will promptly be returned to the parent or discarded.

## June 2019






	Monday	Tuesday	Wednesday	Thursday	Friday
<b>First Week of Summer Camp!</b> 	17 Welcome to Camp! Team building Violin/Piano	18 Team Building Karate	19 Team Building Happy Feet Soccer	20 Team Building	21 Team Building
<b>Magic w/ Reba</b> Jewelry <i>JEWELRY CREATIONS: FRIENDSHIP BRACELETS, MAKE YOUR OWN BEADS NECKLACE</i>	24 Violin/Piano	25 <i>EASY MAGIC TRICKS FOR KIDS</i> Karate	26 Soccer Giant Water Slide 	27	28 Computers Book Club

## July 2019

<b>Sewing</b>  STEAM	1 Violin/Piano Lego Ice Exaction Sewing Wood working	2 Sewing Wood Working Karate Lightning	3 Soccer Pop Rocks	4 Sewing Wood Working French Volcano	5 Book Club Computers Rainclouds
<b>Pottery</b> Broadway Theater	8 Pottery Broadway Theater Violin/Piano	9 Pottery (Molding Clay) Karate Broadway Theater	10 Pottery Soccer Broadway Theater	11 Pottery Broadway Theater French	12 Giant Water Slide  Broadway Theater Book Club
<b>Found Art Broadway Theater</b>	15 Violin/Piano  Found Art Broadway Theater Violin/Piano	16 Karate (make up class) Chess Found Art Broadway Theater	17 Happy Feet Soccer Found Art	18 Found Art French Broadway Theater (Production Performance by campers)	19 Found Art Book Club
<b>Woodworking</b>  Jewelry Computers Technology	22 Woodworking  Violin/Piano Computers Technology	24 Woodworking Jewelry Computers Technology Giant Water Slide	25 Happy Feet Soccer Computers Technology 	26 Woodworking French Jewelry Computers Technology	27 Woodworking Book Club Computers Technology 



# August 2019

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Sewing</b>  <b>Wood Working</b>	29 Sewing Wood Working Violin/Piano	30 Sewing Archery	31 Sewing Wood Working Soccer	1 Sewing Wood Working	2 Sewing Wood Working Book Club Crazy Sock Day
<b>Ice skating</b>  <b>Aquarium</b>	5 Ice skating Violin/Piano	6 Ice skating Archery	7 Ice skating Soccer	8 Ice skating Aquarium	9 Book Club
<b>Summer Olympics</b>  <b>Cooking</b> <b>Aquarium</b>	12 Summer Olympics Cooking Violin/Piano	13 Summer Olympics Archery Cooking	14 Soccer  <b>Giant Water Slide</b>	15 Summer Olympics Cooking Aquarium	16 Book Club Summer Olympics Cooking Crazy Hat Day
<b>Lego Robotics</b>  <b>Found Art</b>	19 Lego Robotics Found Art	20 Lego Robotics Found Art Archery	21 Soccer Lego Robotics Found Art	22 French Found Art Tie-Dye T-shirts	23 <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>*End of Summer Bash*</b>                      ~ BBQ ~                      ~ Talent Show ~                 </div>
<b>End of summer</b> <b>Scrapbooking</b> <b>/Autograph book</b>	26 Summer wrap up Scrapbooking/ autograph books	27 Summer wrap up Scrapbooking/ autograph books	38 Summer wrap up Giant Water Slide Scrapbooking/ autograph books	29 <b>LAST Day of Summer Camp</b> PJ and Movie Day	Les Petits Cherubs Closed for Teacher In-service

Activities dates may change due instructor availability



## Les Petits Cherubs

Childcare & Learning Centers

[www.lespetitscherubs.com](http://www.lespetitscherubs.com)



## Les Petits Cherubs

Childcare, Learning Centers, Summer Camps

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. Les Petits Cherubs offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

1. **Do I need to fill out a Meal Benefit Form for each of my children in day care?** You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. Return the completed form to: Les Petits Cherubs
2. **Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in WIC may be eligible for free meals.
3. **Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application. Children in households participating in WIC may be eligible for reduced price meals.
4. **May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.
5. **Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.
6. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed, by source, each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.
7. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.
8. **What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact the Administrative Office at 610-650-8157
9. **We are in the military, do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call 610-650-8157.

Sincerely,

Amelia O'Donnell  
Administrator

## Instructions For Completing the CACFP Child Care Center Meal Benefit Income Eligibility Form

Follow these instructions, if your household gets SNAP, TANF or FDPIR:

**Part 1:** List all enrolled children and household members.

**Part 2:** List the case number for any household members (including adults) receiving State SNAP or State TANF or FDPIR benefits.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a Social Security Number are not necessary.

**Part 6:** Answer this question if you choose.

**FOSTER CHILDREN HOUSEHOLDS**, will follow these instructions:

A Meal Benefit Form is not required to be completed. Contact the center at 610-650-8157; OR

If some of the children in the household are foster children:

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.

**Part 4:** Follow these instructions to report total household income for this month or last month.

**Column A – Name:** List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

**Box 1:** List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

**Box 2:** List the amount each person got for the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if she/he doesn't have one.

**Part 6:** Answer this question if you choose.

**ALL OTHER HOUSEHOLDS**, including WIC households, follow these instructions:

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income for this month or last month.

**Column A – Name:** List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

**Box 1:** List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

**Box 2:** List the amount each person got for the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if she/he doesn't have one.

**Part 6:** Answer this question if you choose.

**Privacy Act Statement:** This explains how we will use the information you give us.

# Child and Adult Care Food Program -- Child Enrollment Form

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

Child Address _____	Parent/Guardian Address _____
Birth date _____	Telephone (home) _____ (work) _____

Sponsoring Organization Address _____	Center/Home LES PETITS CHERUBS Address _____
---------------------------------------	--

**Normal Hours of Care: (write in times\*)** \*If more than 8 hours of care per day, please attach an explanation to this form.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: N/A	Start: N/A
End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____

**Daily Expected Meal Service Participationz (please check box)**

Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack
X		X	X		X

Is this child of school age?  Yes  No If yes, will additional meals be provided when school is not in session?  Yes  No  
 If yes, please specify the meal:  Breakfast  Lunch  Snack  Eve Snack

**Household Contacts:** This child care facility participates in the Child and Adult Care Food Program. In order to receive federal funds, representatives of the sponsoring organization or the State Agency may contact you to verify your child's participation. Please indicate what time and method of contact you prefer:

Day	Evening	Time	Letter	Telephone:	(home)	(work)
*****						

Annual Time Period Covered by Signature: \_\_\_\_\_ to \_\_\_\_\_

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

Signature Center Administrator/Home Provider \_\_\_\_\_ Date \_\_\_\_\_

Annual Time Period Covered by Signature: \_\_\_\_\_ to \_\_\_\_\_

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

Signature Center Administrator/Home Provider \_\_\_\_\_ Date \_\_\_\_\_

Annual Time Period Covered by Signature: \_\_\_\_\_ to \_\_\_\_\_

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

Signature Center Administrator/Home Provider \_\_\_\_\_ Date \_\_\_\_\_

Annual Time Period Covered by Signature: \_\_\_\_\_ to \_\_\_\_\_

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

Signature Center Administrator/Home Provider \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

*"In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs). " To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."*

**For Sponsor Use Only**

Child withdrew on \_\_\_\_\_

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

## Child and Adult Care Food Program Child Care Center Meal Benefit Income Eligibility Form

### Part 1. All Household Members

Name of Enrolled Child(ren): \_\_\_\_\_

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. Benefits:** If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.  
NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**Part 3.** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call the Administrative Office at 610-650-8157 Homeless  Migrant  Runaway

### Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List household members with income) <i>(Example) Jane Smith</i>	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$ / /
	\$ / /	\$ / /	\$ / /	\$ / /
	\$ / /	\$ / /	\$ / /	\$ / /
	\$ / /	\$ / /	\$ / /	\$ / /
	\$ / /	\$ / /	\$ / /	\$ / /

### Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: \* \* \* - \* \* \* \_\_\_\_\_  I do not have a Social Security Number

**Part 6. Participant's ethnic and racial identities (optional)**

Mark one ethnic identity:  Hispanic or Latino  Not Hispanic or Latino

Mark one or more racial identities:  Asian  White  Black or African American  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied (Paid) \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Reason for Denied: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Household size	Yearly
1	\$20,147
2	\$27,214
3	\$34,281
4	\$41,348
5	\$48,415
6	\$55,482
7	\$62,549
8	\$69,616
Each additional person:	+\$7,067

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

## EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA COD CHAPTERS 3270.124 (a) (b), 3270.181 & 182; 3280.181 & .182; 3290 (a) (b), 3290.181 & 182

Child's Name		Birthday	
Address			
Mother's Name/ Legal Guardian		Home Telephone Number	
Address			
Business Name		Business Telephone Number	
Address			
Father's Name/ Legal Guardian		Home Telephone Number	
Address			
Business Name		Business Telephone Number	
Address			
Emergency Contact Person(s)	Name	Telephone Number when child is in Care	
Person(s) To Whom Child May Be Released	Name	Address	Telephone Number When Child is in Care
Name of Child's Physician/Medical Care Provider		Telephone Number	
Address			
Special Disabilities (If Any)		Allergies (Including Medication Reaction)	
Medical or Dietary Information Necessary in an Emergency Situation		Medication, Special Situation	
Additional Information on Special Needs of Child			
Health Insurance Coverage for Child or Medical Assistance Benefits		Policy Number (Required)	
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>			
Obtaining Emergency Medical Care		Admin. Of Minor First-Aid Procedures	
Walks and Trips		Swimming	
Transportation by the Facility		Wading	
Periodic Review			

Signature of Parent or Guardian	Date
Signature of Parent or Guardian	Date

# CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

**DO NOT OMIT ANY INFORMATION**  
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):  
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):  
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.  
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?  
 YES  NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT [WWW.AAP.ORG](http://WWW.AAP.ORG))

YES  NO

NOTE: REGARDLESS OF THE RESULTS OF VISION HEARING OR LEAD SCREENINGS, IF ANY SCREENING WAS ABNORMAL PRIOR TO THE DATE THE SCREENING WAS COMPLETED, AN INDICATION ABOUT THE RESULTS AND ANY RECOMMENDATIONS SHOULD BE OBTAINED FROM THE CHILD CARE FACILITY.

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTO COPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/ID						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER:
	DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.





# Les Petits Cherubs

Childcare, Learning Centers, Summer Camps

## ALLERGY ALERT

My child, \_\_\_\_\_ has an allergy!

My child is allergic to the following:

- |       |   |   |
|-------|---|---|
| _____ | - <input type="checkbox"/> Seasonal Allergy | <input type="checkbox"/> Life Threatening Allergy |
| _____ | - <input type="checkbox"/> Seasonal Allergy | <input type="checkbox"/> Life Threatening Allergy |
| _____ | - <input type="checkbox"/> Seasonal Allergy | <input type="checkbox"/> Life Threatening Allergy |
| _____ | - <input type="checkbox"/> Seasonal Allergy | <input type="checkbox"/> Life Threatening Allergy |

My child, \_\_\_\_\_ does not have any known allergies.

In the event of distress follow these instructions:

- \_\_\_ Call 911, Seek immediate medical attention.
- \_\_\_ Administer prescribed medication: \_\_\_\_\_  
Name of Medication
- \_\_\_ Contact Parents/Guardians at : \_\_\_\_\_  
Phone Number

_____ Parent/Guardian Signature	_____ Date
_____ Director Signature	_____ Date

\*\*A parent or guardian must review and sign this form with the director. A six month review is mandatory. A copy of each review must be kept in the child's file.

\*Six Month Review  
Please Initial and Date:: \_\_\_\_\_



# Les Petits Cherubs

Childcare, Learning Centers, Summer Camps

## INDIVIDUAL EDUCATION PLANS (IEP) AND INDIVIDUALIZED FAMILY SERVICES PLANS (IFSP) PARENT SIGN OFF SHEET

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

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

\_\_\_\_\_ I am providing a copy of my child's IEP or IFSP.

\_\_\_\_\_ I am not providing a copy of my child's IEP or IFSP and/or this is not applicable to my child.

\_\_\_\_\_  
Parent/Guardian Printed Name

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

\_\_\_\_\_  
Date



# Les Petits Cherubs

Childcare, Learning Centers, Summer Camps

## CIVIL RIGHTS COMPLIANCE PARENT AWARENESS

In accordance with applicable Federal and State civil rights laws and regulatory requirements, you and your child(ren), as a client of this facility, have the right:

- to be provided services at this facility and to be referred for services at other facilities without regard to race, color, religious creed, disability, ancestry, national origin, age, or sex.
- to file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, religious creed, disability, ancestry, national origin, age or sex.

Complaints of discrimination may be filed with any of the following:

Les Petits Cherubs  
 Administrative Offices  
 3300 Henry Avenue  
 Building 3 Suite 100  
 Philadelphia, PA 19129

Department of Public Welfare  
 Bureau of Equal Opportunity  
 Room 223 Health and Welfare Building  
 P.O. Box 2675  
 Harrisburg, PA 17105-2675

Commonwealth of Pennsylvania  
 DPW Bureau of Equal Opportunity  
 Southeast Regional Office  
 801 Market Street, Suite 5034  
 Philadelphia, PA 19107

US Department of Health and  
 Human Services  
 Office of Civil Rights – Suite 372  
 Public Ledger Building  
 150 S. Independence Mall West  
 Philadelphia, PA 19106-9111

PA Human Relations Commission  
 Philadelphia Regional Office  
 110 North 8<sup>th</sup> Street Suite 501  
 Philadelphia, PA 19107

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date