









### Summer Day Camp Pass Breakdown

STEAM Learning Activities onsite @ Playmates- No Cost
WINGS Social & Emotional Learning Activities onsite @ Playmates- No Cost
Playmates Summer Kick-off Party- No Cost

Playmates Culinary Class- No Cost

Camp Mad Anthony Wayne Foam Fun & Field Day- No Cost
Ashland, Ritter, Barboursville, Beech Fork & St. Clouds Parks- No Cost

Playmates End of Summer Culminating Event-No Cost

Dreamland Pool- \$25.00 (MWF w/ Playmates)

Spare Time- \$18.00 (Allows for 5 trips w/ Playmates)

Camden Park- \$24.00 (Allows for 4 trip w/ Playmates)

Amp Gym Facility-\$2.00 (Allows for 1 trip with Playmates)

Carter Caves- \$5.00 (Allows for 1 trip w/ Playmates)

Pullman Plaza Movies-\$5.00 (Allows for 1 trip w/ Playmates)

Mountain State Reptile Rescue-\$3.00 (Allows for 1 trip w/ Playmates)

Heritage Farms- \$5.00 (Allows for 1 trip w/ Playmates)

Tennis Clinic- \$13.00 (Allows for 5 trips w/ Playmates)

Total for Summer Camp Pass- \$100.00





\*This pass fee is for field trip admissions only & does not include tuition

## Playmates Summer Camp Schedule June 2022

		Tennis Clinic @ Ritter Park 11:30-3:00 Lavalette and WM Coding Class @ 3:45	Dreamland Pool 11:30-3:30 Kenova Coding Class @ 3:45	10:00-12:00/ Cer, Ken, WM- 12:30-2:30 Ceredo and Huntington Coding Class © 3:45	Dreamland Pool 11:30-3:30 Buffalo Coding Class @ 3:45
		30 Culinary (Westmoreland) 9-10:30 @ Admin Building STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00	29 Culinary (Lav & Buf @ Admin Building 9-10:30 STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00	Culinary (Huntington) 9-10:30 @ Huntington STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Mountain State Reportle-Lav Buff Hunt-	Culinary (Ceredo & Ken @ Admin builiding) 9-10:30 STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00
24	STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 SpareTime Recreation 11:30-3:00	Culinary (Westmoreland) 9-10:30 @ Admin Building STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Camden Park (All Centers) 11:30-3:30 Lavalette and WM Coding Class @ 3:45	Culinary (Lav & Buf @ Admin Building 9-10:30 STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:30 Kenova Coding Class @ 3:45	Culinary (Huntington) 9-10:30 @ Huntington STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Foam Fun Party & Field Games @ Camp Mad Anthony Wayne 11:30-3:00 Ceredo and Huntington Coding Class @ 3:45	
17	STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:30	Culinary (Westmoreland) 9-10:30 @ Admin Building STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00  Tennis Clinic @ Ritter Park 11:30-3:00  Lavalette and WM Coding Class @ 3:45	Culinary (Lav & Buf @ Admin Building 9-10:30 STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:30 Konova Coding Class @ 3:45	Culinary (Huntington) 9-10:30 @ Huntington STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00  Lav & Buff- St. Clouds Splash Park Hunt- Barboursville Park WM, Cer, Ken- Ritter Park- 11:30-3:00  Cereto and Huntington Coding Class @ 3-44	Culinary (Ceredo & Ken @ Admin builiding) 9-10:30 STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:30 Buffalo Coding Class @ 3:45
10	STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 SpareTime Recreation 11:30-3:00	Culinary (Westmoreland) 9-10:30 @ Admin Building STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Camden Park (All Centers) 11:30-3:30	Culinary (Lav & Buf @ Admin Building 9-10:30 STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:30 Kenova Coding Class @ 3:45	Culinary (Huntington) 9-10:30 @ Huntington STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:00 Ceredo and Huntington Coding Class @ 3-45	Culinary (Ceredo & Ken @ Admin builiding) 9-10:30 STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:30 Buffalo Coding Class @ 3:45
ω	STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:30	Culinary (Westmoreland) 9-10:30 @ Admin Building STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Lav, Buff, Hunt-Ritter Park WM, Cer, Ken-Ashland Park 11:30-3:00 Lavalette and WM Coding Class @ 3:45	Culinary (Lav & Buf @ Admin Building 9-10:30 STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:30 Kenova Coding Class @ 3:45	May 31st Summer Camp Kick-Off Party @ CK Amphitheater 11:30-3:00	
	Fri	Thu	Wed	Tue	Mon

<sup>\*</sup>Each center opens 6am, breakfast 8am, 8:30-10:45am Math, Literacy and other STEAM (Science, Technology, Engineering, Arts, & Math) activities, all of which are hands-on project based activities, lunch 10:45 am. The daily activities on the above calendar will be after lunch. Return to center by 3:30 pm, snack and Math, Literacy and STEAM center activities until pick up. Our centers close at 6 pm except the Kenova location at 12 midnight.

### Playmates Summer Camp Schedule July 2022

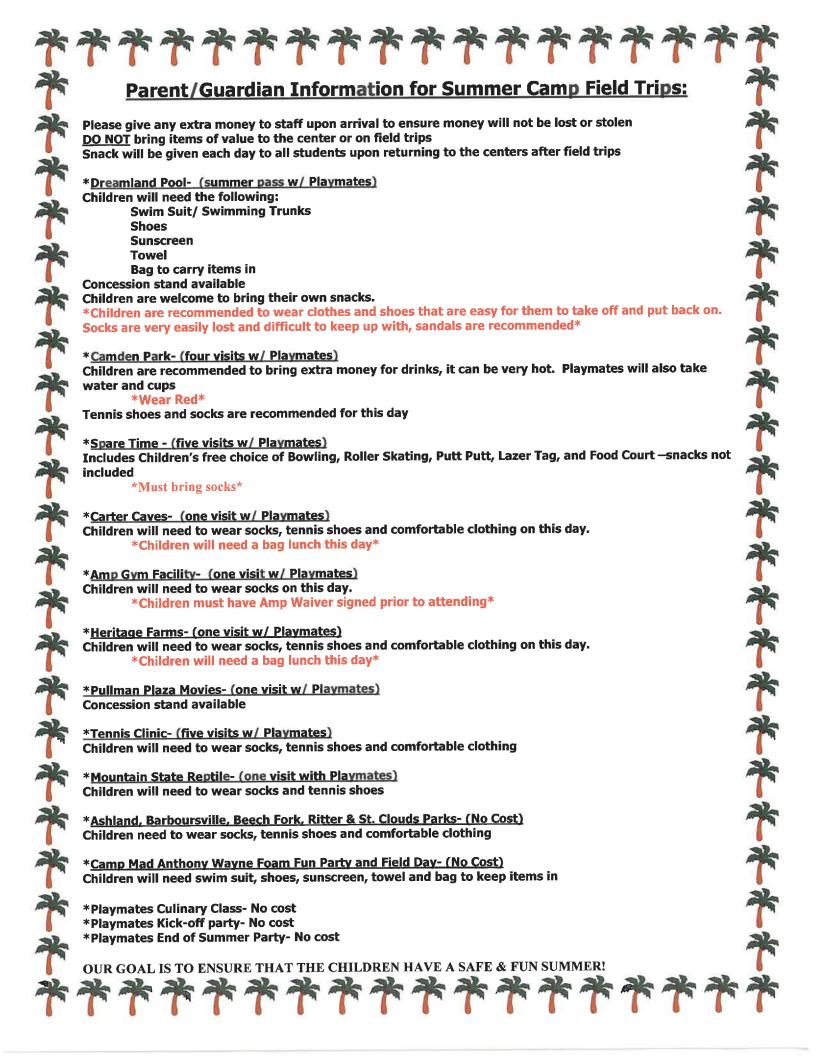
	11:30-3:30	Camden Park (All Centers) 11:30-3:30 Lavaiette and WM Coding Class @ 3:45	Dreamland Pool 11:30-3:30 Kenova Coding Class @ 3:45	Ice Cream Social & Field Day Games @ Centers Ceredo and Huntington Coding Class @ 3:45	Dreamland Pool 11:30-3:30 Buffalo Coding Class @ 3:45
29	STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00	Culinary (Westmoreland) 9-10:30 @ Admin Building STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00	27 Culinary (Lav & Buf @ Admin Building 9- 10:30 STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00	Culinary (Huntington) 9-10:30 @ Huntington STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00	Culinary (Ceredo & Ken @ Admin building) 9-10:30 STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00
22	STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:30	Culinary (Westmoreland) 9-10:30 @ Admin Building STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00  Tennis Clinic @ Ritter Park 11:30-3:00  Lavalette and WM Coding Class @ 3:45	Culinary (Lav & Buf @ Admin Building 9-10:30 STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:30 Kenova Coding Class @ 3:45	Culinary (Huntington) 9-10:30 @ Huntington STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00  Lav & Buff- Picnic @ Beech Fork WM. St. Clouds Splash Park, Hunt- Barboursville Park, Cer & Ken- Picnic @ Ashland Park 11:30-3:00	Culinary (Ceredo & Ken @ Admin building) 9-10:30 STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:30 Buffalo Coding Class @ 3:45
ជាំ	STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 SpareTime Recreation 11:30-3:00	Culinary (Westmoreland) 9-10:30 @ Admin Building STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Camden Park (All Centers) 11:30-3:30	Culinary (Lav & Buf @ Admin Building 9-10:30  STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00  Dreamland Pool 11:30-3:30  Kenova Coding Class @ 3:45	Culinary (Huntington) 9-10:30 @ Huntington STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 AMP Recreation- Cer, Ken, & WM-10:00-12:00/ Lav, Buff & Hunt-1:00-3:00 Ceredo and Huntington Coding Class @	Culinary (Ceredo & Ken @ Admin building) 9-10:30 STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:30 Buffalo Coding Class @ 3/45
œ	STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:30	Culinary (Westmoreland) 9-10:30 @ Admin Building STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Pullman Plaza Movies- 11:30-3:00 Lavalette and WM Coding Class @ 3:45	Culinary (Lav & Buf @ Admin Building 9-10:30  STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00  Dreamland Pool 11:30-3:30  Kenova Coding Class @ 3:45	Culinary (Huntington) 9-10:30 @ Huntington STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Lav, Buff, Hunt & WM- Ashland Park Cer & Ken- St. Clouds Splash Park 11:30-3:00 Ceredo and Huntington Coding Class @ 345	4 Playmates Closed
	STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:30				
	Fri	Thu	Wed	Tue	Mon

and STEAM center activities until pick up. Our centers close at 6 pm except the Kenova location at 12 midnight. hands-on project based activities, lunch 10:45 am. The daily activities on the above calendar will be after lunch. Return to center by 3:30 pm, snack and Math, Literacy \*Each center opens 6am, breakfast 8am, 8:30-10:45am Math, Literacy and other STEAM (Science, Technology, Engineering, Arts, & Math) activities, all of which are

# Playmates Summer Camp Schedule August 2022

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29	22 STEAM, WINGS & Physical Fitness Activities @ centers Buffato Coding Class @ 3:45	Culinary (Ceredo & Ken @ Admin building) 9-10:30 STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:30 Buifato Coding Class @ 3:45	Culinary (Ceredo & Ken @ Admin building) 9-10:30 STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:30 Buffalo Coding Class @ 3-45	Culinary (Ceredo & Ken @ Admin building) 9-10:30 STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:30 Buffalo Coding Class @ 3:45	Mon
30	23 STEAM, WINGS & Physical Fitness Activities @ centers Playmates Cookout & Picnic @ Ritter Park- (All Centers) 11:30-3:00 Ceredo and Huntington Coding Class @ 3:45	Culinary (Huntington) 9-10:30 @ Huntington STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:00 Ceredo and Huntington Coding Class @ 3:45	Culinary (Huntington) 9-10:30 @ Huntington STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Carter Caves- (All Centers) 9:00-3:30 Ceredo and Huntington Coding Class	Culinary (Huntington) 9-10:30 @ Huntington STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dremland Pool 11:30-3:00 Ceredo and Huntington Coding Class @ 3-45	Tue
31	STEAM, WINGS & Physical Fitness Activities @ centers Ice Cream Social & Field Day Games @ Centers Kenova Coding Class @ 3:45	Culinary (Lav & Buf @ Admin Building 9-10:30 STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:30 Kenova Coding Class @ 3:45	Culinary (Lav & Buf @ Admin Building 9-10:30 STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:30 Kenova Coding Class @ 3:45	Culinary (Lav & Buf @ Admin Building 9-10:30 STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Dreamland Pool 11:30-3:30 Kenova Coding Class @ 3:45	Wed
	25 Wayne County First Day of School	Culinary (Westmoreland) 9-10:30 @ Admin Building STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Tennis Clinic @ Ritter Park 11:30-3:00 Lavalette and WM Coding Class @	Culinary (Westmoreland) 9-10:30 @ Admin Building STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 Heritage Farms- (All Centers) 9:30-3:00 Lavalette and WM Coding Class @ 345	Culinary (Westmoreland) 9-10:30 @ Admin Building STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00  Tennis Clinic @ Ritter Park 11:30-3:00  Lavalette and WM Coding Class @ 1346	Thu
	26	STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00  SpareTime Recreation 11:30-3:00	STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 End of Summer Party @ CK Middle 11:30-3:00	STEAM, WINGS & Physical Fitness Activities @ centers 8:30-11:00 SpareTime Recreation 11:30-3:00	Fri

<sup>\*</sup>Each center opens 6am, breakfast 8am, 8:30-10:45am Math, Literacy and other STEAM (Science, Technology, Engineering, Arts, & Math) activities, all of which are hands-on project based activities, lunch 10:45 am. The daily activities on the above calendar will be after lunch. Return to center by 3:30 pm, snack and Math, Literacy and STEAM center activities until pick up. Our centers close at 6 pm except the Kenova location at 12 midnight.



Kenova 304-453-4858 304-523-4858 304-522-4858 304-429-3988 304-429-4851

Lavalette

Huntington

Buffalo

Westmoreland

Ceredo / C-K Pre-K 304-908-3368

Westmoreland Pre-K Teen Center 304-781-0053

304-429-7620

### Field Trip Permission Slip and Transportation Policies

My child,	has permission to attend and to be				
transported by Playmates Preschool and Child Development Centers, Inc. paid employees and volunteer staff					
to field trips.					
Parents please discuss with your child or children the impor	rtance of field trip rules.				
Seat Belts (children and adults)					
<ul> <li>No standing or yelling on vans (children and adults)</li> </ul>					
<ul> <li>No eating or drinking on vans (May cause choking) (children and adults)</li> </ul>					
<ul> <li>Always use our best manners on van and places we visit (children and adults)</li> </ul>					
<ul> <li>For many years we have had a reputation for having very well-behaved children when we visit places.</li> </ul>					
We at Playmates feel that with our staff and parents working	ng together, we will continue to have safe, fun, and				
wonderful trips. Thank you for being an involved parent.					
Parent's Signature:					
Sunscreen Per	rmission				
I give permission for Playmates to apply sunscreen (SPF 15	or higher) any time my child may be exposed for a				
period in the sun.					
Child's Name:					
Parent's Signature:	Date:				

Kenova 304-453-4858 304-523-4858 304-522-4858 304-429-3988 304-429-4851

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### **Use of Insect Repellents Permission**

n case of emergency when public health authoritie	es recommend use of insect repellants due to high risk of
insect-borne disease, only repellents containing De	et will be used, and these are applied only on children
older than two months. I give consent for staff to a	pply insect repellent once per day.
Child's Name:	
Parent's Signature:	Date:
Photograph, Audio,	and Video Tape Permission
give Playmates Preschool & Child Development Ce	enters, Inc. permission to photograph, audio, or video tape
my child during special activities or for news stories	s and advertising purposes. I also authorize the video taping
of my child as part of a routine security procedure.	
Child's Name:	
Parent's Signature:	Date:
Enrollm	ent Agreement
hereby enroll my child in Playmates Preschool and	Child Development Centers, Inc. for the days and hours
listed above. I have met with center staff. They hav	e explained all center policies including behavior
management and reporting of abuse and neglect a	nd provided me with a copy of those policies.
Child's Name:	
Parent's Signature:	Date:

Kenova

Lavalette

Huntington

Buffaio 304-453-4858 304-523-4858 304-522-4858 304-429-3988 304-429-4851

Westmoreland

304-908-3368

Ceredo / C-K Pre-K Westmoreland Pre-K Teen Center 304-781-0053

304-429-7620

Child Care Emergency Contact Information and Consent Form	П
(This form is for child's classroom emergency book)	

Complete Address Guardian #1 Name:	nild's Name: Birth date:					
Guardian #1 Name: Phone#1 Phone#2  Complete Address: Phone#1 Phone#2  Complete Address: Phone#1 Phone#2  Complete Address: Phone #1 Phone#2  Relationship: Phone #1 Phone #2  Relationship: Phone #1 Phone #2  Complete Address: Phone #1 Phone #2  Relationship: Phone #1 Phone #2  Is there a court order for custody, or otherwise restricting access to the child? (if yes, a copy of the of the court order must be provided with this application)  List of people NOT ALLOWED to pick up child:  Child's Preferred Sources of Medical Care  Physician's Name: Telephone: Address: Ambulance Service: Telephone: Address: Ambulance Service: Telephone: Address:	Complete Address					
Complete Address:  Complete Address:  Emergency Contacts / Authorized Pick-ups  Name #1:  Complete Address:  Phone: #1  Phone: #2  Complete Address:  Relationship: Phone: #1  Phone: #2  Relationship: Re	Guardian #1 Name:	Phone:	#1	Phone#2		
Guardian #2 Name: Phone#1 Phone#2  Complete Address: Emergency Contacts / Authorized Pick-ups  Name #1: Complete Address: Phone: #2  Relationship: Phone: #1 Phone: #2  Relationship: Phone: #2  Relation	Complete Address:					
Emergency Contacts / Authorized Pick-ups  Name #1:			#1	Phone#2		
Relationship: Phone: #1 Phone: #2 Is there a court order for custody, or otherwise restricting access to the child? (If yes, a copy of the of the court order must be provided with this application) List of people NOT ALLOWED to pick up child:  Child's Preferred Sources of Medical Care Physician's Name: Telephone: Address: Dentist's Name: Telephone: Address: Hospital Name: Telephone: Address: Telephone: Address: Telephone: Address: Telephone: Address: Telephone: Address: Ambulance Service: Telephone:  Child's Health Insurance Insurance Plan: D# Name on card  Please List any special conditions, disabilities, allergies, dietary needs or medical conditions  Authorization for Staff to Act in Emergency As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. In the event of a medical emergency, the center staff will immediately attempt to contact one or both parents. If the parents cannot be contacted, I give consent for the emergency contact person listed previously to pick up my child or to act on my behalf until I am available. If neither the parents nor the persons on the emergency contact list can be contacted, center staff is authorized to obtain emergency medical evaluation and/or treatment for the child.			<u></u>	equipment.		
Relationship: Phone: #1 Phone: #2 Is there a court order for custody, or otherwise restricting access to the child?  (If yes, a copy of the of the court order must be provided with this application)  List of people NOT ALLOWED to pick up child:  Child's Preferred Sources of Medical Care  Physician's Name: Telephone: Address: Telephone: Athorization for Staff to Act in Emergency As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. In the event of a medical emergency, the center staff will immediately attempt to contact one or both parents. If the parents cannot be contacted, I give consent for the emergency contact person listed previously to pick up my child or to act on my behalf until I am available. If neither the parents nor the persons on the emergency contact list can be contacted, center staff is authorized to obtain emergency medical evaluation and/or treatment for the child.	•	Emergency Contacts / /	Authorized Pick-ups	i		
Relationship: Phone: #1 Phone: #2 Is there a court order for custody, or otherwise restricting access to the child?  (If yes, a copy of the of the court order must be provided with this application)  List of people NOT ALLOWED to pick up child:  Child's Preferred Sources of Medical Care  Physician's Name: Telephone: Address: Telephone: Athorization for Staff to Act in Emergency As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. In the event of a medical emergency, the center staff will immediately attempt to contact one or both parents. If the parents cannot be contacted, I give consent for the emergency contact person listed previously to pick up my child or to act on my behalf until I am available. If neither the parents nor the persons on the emergency contact list can be contacted, center staff is authorized to obtain emergency medical evaluation and/or treatment for the child.	Name #1:	Complete /	Address:			
Relationship: Phone: #1 Phone: #2 Is there a court order for custody, or otherwise restricting access to the child?  (If yes, a copy of the of the court order must be provided with this application)  List of people NOT ALLOWED to pick up child:  Child's Preferred Sources of Medical Care  Physician's Name: Telephone: Address: Telephone: Athorization for Staff to Act in Emergency As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. In the event of a medical emergency, the center staff will immediately attempt to contact one or both parents. If the parents cannot be contacted, I give consent for the emergency contact person listed previously to pick up my child or to act on my behalf until I am available. If neither the parents nor the persons on the emergency contact list can be contacted, center staff is authorized to obtain emergency medical evaluation and/or treatment for the child.	Relationship:	Phone: #1	Phone: #:	2		
Relationship: Phone: #1 Phone: #2	A1	Complete	Address:			
Is there a court order for custody, or otherwise restricting access to the child?  (If yes, a copy of the of the court order must be provided with this application)  List of people NOT ALLOWED to pick up child:  Child's Preferred Sources of Medical Care  Physician's Name: Address: Dentist's Name: Address: Dentist's Name: Address: Dentist's Name: Address: Telephone: Address: Ambulance Service: Child's Health Insurance Insurance Plan: ID# Name on card  Please List any special conditions, disabilities, allergies, dietary needs or medical conditions  Authorization for Staff to Act in Emergency  As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. In the event of a medical emergency, the center staff will immediately attempt to contact one or both parents. If the parents cannot be contacted, I give consent for the emergency contact person listed previously to pick up my child or to act on my behalf until I am available. If neither the parents nor the persons on the emergency contact list can be contacted, center staff is authorized to obtain emergency medical evaluation and/or treatment for the child.	D-lasia nabina	Phone: #1	Phone. m.			
Physician's Name: Telephone:  Address: Telephone: Address:  Hospital Name: Telephone: Telephone:  Address: Telephone: Telephone:  Address: Telephone: Telephone:  Address: Telephone: Telephone:  Child's Health Insurance  Insurance Plan: ID# Name on card  Please List any special conditions, disabilities, allergies, dietary needs or medical conditions  Authorization for Staff to Act in Emergency  As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. In the event of a medical emergency, the center staff will immediately attempt to contact one or both parents. If the parents cannot be contacted, I give consent for the emergency contact person listed previously to pick up my child or to act on my behalf until I am available. If neither the parents nor the persons on the emergency contact list can be contacted, center staff is authorized to obtain emergency medical evaluation and/or treatment for the child.	Is there a court order for cust	stody, or otherwise restricting order must be provided with this ap	g access to the child?			
Physician's Name: Telephone:  Address: Telephone: Address:  Hospital Name: Telephone: Telephone:  Address: Telephone: Telephone:  Address: Telephone: Telephone:  Address: Telephone: Telephone:  Child's Health Insurance  Insurance Plan: ID# Name on card  Please List any special conditions, disabilities, allergies, dietary needs or medical conditions  Authorization for Staff to Act in Emergency  As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. In the event of a medical emergency, the center staff will immediately attempt to contact one or both parents. If the parents cannot be contacted, I give consent for the emergency contact person listed previously to pick up my child or to act on my behalf until I am available. If neither the parents nor the persons on the emergency contact list can be contacted, center staff is authorized to obtain emergency medical evaluation and/or treatment for the child.		Child's Preferred Source	es of Medical Care			
Address:  Dentist's Name:  Address:  Hospital Name:  Address:  Ambulance Service:  Telephone:  Child's Health Insurance  Insurance Plan:  Insurance Plan:  Insurance Plan:  Authorization for Staff to Act in Emergency  As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. In the event of a medical emergency, the center staff will immediately attempt to contact one or both parents. If the parents cannot be contacted, I give consent for the emergency contact person listed previously to pick up my child or to act on my behalf until I am available. If neither the parents nor the persons on the emergency contact list can be contacted, center staff is authorized to obtain emergency medical evaluation and/or treatment for the child.	Dhusiaian's Namo		Telephone	3:		
Dentist's Name:  Address: Hospital Name: Address: Ambulance Service:  Child's Health Insurance Insurance Plan: ID# Name on card  Please List any special conditions, disabilities, allergies, dietary needs or medical conditions  Authorization for Staff to Act in Emergency  As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. In the event of a medical emergency, the center staff will immediately attempt to contact one or both parents. If the parents cannot be contacted, I give consent for the emergency contact person listed previously to pick up my child or to act on my behalf until I am available. If neither the parents nor the persons on the emergency contact list can be contacted, center staff is authorized to obtain emergency medical evaluation and/or treatment for the child.	Address:					
Address:  Address:  Ambulance Service:  Child's Health Insurance  Insurance Plan:  ID#  Name on card  Please List any special conditions, disabilities, allergies, dietary needs or medical conditions  Authorization for Staff to Act in Emergency  As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. In the event of a medical emergency, the center staff will immediately attempt to contact one or both parents. If the parents cannot be contacted, I give consent for the emergency contact person listed previously to pick up my child or to act on my behalf until I am available. If neither the parents nor the persons on the emergency contact list can be contacted, center staff is authorized to obtain emergency medical evaluation and/or treatment for the child.			I A I ANN AND A			
Hospital Name: Telephone:  Address: Telephone: Telephone:  Child's Health Insurance  Insurance Plan: ID# Name on card  Please List any special conditions, disabilities, allergies, dietary needs or medical conditions  Authorization for Staff to Act in Emergency  As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. In the event of a medical emergency, the center staff will immediately attempt to contact one or both parents. If the parents cannot be contacted, I give consent for the emergency contact person listed previously to pick up my child or to act on my behalf until I am available. If neither the parents nor the persons on the emergency contact list can be contacted, center staff is authorized to obtain emergency medical evaluation and/or treatment for the child.	4 -1 -1			pulsers.		
Address:  Ambulance Service:  Child's Health Insurance  Insurance Plan:  ID# Name on card  Please List any special conditions, disabilities, allergies, dietary needs or medical conditions  Authorization for Staff to Act in Emergency  As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. In the event of a medical emergency, the center staff will immediately attempt to contact one or both parents. If the parents cannot be contacted, I give consent for the emergency contact person listed previously to pick up my child or to act on my behalf until I am available. If neither the parents nor the persons on the emergency contact list can be contacted, center staff is authorized to obtain emergency medical evaluation and/or treatment for the child.	Hospital Name:		Telephone:			
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