**![C:\Users\wendy\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\O8MXD9MV\smiling-sun-face-in-sunglasses[1].jpg]()**Summer Days

2018

![C:\Users\wendy\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\3ED17N1G\summer-pictures[1].jpg]()Summer is just around the corner!! Beginning May 29, 2018 we will offer care from 7:00am to 6:00pm. Children who have completed 5K or Kindergarten through the 5th grade are eligible to enroll. We will accept a limited number of children with priority enrollment to Church Members and currently enrolled ELC siblings. Attendance may be reserved in 1 week increments. We hope this will allow flexibility for you in attendance.

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Summer Days will rely on several Bible curriculum sources for our daily Bible study and Vacation Bible School will be the week of July 9-13 which all enrolled Summer Days children will participate. We will also offer a variety of activities that include recreational and board games, science experiments, arts and crafts, music and movement and the most favorite field trips! A separate calendar of events will be provided at a later date.

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Those interested in registering for Summer Days should submit the registration form and the **non-refundable registration fee of $65.00 per child** by **April 2nd. After April 2nd** registration will be opened to the community.Please see the registration form for details. Further details and schedules for the activities planned will be mailed at a later date.

For more information, please call Carol Bales 803-3495 or Sharon Howard 803- 3445.

You may also email Carol or Sharon at: carol@mbbc.org or sharon@mbbc.org.

We are looking forward to an exciting and fun-filled summer!

Sincerely,

Carol Bales

**5K through 5th grade**

Office Use Only:

Check No.\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2018**

**Summer Days![C:\Users\wendy\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\O8MXD9MV\smiling-sun-face-in-sunglasses[1].jpg]()**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday\_\_\_\_\_\_\_\_\_\_\_\_

Grade completed by May 2018 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_

Mom’s Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_ Carrier\_\_\_\_\_\_\_\_\_\_\_

Dad’s Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_ Carrier\_\_\_\_\_\_\_\_\_\_\_

Church Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MBBC Church member: Yes No

Pediatrician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/Special Care\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle the weeks you will be attending:**

**May 29th- June 1st**

**June 4th-8th 11th-15th 18th-22nd 25th- 29th**

**July 2nd -6th (ELC is closed on July 4th) 9th-13th (VBS) 16th-20th 23rd -27th**

**August TBD based on staff availability**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Program Fees:**

**Registration Fee**: $65.00(non-refundable)

**Weekly Tuition**:

$155.00 for all weeks except

May 29th –June 1st and July 2nd -6th which will be $125.00

\*Tuition includes field trip admission. Lunch money will be needed for most field trips.

**Mountain Brook Baptist**

**Early Learning Center**

**Summer Days**

**Emergency Information**

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade completed in May 2018\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child’s Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Home Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Business Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Business Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Person to contact if parents cannot be reached:**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Home Phone Cell Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Home Phone Cell Phone

**My child can be picked up from Summer Days by the following people:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Home Phone Cell Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Home Phone Cell Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Home Phone Cell Phone

**Notes:**

**Illness or Injury**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Children must not be brought to school if they have: severe colds, undetermined rash or spots, fever, vomiting, diarrhea, or other symptoms of illness. A child must be free of vomiting, diarrhea, fever without medications for 24 hours prior to returning to school, and follow the regular illness policy. Parents will be notified to pick up children immediately if signs of illness occur during the day. If a child leaves school during the day, he/she may not return the next day.

**I give my permission for school officials to:**

* Cleanse minor wounds with antiseptic soap and apply bandage \_\_\_\_Yes \_\_\_No
* Permission to apply antibiotic ointment: \_\_\_\_Yes \_\_\_No
* Apply pressure or ice for bleeding or swelling \_\_\_\_Yes \_\_\_No

**Every precaution is taken to ensure safety of the children. In the event of an extreme illness or accident, I agree to the following procedures:**

* Call Fire-Medics while immediate attention is given to the child.
* Call parents. If parents cannot be reached, call authorized person listed above.
* If neither parents nor authorized person can be reached, call the child’s physician.
* If necessary, transport the child to physician or emergency room for treatment.

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

**Parent Signature Date**

**Medical Insurance Information**

In the event of an accident or emergency, we would like to provide the hospital with the most information possible so your child can be treated immediately. Please list below your child’s insurance provider information and contract numbers.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_

Provider Contract No. Group No. Effective date

**Benadryl/Allergic Reaction**

I give permission for MBB-ELC to orally administer Benadryl for life-threatening medical emergency purposes. These situations could result from insect bites, food allergies, etc. I understand that MBB-ELC will contact me regarding my child receiving this medication.

In order to administer this medication properly my child is \_\_\_\_\_\_\_\_\_\_years old.

His/her: Weight\_\_\_\_\_\_\_\_\_\_\_\_ Height\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

My child may have \_\_\_\_\_\_\_\_\_\_\_\_\_teaspoons of Benadryl every 4-6 hours.

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

**Parent Signature Date**

**Summer Days**

**Permission Form**

**Field Trips**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*I understand that my child will be participating in supervised field trips away from the MBB-ELC. By signing this form, I give my child permission to attend the field trips and I agree to provide a car seat or booster seat for each trip.

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Daily Attendance Information**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We understand that day to day routines may change, however in order for us to appropriately prepare for daily coverage of our classes please let us know the following:

As a general rule, I will be bringing my child to school at \_\_\_\_\_\_\_\_\_\_\_\_ a.m. and picking up at \_\_\_\_\_\_\_\_\_\_\_\_\_\_p.m. each day.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signature**

**Authorization to Administer Emergency Medication**

**due to Medically Documented Food/Other Allergy**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergy or medical condition:**

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

**Name of Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Exp. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dosage Instructions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Side Effects:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that if my child requires an Epi-Pen due to a medically documented allergy I will supply MBB-ELC with the Epi-Pen prior to the 1st day my child is enrolled.**

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

**Parent Signature Date**