

GROWING STATION 2022 SUMMER DAY CAMP



June 20th - August 19th

Enrollment application for all new & public school students only.

REVISED: 5/13/2022

Activities Includes: **(Ages 2-6)**

Story Time

Bible Stories

Arts and Crafts

Onsite Field Trips

Sprinklers

Roller Skating Fun

Movies

Let's Jam Exercise

Bicycle Fun

Weekly Stem Themes

Summer Curriculum Fun

(Ages 7-12)

Devotions

Special Interest Clubs

Arts and Crafts

Let's Jam Exercise

Fun Stem Projects

Onsite Field Trips

Summer Curriculum Fun

Park

Outdoor Play

Field Trips





The Fullness of the Spirit Ministries
Growing Station Day Care
SUMMER CAMP 2022

3037 South Military Highway, Chesapeake VA. 23323

HOURS OF OPERATION: 6:30 a.m.—6:00 p.m. 757-485-7656

Registration: \$55.00

All Registration fees are non-refundable.

Activity Fee: Monthly activity fee is due the first day of summer camp and the 5th of July & August

2 1/2 - 6 yrs old \$ 105.00 total for summer \$ 35.00 (3 payments)

7- 12 yrs old \$ 150.00 total for summer \$ 50.00 (3 payments)

Activity fee includes: Special activities, crafts, field trip, transportation, guest

FULL DAY SUMMER PROGRAM RATE : (6:30 A.M. TO 6:00 P.M.)

Monthly activity fee is not included in rates. Late pick up fee will apply after 6:00 p.m.

Weekly

Due Fridays

2 1/2 YEAR OLDS \$175.00

3 - 6 YEAR OLDS \$165.00

7- 12 YEAR OLDS \$145.00

SUMMER PROGRAM RATE ONLY : 8:30 a.m. - 3:30 p.m.

Monthly activity fee is not included in rates. Late pick up fee will apply after 3:30p.m.

Weekly

Due Fridays

2 1/2 YEAR OLDS \$155.00

3- 6 YEAR OLDS \$145.00

7-12 YEAR OLDS \$125.00

DAILY DROP OFF ONLY

Daily Drop off time is allowed between the hours of 7:30 a.m. until 6:00 p.m. Only

2 1/2-12 YEAR OLDS \$35.00/Full Day (activities not included)

2 1/2-12 YEAR OLDS \$25.00/1/2 Day (activities not included. Hours must be less than 4 per day)

ALL FEES DUE ON FRIDAY!

WEEKLY CAMP FEES ARE DUE EACH FRIDAY BEFORE 6:00 P.M.

\$25 will be added on Mondays to all late tuition payments

IMPORTANT NOTICE! The monthly/week activity fee is based on a shared portion of the vendor fees, supply costs, transportation costs, entrance fees and food costs (when appropriate) for each month and is divided into manageable weekly/monthly fee and is therefore non-refundable or discountable per activity.

FOR YOUR CONVENIENCE LUNCH & SNACKS WILL BE PROVIDED BY THE COVER 3 FOUNDATION.

***THE FULLNESS OF THE SPIRIT MINISTRIES
GROWING STATION DAY CARE
SUMMER CAMP PROGRAM 2022***

MAY

30 Memorial Day Holiday—Closed

JUNE

3 Graduation: LAST DAY OF PRESCHOOL

20 FIRST DAY OF SUMMER CAMP

JULY

4 CLOSED– HOLIDAY MONDAY

AUGUST

***1st-5th PRESCHOOL & AFTER CARE ENROLLMENT
WEEK***

***19th LAST DAY OF SUMMER PROGRAM DAY CARE
CLOSE @ 6:00 P.M.***

***22-26 TEACHER INSERVICE TRAINING WEEK &
SCHOOL PREP***

29th– Sep 2nd CLOSED—PREP FOR FALL

SEPTEMBER

***5 DAY CARE CLOSED/ LABOR DAY
HOLIDAY CLOSED***

***6 NEW SCHOOL YEAR BEGINS
(2022-2023)***

DATES & TIMES ARE SUBJECT TO CHANGE

The Fullness of the Spirit Ministries

GROWING STATION DAY CARE

SUMMER PROGRAM REGISTRATION

Date Registered: _____ \$55 Paid by Cash/ Check # _____

CHILD'S INFORMATION

Camper's Last Name _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Sex: _____ Age: _____ Date of Birth: _____

Is child on any type of medication? If so, what kind? _____

Your child's completed school level / preschool class: _____

PARENT INFORMATION

Father/Step Father: _____

Employer: _____ Work Phone: _____

Home Phone: _____ Cellular Phone/Pager: _____

E-mail Address (optional): _____

Mother/Step Mother: _____

Employer: _____ Work Phone: _____

Home Phone: _____ Cellular Phone/Pager: _____

E-mail Address (optional): _____

If parents are divorced , with whom does child reside? _____

EMERGENCY CONTACTS:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Person authorized to pick up camper (other than parents):

Name: _____ Phone: _____

Name: _____ Phone: _____

Are you members of The Fullness of the Spirit Ministries? _____ If not, do you attend another church
on a regular basis? _____ Church Name _____

Please indicate which weeks your child will be attending summer camp.

JUNE	YES	NO	JULY	YES	NO	AUGUST	YES	NO
6/ 20-24			7/4-7/8			8/1-8/5		
6/ 27– 7/ 1			7/11- 7/15			8/8 -8/12		
			7/18-- 7/22			8/15– 8/19		
			7/25– 7/29					

There is a \$55 Non-Refundable Registration Fee per child. All parents please note that **there is No reduction in holidays or days absent. All vacation days must be indicated on the grid above. Failure to indicate any vacation weeks will result in providing full payment for the week including activity fee.**

FOR YOUR CONVENIENCE LUNCH AND SNACKS WILL BE PROVIDED .

Hours camper will attend : From _____ to _____

Please circle the days your child will be attending summer camp:

Monday Tuesday Wednesday Thursday Friday

Summer Payment Method: _____ Weekly _____ Summer Camp one time fee

Activity Fee Payment Method: _____ Monthly _____ One time fee

WEEKLY CAMP FEES ARE DUE EACH FRIDAY BEFORE 6:00 P.M.

\$25 will be added on Mondays to all late tuition payments

Yes, I have read and acknowledged the attendance stipulations and financial obligations.

Parent's Signature: _____ Date: _____

REMINDER TO FULL-TIME DAY CARE PARENTS:

Please remember as you register for the summer program that you are already contracted for the entire summer.

FULLNESS OF THE SPIRIT MINISTRIES GROWING STATION DAY CARE

730 Canal Drive/ P.O. Box 6417
Chesapeake, Va. 23323
(757) 487-5513

DROP OFF AND PICK UP POLICY

I understand that children are released only to their parents and individuals approved in writing by their parents. Adults must present picture identification card.

F.S. M. Growing Station has specific instructions for the director and staff in the event an unauthorized person attempts to pick up a child.

I also understand the Center opens at 6:30 AM and closes at 6:00 sharp. There is a \$5.00 charge per 5 minutes after 6:05 P.M. for full time late pick-up. 3-day part time pick up, no later than 3:00 pm. There is a \$5.00 charge per 5 minutes.

I further understand that when children are entering and leaving the building they must under the direct supervision of the adult responsible for their care. This means that walking children must be held by the hand at all times.

I agree that when entering and exiting the parking lot. I will obey all directional signs and understand that parking spaces reserved for church staff, vans and handicap use are not to be used by childcare center parents. I agree to enter and exit the building using the designated entrance only.

Signature of Parent/Guardian

Date

FULLNESS OF THE SPIRIT MINISTRIES GROWING STATION DAY CARE

730 Canal Drive/ P.O. Box 6417
Chesapeake, Va. 23323
(757) 487-5513

PAYMENT AND TUITION POLICY

Fullness of the Spirit Ministries Growing Station Day Care is a not for profit program that strives to provide the very best for your children. Continuing to provide high quality programs that meet the needs of the children depends on each and every family to be financially responsible.

Payments are due on Friday for the next week. If received after Friday, a \$25.00 late charge will be added on Mondays weekly . If paying by check please put your child's name on the bottom of the check. There will be a \$35.00 charge for all return checks. Weekly payments are available.

Checks must be made out to Fullness of the Spirit Ministries (F.S.M) Growing Station Day Care.

There is no reduction in payment for days absent, vacations days without two weeks notification upon enrollment, emergency closings both local and national, or holidays.

A Two- week advance written notice is required to withdraw a child from the Day Care.

Signature of Parent/Guardian

Date

Summer Camp Activity Fee Agreement

I understand that I am financially responsible for all special activities which includes theme activities, field trips, special guest, etc. Payments for all summer activities are due the first day of summer camp and the 6th of July and August.

Failure to make payment on set date will result with termination of participation in any and all special activities. There will be a late charge fee of \$5 added weekly for all unpaid fees.

Unless a written notice is submitted by a parent all students will participate in the set activities and will be charged monthly.

Print Parent Name

Signature of Parent

Date

Growing Station Day Care

EMERGENCY TREATMENT PERMISSION FORM

(Must be signed and returned to Growing Station Day Care Immediately)

Child's Name: _____

In the event reasonable attempts to contact me at (Phone Number) _____ or _____ (other parent or guardian) have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by Dr. _____ (Preferred Physician) or in the event the designated preferred practitioner is not available, by another licensed physician, and the transfer of the child to _____ (Preferred Hospital) or any hospital reasonable accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery are obtained prior to the performance or such surgery:

Signature: _____
(Parent or Guardian)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish day care authorities to take no action or to

(Specify Action)

Signature: _____
(Parent or Guardian)

In order to help Growing Station Day Care personnel in notifying you and the Family Doctor, please give the following Information:

Name of Doctor: _____ Phone Number: _____

Mother's Home Phone: _____ Mother's Cellular/Pager: _____

Mother's Business Phone: _____ Other #: _____

Father's Home Phone: _____ Father's Cellular/ Pager: _____

Father's Business Phone: _____ Other #: _____

Person authorized to act in behalf of the child if neither parent cannot be reached:

Name: _____ Relation: _____

Home Phone: _____ Cellular/ Pager: _____

Work Phone: _____ Other #: _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip Code: _____

GROWING STATION DAY CARE PERMISSION FORM

I hereby give my child _____, permission to participate in all activities of The Fullness of the Spirit Ministries Growing Station Day Care, including field trips. I understand that the fees paid for childcare may not cover the price for all field trips and activities. Therefore additional money may be required.

Parental consent and medical release

I do hereby acknowledge the intent of this day care and consent to my child participating. Should an accident occur necessitating medical treatment for my child, this document shall serve as my authorization for the emergency care physician to administer treatment he/she deems appropriate unless stated different. Further, I acknowledge my financial responsibility for any treatment rendered in such an emergency.

Release of Liability

I do hereby agree to release liability of Growing Station Daycare and its employees should my child sustain injury due to his/her disobedience to staff instruction and / or daycare rules and regulation.

Signature of Parent / Guardian

Date

Emergency phone number/ person

Home phone number

PHOTO RELEASE FORM

I give my permission for F.S.M. Growing Station to use images of my child taken at school or school-related events,(child's name) _____, in any Growing Station publications, teacher created art or crafts activity, school-web presentations, document classroom activities, advertising materials, and promotional materials. These may include use in print materials, presentations, and on Growing Station website. I understand that these photos will be used for the sole purpose of promoting or reporting on the Growing Station. Similarly, administrators may use video for documentations.

Name of Parent or Guardian

Signature of Parent or Guardian

Date

GROWING STATION DAY CARE

730 CANAL DRIVE
CHESAPEAKE, VA 23323
(757) 487-5513

MEDICAL CONSENT FORM

Growing Station Day Care has my permission to administer the following to my child when needed and according to the dosage recommended by the manufacturer.

_____ Children's Tylenol
_____ Pepto Bismol

CONSENT FORM

Growing Station Day Care has my permission to administer the following to my child when needed and according to the directions recommended by the manufacturer.

_____ Sun Block
_____ Bug Spray (OFF)
_____ Other: _____

Child's Name

Parent Signature

Date

Waiver of liability due to COVID19

By initialing I agreed that I have been informed of Growing Station precautions to keep my child/children safe during this pandemic. _____ (please initial)

I hereby release Fullness of the Spirit Growing Station Daycare from any liability should my child become COVID19 positive. _____ (please initial)

I hereby agree to allow my child to participate in Growing Station's on and offsite summer activities. Including but not limited to: bounce house, special guest presentations, painting, music class, petting zoo, and lil yeti. _____ (please initial)

I understand that I am required to notify Growing Station Daycare immediately of a COVID19 positive diagnose and/or its symptoms _____ (please initial)

I understand my family must quarantine after travel and or both exposure/ possible exposure to COVID-19 according to CDC guidelines. My child may return to school after receiving a negative test reading within 2 days of returning or doctors noticed of return _____ (please initial)

Parent's Name: (Print & Sign)

Date:

GROWING STATION DAY CARE

PARENT AGREEMENT FORM

1. I have been informed that a Parent Information Handbook is available online at www.growingstation.org and available at our front desk. I agree to comply with all of the operating policies, procedures and state regulations as outlined in the handbook and within this contract.

_____ YES _____ NO

2. I agree to honor all financial commitments to FSM Growing Station on a weekly basis, unless other arrangements have been made with the Administrator. **These financial responsibilities include the annual registration fee, tuition fees, late payment fees, late pick-up fees, returned check fees, court fee and attorney's fee (35% of my total balance) related to debt collection of my balance.**

_____ YES _____ NO

3. I agree to provide the necessary supplies needed by my child on a daily basis.

_____ YES _____ NO

4. I give permission for my child to receive periodic developmental assessments to allow for individualized lesson planning by the teachers and to screen for special developmental needs.

_____ YES _____ NO

5. I give permission for my child to participate in all aspects of the educational program, including the use of age-appropriate playground equipment and participation in walking field trips on the school grounds and in the nearby residential area. I understand that I will be notified in advance of field trips for 3-12 year-old children which require motor vehicle transportation and I will have an opportunity to allow or disallow my child's participation in those field trips.

_____ YES _____ NO

6. I agree to abide by the illness criteria of the school and will pick up my child immediately when notified that my child is ill. I agree to return my child to the center only after the illness criteria for returning to school has been met.

_____ YES _____ NO

7. I agree to furnish the required medical immunization records, signed by a licensed physician, to the school prior to my child's enrollment in school.

_____ YES _____ NO

8. I agree also to provide the required physical examination and updated immunization records as required by the State Board of Health and outlined in the Parent's Handbook.

_____ YES _____ NO

9. I agree to pick up my child immediately if he or she demonstrates uncontrollable behavior, if my child becomes overly distraught with separation anxiety, or if my child threatens the well-being of the other children.

_____ YES _____ NO

10. I agree to release liability of F.S.M. Growing Station and its employees should my child sustain injury due to his/her disobedience to staff instruction and /or daycare rules and regulation.

_____ YES _____ NO

11. I agree to give two weeks written notification of termination. If I do not, then I agree to pay the equivalent of two weeks' tuition upon my child's withdrawal from school.

_____ YES _____ NO

Parent's Signature

Date