



X-Treme Summer Fun Registration Form

Thank you for submitting your interest in the Little Apron Academy's summer camp program. X-treme Summer Fun is open to children ages **6-12**. Camp will be available from 7 a.m. - 6:30 p.m., Monday - Friday. Families will sign up for specific weeks but can choose to attend all or any portion of each day of the week that is convenient for them.

To help us accommodate as many children as possible, please complete the form below to let us know which week(s) you would like your child(ren) to attend. Space is limited and children will be accepted based on weekly availability. **Once your desired dates have been approved and confirmed by you, you will be financially responsible for tuition for those dates. If you would like to cancel any confirmed dates, please notify us in writing at least 2 weeks in advance to avoid incurring tuition fees. Tuition will not be refunded for days your child does not attend.**

Upon accepting an offer, you will be responsible for paying a **\$100 deposit** per child to be applied to your child's first week of attendance. Please make checks payable to **Bright Horizons**.

Please scan and email this form to: littleapronacademy@brighthorizons.com or it can be dropped off at the center at either lobby entrance.

Parent/Guardian Name: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-mail: _____

Emergency Contact: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____

Parent/Guardian Signature: _____

Camper #1 Name: _____

Address: _____

Date of Birth: _____ Male/Female: _____ T-Shirt Size: _____

Has this child attended kindergarten? Y/N

Are there any allergies we should be aware of? _____

Camper #2 Name: _____

Address: _____

Date of Birth: _____ **Male/Female:** _____ **T-Shirt Size:** _____

Has this child attended kindergarten? Y/N

Are there any allergies we should be aware of? _____

Please check each session(s) that your child will be attending.

Week #	Weekly Theme	Weekly Cost per Child	Camper #1	Camper #2
1	May 28-31 "Cooking Impossible" (Center closed on May 27 for Memorial Day) Your mission this week is to accept the daily cooking challenges. You will have limited resources, no advanced planning and a limited period of time. Ready, set, cook!	\$180	<input type="checkbox"/>	<input type="checkbox"/>
2	June 3-7 "The Great Big Outdoors" Do you like webs, wings, and crawly things? Plan on encountering more than one of our natural friends this week. Explore nature, wilderness and adventure as we spend the week in the great big outdoor world.	\$180	<input type="checkbox"/>	<input type="checkbox"/>
3	June 10-14 "Wet 'n Wild" Prepare to get wet and stay wet during this week of wild water adventure! Pack your bathing suit and towel for water fun that's more than just swimming! We'll slide, dunk, splash, soak, and spray the days away as we enjoy and explore the three stages of water.	\$180	<input type="checkbox"/>	<input type="checkbox"/>
4	June 17-21 "That Kid's Got Talent!" And we'll do more than just sing during this creative week designed to bring out the best in everyone. Our contestants will design, choreograph, build and then take to the stage to perform their favorite act.	\$180	<input type="checkbox"/>	<input type="checkbox"/>
5	June 24-28 "The Science of Gross Things" Filled with all things GROSS, campers are taught two lessons: How the body works and foods of other lands. Campers can taste pickled eggs, fermented cabbage (called Kimchi) and sardines. They will learn about all things slimy, drippy, stinky, yummy, and not so yummy.	\$180	<input type="checkbox"/>	<input type="checkbox"/>
6	July 1-5 "Survivor Island" (Center closed on 4th of July) Join us at Island Council as the campers enjoy a week filled with mental and physical challenges. Teams will compete for immunity each day through fun games and food competitions. We will create our own immunity symbols and try to win by accumulating the most challenge points. Which team will play better, play smarter and last longer?	\$180	<input type="checkbox"/>	<input type="checkbox"/>
7	July 8-July 12 "Urban Designer" Your imagination and inspiration will shine in this week of the arts and design! Prepare to be messy as you explore all different types of art mediums including fine arts, drama, dance and construction. Join us for our design exhibition at the Fantastic Friday Urban Design Show!	\$180	<input type="checkbox"/>	<input type="checkbox"/>

8	<p>July 15-19 "X-treme Destinations" This summer your camper can join us as we travel to X-treme destinations throughout the world using imagination and creativity. Campers will virtually experience X-treme places, X-treme temperatures and X-treme culture. Your camper will discover all that our world has to offer as they join us on this journey.</p>	\$180	<input type="checkbox"/>	<input type="checkbox"/>
9	<p>July 22-26 "It's Tee Time" It's time to get goofy about golf. This week campers will explore the game of miniature golf as they design, create and build a miniature golf course! You never know who might be the next PGA legend! Tee Time is Friday at our Goofy Golf course where campers' cheering skills will "drive" our campers to their own holes in one.</p>	\$180	<input type="checkbox"/>	<input type="checkbox"/>
10	<p>July 29-August 2 2013 X-Treme Olympic Sports Experience the thrills, chills, and spills as X-treme sports becomes the Olympics this year. Your athlete will jump, race, and climb as they practice to become a true Olympian. Campers will follow the 2013 Olympics as they proceed bringing your camper even closer to one of the most prestigious events in the world! On Friday, everyone will compete at the Olympic X-treme Games finale!</p>	\$180	<input type="checkbox"/>	<input type="checkbox"/>
11	<p>August 5-9 Race to the Finish Join us at the finish line of our X-Treme Summer camp! This week, campers will participate in amazing adventures and races that will challenge what they have learned and experienced during the summer. Be prepared for just about anything as we say goodbye to our summer friends and recall the fun and adventures of our time together.</p>	\$180	<input type="checkbox"/>	<input type="checkbox"/>



Dear Parents,

LAA's summer program, **Camp Explorations 2013** will be in session from May 28th through August 9th for a total of 11 weeks. To ensure an enjoyable summer for you and your camper, here are a few reminders:

1. **Hours:** Camp hours are from 7:00 am to 6:30 pm. A late pick-up fee of \$5 will be applied after the first 15 minutes and \$1 each additional minute.
2. **Arrival/Departure:** Campers must be signed in and out daily at the kiosk in the lobby entrance and on our We Care tracking sheets in the classrooms.
3. **Attire:** We recommend that campers wear comfortable, closed-toe shoes and clothes. During water play days, your camper should arrive with his/her swimwear on. They will also need to wear water shoes during waterplay. Flip-flops, open-toed sandals, and Crocs are not permitted.
4. **Meals:** Morning Snack, Lunch, and Afternoon Snack will be provided.
5. **Allergies/Tolerances:** Due to severe nut allergies, Little Apron Academy must maintain a NUT-Safe program. Please do not bring or pack any products made with or containing nuts and/or their butters into the Academy.
6. **Personal Items:** We strongly discourage campers from bringing in valuable items. If these items become lost, stolen, or damaged, Little Apron Academy will not accept responsibility.
7. **Medication:** If your camper needs to receive any type of medication, an authorization form must be filled out completely and turned into the center's administrative staff. Prescribed medications can only be administered with a doctor's authorization note.
8. **Fees:** Tuition is payable in advance and is due by the Friday prior to care. Late payments will be subject to a \$5.00 charge per day until tuition is paid in full.

We look forward to an exciting summer with you and your camper. We are always available at the Academy. If you have any questions or concerns, please see a member of the Summer Camp staff or the LAA leadership team.

Thank you in advance,

Little Apron Academy



Little Apron Academy

Camp Explorations Policies 2013

- Please provide lotion sunscreen (no spray) for daily use.
- Closed-toe shoes with **rubber bottoms are required for safety. Please do not send your children to camp with flip flops, open toed sandals, or Crocs.**
- **To ensure safety of all children,** we ask that families do not provide meals or snacks from home. A menu will be posted in the main and bridge lobbies of the center.
- Please label all clothing items and provide a bag for children to store their items in throughout the day.
- Please plan to walk in and sign your child into the center using the kiosk in either the main or bridge lobbies. **Children must be supervised and drop off and pick up.** Adult supervision on the elevator and stairwell is required.
- Please refer to the Parking Instructions document included in your enrollment packet.

Your signature below confirms your receipt of and compliance with the policies stated above.

Parent/Guardian Signature

Date

Little Apron Academy

Summer Camp Gear

- Water Bottle
- Sunscreen (no spray) and Bug Repellant
- A Change of Clothing
- Towel
- Swimsuit (Sprayground)
- Sunglasses
- Backpack
- Sun Hat
- Water Shoes – please no open toed sandals or Crocs

Friendly Reminders

- Sprayground schedules will be set for specific days; campers will need to have their swim wear on upon arrival at the center.
- Parents should apply their child's first layer of sunscreen for the day either prior or upon arrival at the center.
- Please label all your camper's items

Little Apron Academy

Summer Adventures Daily Schedule *

7:00 - 8:00 a.m.	Welcome Children-Individual/Small group Activities
8:00 - 9:00 a.m.	Morning Snack
9:00 - 9:20 a.m.	Large Group Time
9:20 - 10:30 a.m.	Session Activity **
10:30 - 10:40 a.m.	Clean Up
10:40 - 11:30 a.m.	Outside Activities
11:30 a.m. - 12:15 p.m.	Free Time/Transition to Lunch
12:15 - 12:45 p.m.	Lunch
12:45 - 2:00 p.m.	Quiet Individual Activities
2:00 - 3:00 p.m.	Afternoon Snack
3:00 - 3:45 p.m.	Outside Activities
3:45 - 4:45 p.m.	Session Activity **
4:45 - 5:00 p.m.	Clean Up
5:00 - 6:30 p.m.	Individual/Small Group Activities

*This is schedule subject to change.

**Activities related to the week's theme.

Little Apron Academy

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PERMISSION SLIP FOR WALKS

I am willing

I am not willing

to have my child, _____, taken on walks in the area surrounding Little Apron Academy, weather permitting. I understand that my child will be supervised by the staff of Little Apron Academy during walks.

I agree that the areas my child may walk to are:

SSC Campus

I understand that a separate **Policies and Permission Slip** describing any event off campus will be sent home if my child will be leaving the Center/School for an extended period of time.

(Parent/Guardian's Signature)

(Date)

Little Apron Academy
Managed by Bright Horizons

PHOTO AND VIDEO PERMISSION

Bright Horizons takes photographs and videos of children enrolled at its centers on a regular basis for its business purposes. Bright Horizons retains all rights, title, and interest in these materials and may use and disseminate them in a variety of ways, in its sole judgment. Bright Horizons takes care that any use, display, or dissemination of photographs or videos of children, whether at a particular center where the child attends or for its general business purposes, is accomplished in a thoughtful, safe, and secure manner appropriate under the particular circumstances.

For example, at your center, these materials may be used to better communicate with families and to illustrate the daily curriculum, to chronicle a child's development, or to document center activities. These photos may be shared with you and other families on a secure Bright Horizons' website, by email, by posting in the center, or in a parent newsletter.

By signing below, you grant permission to Bright Horizons to take photographs and videos of your child during his/her enrollment and its use of these photographs for its business purposes.

Child's Name

Parent/Guardian Signature

Date

Little Apron Academy
Managed by Bright Horizons

SUNSCREEN AND INSECT REPELLANT PERMISSION SLIP

I give Bright Horizons permission to apply _____
(name of sunscreen/insect repellent)

to _____
(name of child)

From: ____/____/____ To: ____/____/____ (not to exceed one year)

All sunscreen and insect repellent should be provided in the original container, with a valid expiration date, labeled clearly with the child's name, and given directly to a teacher.

Special Instructions:



Little Apron Academy Camp Explorations Policies & Procedures at a Glance

Policy/Procedure	Policy/Procedure Description
Hours of Operation	7:00 a.m. to 6:30 p.m.
Enrollment Options	An 11 week summer camp program and school's out program for school age children 4 to 12 years of age, back up care is available when a family's regular child care arrangements are not available (if space is available).
Registration Fee	A \$100 non-refundable deposit is payable with the submission of the Summer Camp Enrollment Form. This will be applied to your first week's tuition.
Tuition Payments/Cancellation	Tuition is due the Friday prior to the week care is provided and is payable by check or money order. To avoid incurring tuition charges, LAA requires written notification of any cancellations at least 2 weeks in advance.
Late Payment Fee	A late payment fee of \$5 per child per day will be assessed for tuition payments received after the required payment deadline.
Payroll Deduction Process	Payroll deduction is not available for summer camp tuition.
Sibling Discount	The sibling discount does not apply to summer camp.
Termination of Employment	Once the center receives notification of voluntary associate resignation, the final day for center enrollment will coincide with the associate's final day employed with THD. Involuntary terminations will require immediate disenrollment from the center.
Holidays – Center Closure Days	Center closure dates will be scheduled in conjunction with the SSC schedule.
Parking Access	Designated parking spaces for LAA families are available on Level 1 of the parking deck.
Security Badge/Center Access	THD is a closed campus, and as such, an approved THD Security Badge is required to access the Little Apron Academy on THD corporate campus. THD Associate Badges or LAA Non-Escort Badge (for non-associate family members who will be picking up or dropping off your child at LAA), can be activated by THD security for LAA access. Associates/Parents with children enrolled in LAA for less than 5 weeks will NOT receive badge access to the Academy.
BrightStar Kiosk Check In/Out	Associates/Parents will use a personal identification number (pin) assigned specifically to them to check child(ren) in and out of the center every day. It is critical for parents to sign both in and out everyday per our licensing requirements. Children must be supervised at drop off and pick up as well as on the elevator and stairwells.
Medications	Medication will be administered to children with a signed note from the parent/guardian and a written order from the child's physician. Over the counter medication will not be administered by center staff.
Child Illness	The Child illness policy is based on the Model Health Care Policies developed by the American Academy of Pediatrics. Children will be excluded from the center for contagious illness as outlined in the Bright Horizons Family Guide.
Summer Camp Gear	Please provide child with a water bottle, sunscreen for daily use (no spray) and parent should apply first layer of sunscreen for the day prior or upon arrival at the center, a change of clothes (must be labeled and provided in a bag), towel, swimsuit, sunglasses, backpack, sun hat and closed-toe water shoes with rubber bottoms (no open toed sandals or Crocs).
Meals	Morning snack, lunch and afternoon snack will be provided by LAA and a menu will be posted in the lobbies of LAA. LAA policy requires that families do not provide meals and snacks from home to ensure the safety of all children in the center.
Allergies	All allergies will require written notification from the child's pediatrician. Classroom, Kitchen and Administrative Staff will be made aware of all documented allergies and precautions will be established.
Center Evacuation/Fire Drills	When the center is conducting an evacuation or fire drill, families may not come to the center to assist or remove their child. For emergency evacuations parents will be notified as to the final destination for evacuations. Once attendance is taken and the all clear has been given by the director and/or security, parents will be allowed to check children out from the center's care.

Date _____

Parent Signature _____

Bright Horizons at



Camp Explorations Summer Programs FAQ's

When are the Camp Explorations summer programs offered?

Camp Explorations is offered from Tuesday, May 28th - Friday August 9th. Families can pick and choose specific weeks to attend where space is available.

What are the Camp Explorations' hours?

Camp Explorations hours are 7 a.m. - 6:30 p.m. Children may attend all day or choose to attend specific hours that are convenient to the family.

What is the tuition for the Camp Explorations summer programs?

The tuition for both Camp Explorations programs is \$180/week and payable no later than the Friday prior to the week of care. Please make payments by check or money order payable to Bright Horizons. If you would like to cancel any confirmed dates, please notify us in writing at least 2 weeks in advance to avoid incurring tuition fees. Tuition will not be refunded for days your child does not attend during enrolled weeks.

Is Camp Explorations available for drop-in days during the summer?

Drop-in days are based solely on space availability.

What is the drop-in rate per day?

If space is available, the drop in rate is \$36 per day, per child, and is payable at the beginning of the day for which care is provided. Please make payment by check or money order payable to Bright Horizons.

What type of enrichment activities will the children participate in during Camp Explorations' summer programs?

The children will be involved in a wide variety of different activities, including outdoor sports, cool sprayground water park (schedules will be set for specific days; campers will need to have their swim gear on upon arrival at the center), special guests, unique arts and crafts, and much more.

Will my child be participating in any field trips? If so, what is the cost?

No, the children will be provided with activities at the center. The cost of all activities is included in the weekly tuition.

Will meals be provided to my child during Camp Explorations' summer programs? If so, which meals will be provided?

Yes, the center serves morning snack, lunch and afternoon snack during summer camp.

When will I find out if my child receives a space in the summer camp program?

A member of the Bright Horizons team can let you know at the time you submit your registration form if there is space available for the week(s) your family has selected in summer camp.

Who is eligible to attend the summer camp program?

Full-time hourly, salaried, and part-time hourly Home Depot associates (except temporary associates) who are Active or on a Leave of Absence are eligible to use the Center for a dependent child(ren) for whom they are the legal guardian.

What age children will attend the Camp Explorations summer camp programs?

Children ages of 4-5 will join the Summer Adventures program and children ages of 6-12 will attend the X-treme Summer Fun program.

What is the difference between the Summer Adventures and X-treme Summer Fun programs?

Whether your child joins Summer Adventure or Xtreme Summer, he/she will experience activities specifically designed to be developmentally appropriate for his/her age group.

Little Apron Academy Menu March 2013

Monday 3/4/2013	Tuesday 3/5/2013	Wednesday 3/6/2013	Thursday 3/7/2013	Friday 3/8/2013
Breakfast Danish Fresh Bananas Milk	Cheese Grits Apricots Milk	Buttermilk Biscuits w/ Grape Jam Fresh Blueberries Milk	Oatmeal Peaches Milk	Corn Flakes Oranges Milk
Salisbury Turkey Meatballs Broccoli Dinner Rolls Peaches Milk Vegetarian: Diced Veggie Patty	Chicken & Vegetable Fried Rice Vegetable Eggrolls Mandarin Oranges Milk Vegetarian: Vegetable Fried Rice	Brunswick Stew (chicken, peas, carrots, corn) Crackers Pears Milk Vegetarian: Meatless Brunswick Stew	Baked Chicken Fingers Sweet Corn Pineapples Milk Vegetarian: Veggie Eggrolls	Broccoli, Rice and Cheese Casserole Dinner Rolls Apricots Milk
Fresh Orange Smiles with Wheat Crackers Water	Spinach Dip Pita Chips Water	Vanilla Pudding Apple Juice	Crackers and String Cheese Water	Fresh Apple Slices Vanilla Wafers Water
Monday 3/11/2013	Tuesday 3/12/2013	Wednesday 3/13/2013	Thursday 3/14/2013	Friday 3/15/2013
Bran Muffins Fresh Bananas Milk	Oatmeal Pear Milk	Vanilla Yogurt Mixed Fruit Milk	Cream of Wheat Apricots Milk	Rice Krispies Pears Milk
Baked Fish Sticks Carrots Fresh Peaches Milk Vegetarian: Veggie Egg Rolls	Broccoli and Cheese Soup Crackers Apricots Milk	Taco Bake (tortillas, turkey, black beans, cheese) Pineapples Milk Vegetarian: Black Bean Taco Bake	Beef Lasagna Cheddar Garlic Biscuits Fresh Peaches Milk Vegetarian: Veggie Lasagna	Grilled Chicken Caesar Salad Mandarin Oranges Milk Vegetarian: Grilled Veggie Patty Caesar Salad
Pita Chips and Hummus Water	Fresh Orange Smiles with Wheat Crackers Water	<i>Homemade Peach Pie</i> Water 	Cottage Cheese Fruit Salad Water	Vanilla Wafers Apple Juice
Monday 3/18/2013	Tuesday 3/19/2013	Wednesday 3/20/2013	Thursday 3/21/2013	Friday 3/22/2013
Breakfast Danish Fresh Bananas Milk	Cheese Grits Apricots Milk	Buttermilk Biscuits w/ Grape Jam Fresh Blueberries Milk	Oatmeal Peaches Milk	Cheerios Oranges Milk
Salisbury Turkey Meatballs Broccoli Dinner Rolls Peaches Milk Vegetarian: Diced Veggie Patty	Chicken & Vegetable Fried Rice Vegetable Eggrolls Mandarin Oranges Milk Vegetarian: Vegetable Fried Rice	Brunswick Stew (chicken, peas, carrots, corn) Crackers Pears Milk Vegetarian: Meatless Brunswick Stew	Baked Chicken Fingers Sweet Corn Pineapples Milk Vegetarian: Veggie Eggrolls	Broccoli, Rice and Cheese Casserole Dinner Rolls Apricots Milk
Fresh Orange Smiles with Wheat Crackers Water	Spinach Dip Pita Chips Water	Goldfish Apple Juice	Veggie Chips and String Cheese Water	Fresh Apple Slices Vanilla Wafers Water

Little Apron Academy
Managed by Bright Horizons

AUTHORIZATION AND CONSENT / CHILD RELEASE

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child:

Child's Name: _____ **Date of Birth:** _____

If I cannot be reached, I understand that the emergency contacts listed below will be called. In addition, I hereby authorize Bright Horizons to call an ambulance to transport my child to a hospital or medical facility and to secure for my child the necessary medical treatment. I understand the associates in the child care center are trained in the basics of first aid and CPR and I authorize them to give my child first aid and/or CPR. In the best interests of my child, I realize any associate of the center who is assigned responsibility for the care and education of my child may view my child's health information, as well as state licensors to ensure compliance.

Child's Health Insurance Provider: _____
Name of Insured: _____ Policy Number: _____

To ensure children's safety, Bright Horizons will release a child only to the parent(s)/legal guardian(s) who have signed this form and to those listed below as undersigned by the parent/guardian. By signing this form, I understand that Bright Horizons will not release my child to any other person unless I notify the Center in advance, following the guidelines listed below:

- If the person (spouse, relative, friend) picking up my child is listed on this form, I must notify the Center verbally.
- If the person picking up my child is **NOT** listed on this form, I must notify the Center in writing.
- Photo identification will be required of any person picking up my child.

Persons authorized:

1. **Name:** _____

Address: _____

City/Town & Zip: _____

Relationship: _____

Day Phone #: _____

Evening Phone #: _____

Cell Phone #: _____

2. **Name:** _____

Address: _____

City/Town & Zip: _____

Relationship: _____

Day Phone #: _____

Evening Phone #: _____

Cell Phone #: _____

3. **Name:** _____

Address: _____

City/Town & Zip: _____

Relationship: _____

Day Phone #: _____

Evening Phone #: _____

Cell Phone #: _____

3. **Name:** _____

Address: _____

City/Town & Zip: _____

Relationship: _____

Day Phone #: _____

Evening Phone #: _____

Cell Phone #: _____

4. **Name:** _____

Address: _____

City/Town & Zip: _____

Relationship: _____

Day Phone #: _____

Evening Phone #: _____

Cell Phone #: _____

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Signature)

(Date)

Little Apron Academy
Managed by Bright Horizons

PARENT/GUARDIAN PHONE NUMBER AUTHORIZATION FORM

Sometimes home phone numbers and addresses of families are requested by parents/guardians so that children may play together outside of the Center. Please check the information that Bright Horizons **MAY** give to other parents/guardians enrolled in the Center upon request.

- Mother/Guardian Home Phone Number
- Mother/Guardian Work Phone Number
- Mother/Guardian Cell Phone Number
- Mother/Guardian Home Address
- Mother/Guardian E-mail Address
- Father/Guardian Home Phone Number
- Father/Guardian Work Phone Number
- Father/Guardian Cell Phone Number
- Father/Guardian Home Address
- Father/Guardian E-mail Address
- Please do not give out any of the information listed above.

The information detailed above will be shared only with parents/guardians whose children are currently enrolled in the Center.

(Parent/Guardian's Signature)

(Date)

Little Apron Academy
Managed by Bright Horizons

Parental Agreement with Child Care Facility

The **Little Apron Academy** agrees to provide care for _____
Name of Child

On: **Monday Tuesday Wednesday Thursday Friday**

From: _____ a.m. to _____ p.m.

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast _____ **Lunch** _____ **Afternoon Snack** _____

2. Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes. These changes include telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records.

5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable disease, which include my child.

6. The **Little Apron Academy** agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep, such as, the sprayground.

7. I have received a copy and agree to abide by all center, Bright Horizons, and The Home Depot policies and procedures for **Little Apron Academy**.

Signature (Parent/Guardian) _____ Date _____

Signature (Parent/Guardian) _____ Date _____

This form is only required for children who have mild to severe allergies that require medication to be administered if exposed to the allergen. If your child does not have any allergies, you and your child's physician do not need to complete this form.

Little Apron Academy Managed by Bright Horizons

Individual Health Plan for Children with Allergies

Child's Name:
Parent/Guardian Name:
Physician's Name:
Allergies: _____

DOB:
Phone:
Phone:

If the child is exposed to an allergen, watch for the following signs of a *mild* allergic reaction:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Hives | <input type="checkbox"/> Lightheadedness | <input type="checkbox"/> Red, swollen or itchy eyes |
| <input type="checkbox"/> Flushing | <input type="checkbox"/> Nausea/vomiting | <input type="checkbox"/> Tingling |
| <input type="checkbox"/> Other: _____ | | |

If the child is exposed to an allergen, watch for the following signs of a *severe* allergic reaction:

- | | |
|--|---|
| <input type="checkbox"/> Lips/tongue swelling | <input type="checkbox"/> Tightness in chest or throat (child may complain of a lump in the throat or a scratchy throat) |
| <input type="checkbox"/> Wheezing/difficulty breathing | |
| <input type="checkbox"/> Other: _____ | |

Medication should be administered at the following signs/severity: _____

Prescribed Medications/Dosage*:

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Actions to be taken for a *Mild* Allergic Reaction

- Stay calm and do not leave the child unattended
- Medication Administration
 - Wash your hands
 - Shake the bottle; measure the correct amount of medication using an approved medication spoon or medication medicine cup
 - Follow Medication Administration Procedures using the Medication Administration Log
 - Observe the child for relief of symptoms
 - Wash the child's hands and yours with soap and water
 - Offer cool compress to skin areas that are irritated
- Notify the child's parents
- Notify a member of the Administrative Team
- Document the administration of the medication on the Administration of Medication Log
- Other: _____

Actions to be taken for a *Severe* Allergic Reaction

- Stay calm and do not leave the child unattended.
- Have someone call 911. Be sure to tell the dispatcher that the child is receiving an EpiPen.
- Medication Administration (EpiPen)

(continued)

BRIGHT HORIZONS
AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

MEDICATION TYPE:

PRESCRIPTION

NON-PRESCRIPTION

TOPICAL OINTMENT

Prescription # _____

I have read the *Policy on Administering Medications and Ointments* and I hereby authorize Bright Horizons agents to administer the following medication to my child:

Child's Name: _____

- Prescription Medications: must have a current pharmacist's label that includes the child's full name, dosage, current date, times to be administered, and the name and telephone number of the physician.
- Non-prescription Children's Medication: can be administered for up to *three consecutive days* according to the manufacturer's instructions with written authorization from the parent/guardian. Written authorization from the child's medical provider is required to continue use beyond the three consecutive days.
- Non-prescription Topical Children's Ointments: can be applied with authorization from the parent/guardian according to the manufacturer's instructions for a period not to exceed *one year*. This includes diaper cream, sunscreen and insect repellent and other non-medicated (free from antibiotic, antifungal or steroidal components) topical ointments designated for use for children.
- Non-prescription Topical Children's Ointments: can be applied to open, oozing sores for up to *three consecutive days* according to the manufacturer's instructions with written authorization from the parent/guardian. This includes diaper cream, sunscreen, insect repellent and other non-medicated (free from antibiotic, antifungal or steroidal components) topical ointments designated for use for children. Written authorization from the child's medical provider is required to continue use beyond the three consecutive days or if the condition worsens.
- As Needed Children's Medications: require written authorization from the child's medical provider for a period not to exceed *six months*. Authorization must list the reason, dosage, start date and end date.
- Medications for Chronic Illnesses: require a written order from the child's medical provider for a period not to exceed *one year*. (See Prescription and Non-prescription medication above for details)

Note: Products containing Benzocaine, the main ingredient in over-the-counter (OTC) gels and liquids applied to the gums or mouth to reduce pain, may only be applied with authorization from the child's medical provider for a period not to exceed *seven consecutive days*.

Note: All medications must be provided in the original container, labeled with the child's full name and any medication spoon/device to administer the medication must be provided. Non-prescription medications must be designated for use for children.

I further agree to indemnify and hold harmless Bright Horizons Children's Centers LLC, and their agents and servants, against all claims as a result of any and all acts performed under this authority and according to the instructions below.

Medication: _____

Administration Route: _____

Reason for Medication: _____

Medication Storage: _____

Side Effects: _____

Dosage: _____

Times of Administration: _____

Start Date: _____ End Date: _____

Physician's Name: _____

Physician's License Number: _____

Physician's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Phone _____

Six Rights of Medication

1. Verification that the *right* child receives
2. The *right* medication
3. In the *right* dose
4. At the *right* time
5. By the *right* method
6. And the *right* documentation is completed

**Little Apron Academy
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Parent/ Guardian Immunization Exemption

We/ I hereby request exemption for our/my child _____ from the immunization requirements for school/child care, based: on:

- religious beliefs
- medical reasons
- personal reasons (only if allowed in your state).

If the exemption is due to medical reasons, we/I must also provide the Center/ school with a note from our/ my child's physician prior to the date of enrollment.

We/I understand that in the event of an outbreak of a vaccine preventable disease, my child may be temporarily excluded from attending the Center/ school from his/ her protection.

(Parent/ guardian [please print])		(Date)
(Signature of the Parent/ guardian)	(Date)
(Parent/ guardian [please print])		(Date)
(Signature of the Parent/ guardian)		(Date)

Important: Each parent/ guardian with custodial rights is required to sign above for the exception to be permitted.

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Guidelines on Child's Exclusion Due to Illness

Children should be excluded from the child care setting for the reasons outlined below.

Note: The following list covers most common illnesses, but is not inclusive of all reasons for exclusion.

- Illness that prevents the child from participating comfortably in program activities
- Illness that results in a greater need for care than faculty can provide without compromising the health and safety of other children
- Fever (100° auxiliary [armpit], 101° orally, 102° aural [ear]) accompanied by other symptoms such as lethargy, irritability, constant crying, difficulty breathing, diarrhea, vomiting

Note: An infant less than four months of age will be excluded if he or she has a fever of 100° auxiliary (armpit) or 100.4° aural (ear) and should receive medical attention as soon as possible.

Any child with a fever of 104° will be excluded and should receive medical attention as soon as possible.

- **Diarrhea** — stools with blood or mucous, and/or uncontrolled, unformed stools that cannot be contained in a diaper/underwear or toilet. See *Guidelines on Diarrhea* in the *Communicable Diseases* subsection for Bright Horizons guidelines on diarrhea.
- **Vomiting** — green or bloody, and/or two or more times during the previous 24 hours
- **Mouth sores** associated with drooling
- **Rash with fever or behavioral changes**, unless a physician has determined it is not a communicable disease
- **Purulent conjunctivitis** (defined as pink or red conjunctiva with white or yellow eye discharge), until the child has been on antibiotics for 24 hours. See *Guidelines on Conjunctivitis* in the *Communicable Diseases* subsection for Bright Horizons guidelines on conjunctivitis.
- **Impetigo**, until 24 hours after treatment has begun. See *Guidelines on Impetigo* in the *Communicable Diseases* subsection for Bright Horizons guidelines on impetigo.
- **Strep throat**, until 24 hours after treatment has begun
- **Head lice**, until after treatment has begun and all nits are removed. See *Guidelines on Head Lice* in the *Communicable Diseases* subsection for Bright Horizons guidelines on head lice.
- **Scabies**, until 24 hours after treatment has begun. See *Guidelines on Scabies* in the *Communicable Diseases* subsection for Bright Horizons guidelines on scabies.
- **Chicken pox**, until all lesions have dried and crusted (usually six days). See *Guidelines on Chicken Pox* in the *Communicable Diseases* subsection for Bright Horizons guidelines on chicken pox.
- **Pertussis (whooping cough)**, until five days of treatment with appropriate antibiotics. See *Guidelines on Pertussis (Whooping Cough)* in the *Communicable Diseases* subsection for Bright Horizons guidelines on pertussis.

(continued)

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Center Closings

Memorial Day

Independence Day

Labor Day

Thanksgiving

Christmas Day

New Year's Day