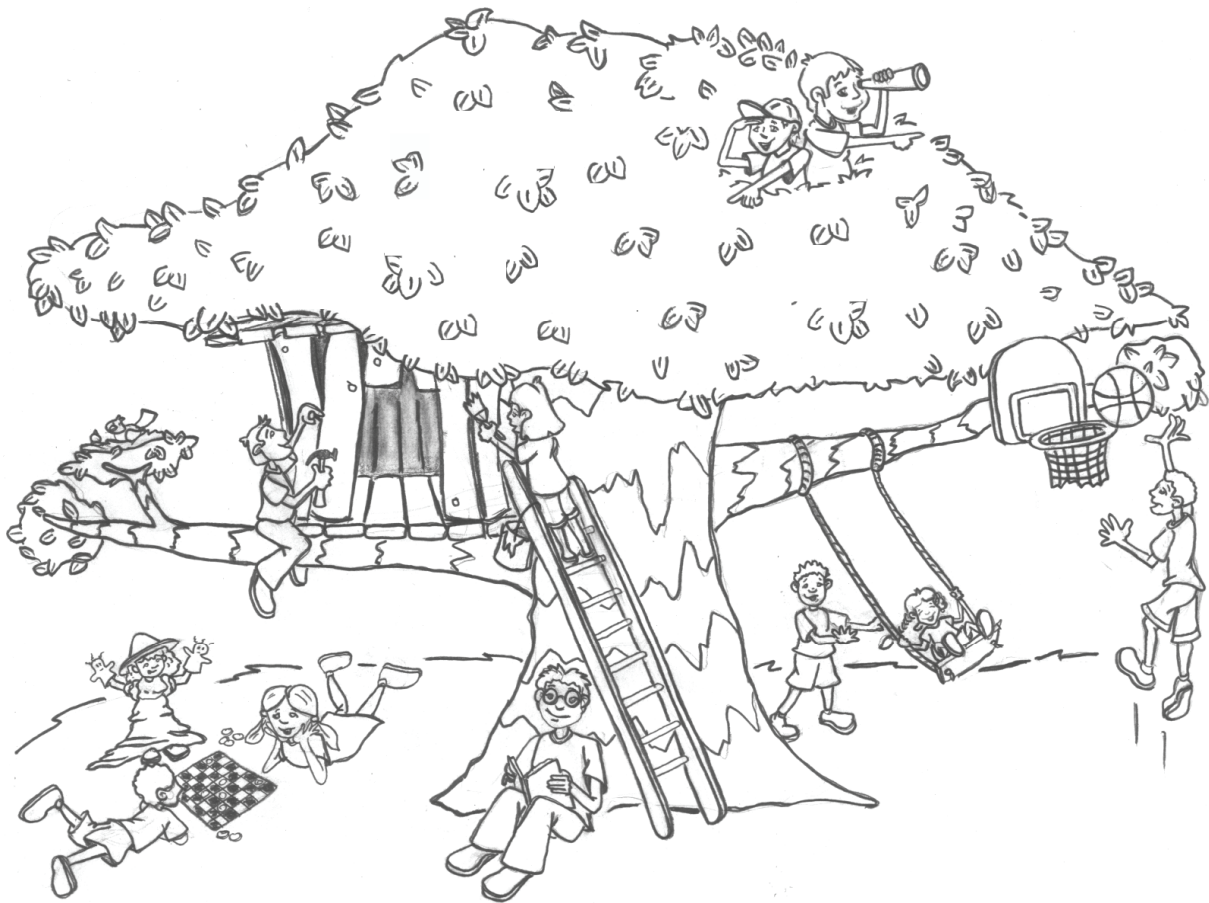


Space is Limited

BASCOL

2009

Ultimate Summer Escape



Registration Packet

# OUR MISSION

It is our goal to provide a relaxed, fun-filled environment promoting summer time freedom. Children are encouraged to pursue their own interests and develop friendships as they grow in confidence, independence and learn respect for themselves and others.

Our staff's devotion and professionalism promote a family atmosphere which emphasizes respect, cooperation and understanding for each other.

Before and After School Child Care on Location, Inc. is designed to provide quality, exciting, supervised care for all\* children in grades K through 6<sup>th</sup> regardless of race, creed, nationality or sex.

\*OCFS Regulations Apply

# BASCOL SUMMER 2009 CHILD INFORMATION

1st CHILD

CHILD'S NAME \_\_\_\_\_ Nickname (If any) \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Gender: M or F

Please Enter Child's Grade in September: \_\_\_\_\_

Home School \_\_\_\_\_ Please Circle Summer Site: **LIVERPOOL** **CAMILLUS**

## PLEASE CHECK WHICH WEEKS YOUR CHILD WILL BE ATTENDING: CIRCLE DAYS NEEDED

WEEK 1  
(6/29-7/2)

M T **W** T ~~X~~

Event Day  
Bounce House

WEEK 2  
(7/6-7/10)

M T **W** T F

Field Trip—Y or N  
Slide & Glide  
Swimmer or Non-swimmer

WEEK 3  
(7/13-7/17)

M **T** **W** T F

Event Day  
Shades of Orange  
(SAS-T, LBE-W)

WEEK 4  
(7/20-7/24)

M T **W** T F

Field Trip — Y or N  
Green Lakes  
Swimmer or Non-swimmer

WEEK 5  
(7/27-7/31)

M T **W** T F

Event Day  
MOST Science  
Spectacular

WEEK 6  
(8/3-8/7)

M T **W** T F

Field Trip — Y or N  
Strong Museum

WEEK 7  
(8/10-8/14)

M **T** W T F

Event Day  
Twin Magicians

WEEK 8  
(8-17-8/21)

M T **W** T F

Field Trip — Y or N  
Thunder Island  
Swimmer or Non-swimmer

WEEK 9 \*\*  
(8-24-8/28)

M **T** **W** **T** F

Field Trip A — Y or N  
Roseland Waterpark  
Swimmer or Non-swimmer

Field Trip B—Y or N  
Liverpool to St. Ann's  
for Carnival

\* Please note there are two field trips week 9.

Indicates  
 Field Trip or  
Event Day

Swimmer = Can go under water  
Non-Swimmer = Water up to waist

**\*\* Liverpool Location for week 9, 8/24-8/28 is St. John's Church.**

**\*Part Time - Minimum of 2 days per week required.**

**\*\*\*\* Any changes in scheduling MUST be done in writing by June 3rd, 2009 otherwise you will be obligated for payment in full for ALL weeks & field trips registered above regardless of child's attendance.**

**\*\*\*Initial:** \_\_\_\_\_

In order to provide your child with the best services possible please let us know, along with a brief description, if your child has any of the following conditions:

- \_\_\_\_\_ Has No Special Conditions
- \_\_\_\_\_ Asthma\*
- \_\_\_\_\_ Allergies\*
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Special Diet
- \_\_\_\_\_ Epilepsy or Seizures
- \_\_\_\_\_ Allergic to Medications
- \_\_\_\_\_ Regular Medications
- \_\_\_\_\_ Other
- Receives specific services at school (IEP) \_\_\_\_\_
- Or behavior plan: Please explain in detail: \_\_\_\_\_

\*No medication needed while at BASCOL. I understand that in the event of an emergency 911 will be contacted.

\_\_\_\_\_

Parent Signature

# BASCOL SUMMER 2009 CHILD INFORMATION

2nd CHILD

CHILD'S NAME \_\_\_\_\_ Nickname (If any) \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Gender: M or F

Please Enter Child's Grade in September: \_\_\_\_\_

Home School \_\_\_\_\_ Please Circle Summer Site: **LIVERPOOL** **CAMILLUS**

## PLEASE CHECK WHICH WEEKS YOUR CHILD WILL BE ATTENDING: CIRCLE DAYS NEEDED

WEEK 1  
(6/29-7/2)

M T **W** T ~~X~~

Event Day  
Bounce House

WEEK 2  
(7/6-7/10)

M T **W** T F

Field Trip—Y or N  
Slide & Glide  
Swimmer or Non-swimmer

WEEK 3  
(7/13-7/17)

M **T** **W** T F

Event Day  
Shades of Orange  
(SAS-T, LBE-W)

WEEK 4  
(7/20-7/24)

M T **W** T F

Field Trip — Y or N  
Green Lakes  
Swimmer or Non-swimmer

WEEK 5  
(7/27-7/31)

M T **W** T F

Event Day  
MOST Science  
Spectacular

WEEK 6  
(8/3-8/7)

M T **W** T F

Field Trip — Y or N  
Strong Museum

WEEK 7  
(8/10-8/14)

M **T** W T F

Event Day  
Twin Magicians

WEEK 8  
(8-17-8/21)

M T **W** T F

Field Trip — Y or N  
Thunder Island  
Swimmer or Non-swimmer

WEEK 9 \*\*  
(8-24-8/28)

M **T** **W** **T** F

Field Trip A — Y or N  
Roseland Waterpark  
Swimmer or Non-swimmer

Field Trip B—Y or N  
Liverpool to St. Ann's  
for Carnival

\* Please note there are two field trips week 9.

Indicates  
 Field Trip or  
Event Day

Swimmer = Can go under water  
Non-Swimmer = Water up to waist

**\*\* Liverpool Location for week 9, 8/24-8/28 is St. John's Church.**

**\*Part Time - Minimum of 2 days per week required.**

**\*\*\*\* Any changes in scheduling MUST be done in writing by June 3rd, 2009 otherwise you will be obligated for payment in full for ALL weeks & field trips registered above regardless of child's attendance.**

**\*\*\*Initial:** \_\_\_\_\_

In order to provide your child with the best services possible please let us know, along with a brief description, if your child has any of the following conditions:

- \_\_\_\_\_ Has No Special Conditions
- \_\_\_\_\_ Asthma\*
- \_\_\_\_\_ Allergies\*
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Special Diet
- \_\_\_\_\_ Epilepsy or Seizures
- \_\_\_\_\_ Allergic to Medications
- \_\_\_\_\_ Regular Medications
- \_\_\_\_\_ Other
- Receives specific services at school (IEP) \_\_\_\_\_
- Or behavior plan: Please explain in detail: \_\_\_\_\_

\*No medication needed while at BASCOL. I understand that in the event of an emergency 911 will be contacted.

\_\_\_\_\_

Parent Signature

# BASCOL SUMMER 2009 REQUIRED EMERGENCY INFORMATION

Summer Site
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Password
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Home School
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**I  
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	Child's Full Name	Grade	Allergies, Special Information, etc.	Date of Birth
Gender <input type="checkbox"/> M <input type="checkbox"/> F	1st Child		*No Medication needed while at BASCOL  Initial _____	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	2nd Child		*No Medication needed while at BASCOL  Initial _____	
Please Check Where Child Resides	Please list primary emergency contact first.			Telephone
Parent Mother/Father/Guardian Circle One	Name	Address		(H) _____
	Employer	Occupation		(W) _____ (C) _____
Parent Mother/Father/Guardian Circle One	Name	Address		(H) _____
	Employer	Occupation		(W) _____ (C) _____
Emergency Contact/ Additional Release Persons ** (Other than Parents)	Name	Address		(H) _____
	Relationship to child			(W) _____ (C) _____
	Name	Address		(H) _____
	Relationship to child			(W) _____ (C) _____
Physician				

\* I understand that in the event of an emergency 911 will be contacted.  
**\*\* Note: Contact person needs to be available to be reached by phone during program hours. (Two are required)  
 MUST BE 18 YEARS OLD TO PICK UP CHILD.**

ADDITIONAL AUTHORIZED RELEASE PERSONS (IF NEEDED)				
Name	Relationship	Home	Work	Cell

ADDITIONAL "SPECIAL INFORMATION" (IF NEEDED)

I agree that in the case of accident or injury emergency medical care may be given in the event I or the person(s) designated above cannot be reached.

Insurance Company	ID or Contract Number

**Topical Over-the-Counter Medication Parent Permission**

Name of Topical Medication	Directions For Administration	Valid Dates For Administration
Sunscreen and/or Bug Repellent (from home)	Per Product Labels	06/29/09-08/28/09
Hydrogen Peroxide, Antibacterial Towelettes and/or Waterless Soap (from site)	Per Product Labels	06/29/09-08/28/09

\*\* \_\_\_\_\_

Parent/Guardian Signature
Date

**\*\* This Signature applies to all emergency information.**

For Office Use Only
No Verifications: _____

If your child needs medical, dental, health or hospital services, you as parent must give permission. It's the law.

What about times when you cannot be reached for permission? A child may be treated without parental consent when a physician determines a true emergency exists. That means the doctor determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to child's life or health.

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for unexpected care your children might need when you are away from home. To do this, make sure baby-sitters know how to reach you at all times. And when you know you will

be hard to reach, you can give permission to other adults. They can then act for you by permitting your child to be treated if unexpected care is needed.

This is a legal document. With it you may appoint relatives, friends, teachers, clergy, neighbors - anyone who is over 18 years of age - to be responsible for your children when you are away from them. IT is especially important to prepare this form for the occasions when you it will be hard to contact you.

Fill out this form carefully. Have your signature witnessed by an adult different from the person you are making responsible for your children.

After you complete this form, give it to the adult(s) you have named to act on your behalf. If you child needs unexpected medical treatment, the responsible adult(s) should present this document to the appropriate person - physician, dentist or hospital representative.

# authorization

## for medical treatment of minors

NAMES OF MINORS	BIRTHDATES	IDENTIFY ALLERGIES OF SPECIAL CONDITIONS

I/We, being the parent(s) or legal guardian(s) of the above named minor(s), do hereby appoint:

NAME BASCOL	ADDRESS 4610 Wetzel Road Liverpool, NY 13090	PHONE 622-4815
NAME	ADDRESS	PHONE

To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence, from:

MONTH	DAY	YEAR 2009	through	MONTH	DAY	YEAR 2009
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This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

<b>PARENT/GUARDIAN</b>		<b>PARENT GUARDIAN</b>	
SIGNATURE		SIGNATURE	
ADDRESS	DATE	ADDRESS	DATE
<b>WITNESS</b>		<b>WITNESS</b>	
SIGNATURE		SIGNATURE	
ADDRESS 4610 Wetzel Road. Liverpool, NY 13090	DATE	ADDRESS	DATE

**HOSPITALIZATION COVERAGE FOR ABOVE NAMED MINOR(S):**

INSURANCE COMPANY OR GOVERNMENT PROGRAM	I.D. OR CONTRACT NUMBER
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**FAMILY PHYSICIANS:**

NAME AND PHONE NUMBER	NAME AND PHONE NUMBER
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# BASCOL SUMMER 2009 VERIFICATION FORM

Having enrolled my child/ren \_\_\_\_\_ in the Ultimate Summer Escape, I verify, understand and give permission to the following:

**(Please Initial Boxes)**

1.  I have received a 2009 Summer Escape Parent Handbook describing program hours, policies, program fees and parent responsibilities and agree to abide by them. I am responsible for its contents. If I am unclear on any material enclosed, it is my responsibility to contact the BASCOL office (622-4815) for clarification. I consent to the enrollment of the child/ren listed above in the BASCOL Ultimate Summer Escape, and I have been advised of the policies regarding fees, transportation, and services provided by BASCOL Inc, and the New York State Department of Office of Child and Family Services regarding regulations under which it operates.
2.  I understand for each medication my child needs to receive while at BASCOL the parent and physician MUST complete the NYS approved Written Medication Consent Form. All medication must be labeled and in original container/package with the child's name and have the medication inserts. I also understand the Medication Consent Forms are only valid for 6 months. These are NYS regulations for Medication Administration in childcare centers.
3.  I understand that a child's parents/guardians are responsible for the cost of medical care related to any/all illness and injuries sustained while their child is in attendance at a BASCOL program. BASCOL carries a very limited accident insurance policy. This policy may be used (according to policy coverage/limits) for reimbursement of medical costs not covered by a parent's/guardian's medical insurance or if a child has no medical insurance.
4.  I will provide special information to BASCOL to assist BASCOL in caring for my child/ren (diets, habits, etc.)
5.  I give permission for my child/ren to ride a bicycle or rollerblade in an off street area. In addition, I agree to provide my child/ren with a bicycle helmet whenever he/she is scheduled to bike and ALL appropriate protective gear (wrist guards/elbow & knee pads/helmet) in order for them to rollerblade.
6.  I understand that when my child participates in any field trip, he/she MUST wear his/her camp T-shirt for identification and safety purposes. **If my child does not wear the BASCOL T-shirt he/she will be unable to participate in the field trip.**
7.  I give permission for my child to attend ALL scheduled program field trips as checked on the child information page during days in which they are registered to attend BASCOL. (I understand I must pay for field trips in advance or my child/ren will be unable to participate.) Refer to Child Information Page in Registration Packet.
8.  I understand that my child will be transported by either First Student or School District Buses.
9.  I give permission for my child/ren to go swimming while at BASCOL Ultimate Summer Escape under the careful supervision of the BASCOL staff.

**-OR-**

- I **DO NOT** give permission for my child/ren to go swimming at BASCOL Ultimate Summer Escape.
10.  I give permission for my child/ren to have and use topical medication brought from home (i.e.: sunscreen lotion) following the directions on the label of the product. AND I give permission for my child/ren to have and use topical bug spray or lotion brought from home following the directions on the label of the product. AND I give permission for my child/ren to have and use hydrogen peroxide, antibacterial towelettes and waterless soap as needed following the directions on the label of the product.

**-OR-**

- I **DO NOT** give permission for my child/ren to use ANY topical medication, and any topical bug spray or lotion and no peroxide, antibacterial towelettes or waterless soap.
11.  I understand that there may be occasions when my child/ren is photographed or videotaped while attending BASCOL. I hereby permit my child/ren to be photographed and/or videotaped while in attendance at BASCOL. I acknowledge that any photographs or videotapes are the property of BASCOL and for use by BASCOL.

**-OR-**

- I **DO NOT** give permission for my child/ren to be photographed and/or videotaped.
12. How did you originally hear about us?  
 Newspaper  School  Previously Attended & Where \_\_\_\_\_  Other \_\_\_\_\_

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

Party Responsible for Payment \_\_\_\_\_ Date \_\_\_\_\_

If different from above Signature \_\_\_\_\_

# BASCOL SUMMER 2009 SWIMMER/NON-SWIMMER POLICY

Child/ren's Name(s) \_\_\_\_\_

To ensure parental compliance and the safety of each individual child, we are asking parents, in advance of the actual field trips, whether or not their child is considered a "Swimmer" or Non-Swimmer".

BASCOL defines a "Swimmer" as a child who can hold their breath and go under water. Swimmers can swim independently and (height provided) can go down slides and other water type paraphernalia.

BASCOL defines a "Non-Swimmer" as a child who cannot swim independently or hold their breath efficiently underwater. Non-swimmers will NOT be allowed to go on water slides. Non-swimmers will only be allowed to sit in shallow water or stand in water up to their waist.

Parents who choose to classify their child as a "Non-Swimmer" will be responsible for placing a brightly colored wrist band on their child the day of a water field trip. Non-Swimmers will be grouped together so children of similar abilities will be able to enjoy the appropriate equipment together.

Note: All St. Ann's Pre-K and all K children will be in the "Non-Swimmer" group.

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



I agree to make all payments on time and will pay an additional \$10.00 late charge per week for any balance not paid in full by Thursday of each week.

I understand that failure to pay tuition and fees as outlined above will result in termination of services. **In the event that I fail to make payment, I will be responsible for any and all collection costs and associated fees incurred by BASCOL, including attorney fees. (As outlined in the Parent Handbook on page 13.)**

I understand that I am obligated to pay for ALL weeks and field trips for which I register. NO portion of these fees will be refunded for days absent from camp or field trips.

I understand that I will be charged for late pick-ups at the rate of \$15.00 per child for the first five minutes after 6:00 PM. An additional \$30.00 per child will be charged for the next 15 minutes after that. An additional \$2.00 a minute will be charged for each child after 6:20pm. All late time is calculated according to the BASCOL clock.

I understand that any balance, which I owe to BASCOL, Inc., for services already received, must be paid in full prior to my child/ren's first day of camp. This shall be in addition to the scheduled payments for which I am now contracting.

**I understand that any changes in scheduling must be done in writing by JUNE 3, 2009 in order to avoid financial penalty. After June 3, 2009, I will be obligated for payment, for ALL weeks and field trips for which I registered regardless of attendance.**

BASCOL is under no obligation to provide non-contracted services or to make additions upon this contract at this time.

All persons signing this contract are both individually and jointly liable for all fees and charges.

**IN AGREEMENT:**

Parent/Guardian Signature \_\_\_\_\_ SS# \_\_\_\_\_ Date \_\_\_\_\_

Person(s) responsible for payment \_\_\_\_\_ SS# \_\_\_\_\_ Date \_\_\_\_\_  
(if different from above)

## BASCOL SUMMER 2009 ORDER FORM

Each child registered in BASCOL's Ultimate Summer Escape **MUST** have a BASCOL T-shirt to be worn on ALL field trips. No Exceptions. **If you purchased last year's blue BASCOL t-shirt you may use it again this year! You will not be able to use the old purple T-shirt.**

Child's Name \_\_\_\_\_ Summer Site: Liverpool Camillus

### Pre-shrunk 50/50 blend

Size	Qty.	Price	Total
Youth S (6-8)		\$10.00	
Youth M (10-12)		\$10.00	
Youth L (14-16)		\$10.00	
Adult S(30-32)		\$10.00	
Adult M (32-34)		\$10.00	
Adult L (40)		\$10.00	
Adult XL (42)		\$12.50	

### Additional Items Available

Item	Qty.	Price	Total
BASCOL Caribeaner		\$3.00	
BASCOL Containers		\$4.00	

Total Amount Due	
Total Amount Paid	
Cash _____ Check# _____	
Credit Card _____	

Merchandise Rec'd \_\_\_\_\_ Date \_\_\_\_\_  
Signature

**BASCOL SUMMER 2009**  
**Parent Orientation Checklist**

Copy Forwarded

On \_\_\_\_/\_\_\_\_/\_\_\_\_, I was advised of the following policies and procedures as described in (date) the BASCOL Parent Handbook. I have received the Parent Handbook and understand that I am responsible for its contents. If I am unclear on any BASCOL policies and procedures, it is my responsibility to contact the BASCOL office for clarification.

- \_\_\_\_\_ Hours of Operation (p.3)
- \_\_\_\_\_ Communication (Child Mailbox Crates)
- \_\_\_\_\_ Please pack a lunch everyday (including beverage)
- \_\_\_\_\_ Field Trips (p.7) (T-shirt requirements for field trips)
- \_\_\_\_\_ Release of Children (p. 11)
- \_\_\_\_\_ Medication Administration required paperwork (if applicable) (p. 14 & 15) If child takes medicine at home but not at BASCOL please fill out a Special Needs Health Care Plan
- \_\_\_\_\_ Required notification if any child receives medication or treatments prior to arrival @ BASCOL
- \_\_\_\_\_ Behavior Expectations (p.16,17 & 18)
- \_\_\_\_\_ Payment Responsibilities (Fee & Service Contract pg in registration Packet) Fee Policy, Late Tuition Payment, Late Pick up Fee & Collection Fees (p.10-13)
- \_\_\_\_\_ Concern Procedure (p. 19)
- \_\_\_\_\_ New York State required pamphlets for parents - "Say No! Protecting Against Sexual Abuse".
- \_\_\_\_\_ Please call the BASCOL Office if you would like to speak with a member of the Program Management Team regarding the Summer Program.
- \_\_\_\_\_ Liverpool Location for the last week of summer is at St. John's Church on Soule Road.  
(N/A for St. Ann's families)
- \_\_\_\_\_ Please notify BASCOL immediately of any change of information in writing.

Site: Liverpool Camillus (Circle One)

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

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REMINDER:**  
**This registration packet must be fully completed before your child will be officially registered and enrolled in the BASCOL Summer Program.**