

Bright Horizons at Argonne
Summer Camp – School Age Adventures
May 29 – August 17, 2018



Dear Families,

Hello! We hope everyone is having a great school year. We have put together an activity calendar for our **2018 Camp Explorations School Age Adventures**. The remainder of the activities will be planned by the summer camp counselors with kid input! Summer Camp information sheet and enrollment forms are also attached for your convenience.

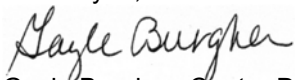
Here are some notes about the summer camp program:

- A \$75.00 non-refundable registration fee is required when you enroll your child in the program. This fee is waived if you register with your schedule by April 2, 2018.
- Families can choose a full time or part time schedule, or a combination of both.
- When putting your schedule together, please remember to check for accurate dates as to when school will resume in the fall, dates of family vacations and any other activities your child will have in the summer.
- The final dates that are chosen by Monday, May 14, 2018 will be the dates used to charge tuition for the summer. If you enroll after Monday, May 14, 2018 we will confirm your schedule with you at the time of registration and those will be the dates used to charge tuition for the summer.
- We will make every attempt to make accommodations for schedule additions if space is available throughout the summer.
- All children will need to turn in an updated school physical and immunization record regardless of previous attendance to the center.
- Please let us know if your child has any allergies so we can send you an additional allergy management form.
- We will provide sunscreen, Rocky Mountain Sunscreen Kids SPF 50 Broad Spectrum Sunscreen. If you would like to use your own brand, please send a labeled non-aerosol sunscreen bottle to camp.
- Labeled items needed when your child begins camp are as follows: extra set of clothes, non-aerosol bug spray, sun glasses, hat, water bottle with a strap, swim suit, water shoes, and towel. Your child may also bring a back pack & chapter books. Electronic devices are not permitted in summer camp.
- Weekly plans and daily newsletters (via the My Bright Day app) will be sent out to families to keep you up to date on what is happening in camp.
- This year's all-inclusive tuition information is listed below. All of the meals, trips, cooking projects and activity fees are included in the cost of the tuition. Payments are made weekly via Chase epay. Families are responsible for registering on the Bright Horizons Family Information Center.

| Attendance | Tuition |
|------------|---------|
| 1 day | \$71 |
| 2 days | \$142 |
| 3 days | \$210 |
| 4 days | \$279 |
| 5 days | \$307 |

We look forward to having your child spend the summer with us. If you have any questions or concerns, please contact us at the center.

Thank you,


Gayle Burgher, Center Director


Jacinta Hemmerlein, Assistant Director

Argonne Child Development Center – A Bright Horizons Family Solutions Center

9700 S. Cass Avenue, Bldg. 952 Lemont, IL 60439

Bldg. 952 Phone: 630-252-9601/ Bldg. 951 Phone: 630-252-7412 / Center Fax: 630-252 4975

Email: argonne@brighthorizons.com Website: www.brighthorizons.com/argonne

Argonne Child Development Center

School Age Summer Camp 2018



Child's Name (s): _____

Tuition charges:

| | | | | |
|---------------------------|---------------------------|---------------------------|---------------------------|-------------------------|
| 5 full days \$307/week | 4 full days \$279/week | 3 full days \$210/week | 2 full days \$142/week | 1 full day \$71/week |
|---------------------------|---------------------------|---------------------------|---------------------------|-------------------------|

Requested weeks & Schedule: (please circle the days your child will be in attendance for the week)

| | | | |
|-------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> May 29-June 1 (4 days) M T W R F | <input type="checkbox"/> June 4-8 M T W R F | <input type="checkbox"/> June 11-15 M T W R F | <input type="checkbox"/> June 18-22 M T W R F |
| <input type="checkbox"/> June 25-29 M T W R F | <input type="checkbox"/> July 2-6 (4 days) M T W R F | <input type="checkbox"/> July 9-13 M T W R F | <input type="checkbox"/> July 16-20 M T W R F |
| <input type="checkbox"/> July 23-27 M T W R F | <input type="checkbox"/> July 30-Aug 3 M T W R F | <input type="checkbox"/> Aug 6-10 M T W R F | <input type="checkbox"/> Aug 13-17 M T W R F |

If you need additional camp days, please contact the center. Thank you.

- The final dates that are submitted on Monday, May 14, 2018 will be the dates used to charge tuition for the summer. Schedules submitted after Monday, May 14, 2018 will be considered final dates and tuition will be charged accordingly. There will be no credits for absences and "switching" days will not be allowed.
- Families can choose to add days throughout the summer if space is available. Tuition charges will reflect any additional attendance days.
- Please check your school schedules for accurate start dates for fall 2018, family vacations and any other activities your child will participate in before submitting your schedule to the center.
- Please email enrollment forms to argonne@brighthorizons.com or fax to 630-252-4975.

I understand and agree to the statements above regarding the 2018 ACDC Summer Camp Program.

Parent Signature

Date

Office Use Only: Registration Fee Paid _____ Date Paid _____ Administrator's Initials _____

BRIGHT HORIZONS
CHILD'S INFORMATION

Child's Name: _____ Primary Language: _____

Child's Address: _____

Place of Birth: _____ Street _____ City/Town _____ Zip Code _____
Date of Birth: ____/____/____

Child's Schedule: MON _____ TUE _____ WED _____ THU _____ FRI _____

Parent/Guardian Information

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Home E-mail Address: _____

Home E-mail Address: _____

Cell Phone: _____

Cell Phone: _____

Home Phone: _____

Home Phone: _____

Others in Family Relationship: _____

Parent/Guardian Business Information

Company Name: _____

Company Name: _____

Address: _____

Address: _____

Business Phone: _____

Business Phone: _____

E-mail Address: _____

E-mail Address: _____

Medical Information

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____ Race: _____ Gender ☐ M ☐ F

Identified Allergies: _____

Identifying Marks: _____

Health Insurance Provider: _____

Physician/Dentist Information

Name of Physician/Clinic: _____ Phone: _____

Physician Address: _____

Name of Dentist: _____ Phone: _____

Dentist Address: _____ Street _____ City/Town _____ Zip Code _____

Parent/Guardian Signature: _____ Date: _____

FOR CENTER USE: Center: _____ Date of Admission _____ Age of Admission: _____

Date Registration Fee Rec'd: _____ Director's Initials: _____

BRIGHT HORIZONS ENROLLMENT AGREEMENT --- SUMMER CAMP

Welcome to Bright Horizons! We look forward to a healthy and happy relationship with your family.

The following policies have been created to help ensure the smooth operation and safety of the program while providing care for the children.

TUITION AND FEES

- Please specify the days and hours your child, will attend:
Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Approximate hours in attendance: _____ a.m. to _____ p.m.
- To add a day to the child's schedule, parents must request in advance. Requests will be accommodated if space is available. Tuition charges will reflect the change in schedule. Families will be charged a drop in fee *in addition to* normal tuition charges.
- All tuition will be paid in advance by e-pay bank draft via your checking or savings account. Tuition payments are processed on Friday of each week for the following week's tuition. Tuition will not be reduced due to illness, absences or holidays. You will be notified of any changes in tuition within 30 days of the change. Tuition is based on ratios in assigned classrooms.
- If tuition is not received when due, a late fee of \$5.00 per day will be added to your child's tuition until it is paid in full. If payment is delinquent for one week or more, care may be suspended until the balance is current and your child's space will not be reserved. Tuition is due regardless of a child's absence from the program for any reason, and is required to hold a child's space.
- A non-refundable registration fee of \$75.00 is due at the time of application.
- A late pickup fee of \$1.00 per child is payable for each minute your child(ren) remains after closing. This fee is subject to change. Repeated late pick-ups may result in dismissal from the program. It can be distressing for children to be left in the care of others after-hours. Staff work long days and expect to leave at the end of their scheduled times. Please allow enough time to arrive at the Center, pick up your child and leave by closing time. If a child has not been picked up after closing and we have not heard from you, we will attempt to contact you and then the emergency contacts listed on the Child Release Form. Provisions will be made for someone to stay with your child as long as possible, but if we are unable to reach you or an emergency contact after two hours, we will call the local child protective services agency.
- A \$25.00 fee will be charged for a draft returned for insufficient funds. If this occurs more than once, Bright Horizons may require payment by another method for enrollment to continue.
- As a child enrolled in the summer camp program, your child will be participating in special programming and field trips. Notices will be posted in advance. Additional signed permission slips or waivers may be required for certain field trips.
- For those whose tuition is subsidized based on a sliding fee scale or any subsidy, misrepresentation of gross household income or subsidy status may result in dismissal from the program and/or retroactive charges for all underpaid tuition.

MEDICAL POLICIES

- Prior to enrollment, you must give the Center current medical and immunization records for your child. These records must be updated annually. Children without appropriate, current medical records may not attend the Center.
- If you are notified that your child is ill, you must pick up your child within 1 hour of notification. If your child is absent due to a reportable disease, your child may return only with a physician's note indicating that he or she is no longer contagious. (See the *Child Illness Policy* in *A Family's Guide to Bright Horizons Family Solutions*.)
- We will administer medication as outlined in our *Medication Policies* (see center specific policy).
- In case of emergency, Bright Horizons has parental/guardian permission to administer first aid or to obtain emergency medical treatment in the child's best interest. (See *Informed Consent Form*.)
- Costs incurred from the treatment of any injury or illness occurring to your child during the program are the responsibility of the parent/guardian. Secondary insurance is provided by Bright Horizons to pay most expenses not covered by the family's primary insurance

COMINGS AND GOINGS

- The Center is open from 7:00 a.m. to 6:00 p.m., Monday-Friday. The Center is closed for certain holidays, including New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. The Center's hours and holiday schedule are set and posted annually, but may be changed at any time due to the operations of Argonne National Laboratory and the Department of Energy.
- The Center will be open whenever possible on a regularly scheduled day, during normal hours. The procedure for notifying families should severe weather or other conditions prevent the Center from opening on time or at all are detailed in the Family Guide Addendum. If it is necessary to close early, it will be your responsibility to arrange for your child's early pick-up. There will be no tuition credit for any time the Center is closed.
- Your child will only be released to you or to the persons you have listed on the *Informed Consent Form*. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified on the *Child Release Form* to pick up your child, you must notify Center management in advance, in writing. **Your child will not be released without prior written authorization.**
- Bright Horizons legally cannot deny access to or release of a child to either parent/guardian, unless there is an active restraining order, specific schedule of court-ordered visitation rights, or other Court Order in place. If the family is not in agreement or the situation is unclear, we will require the family to return to the court to resolve their differences.

MISCELLANEOUS

- In an effort to maintain the professional status of our staff and prevent any potential conflict of interest, babysitting by Center staff is discouraged. However, should you hire any Center staff, it must be outside the Center premises and with the understanding that such arrangements and payment for services are solely between you and the staff member. The arrangements are not sanctioned by the Center, Client, or by Bright Horizons, and you agree to hold Bright Horizons harmless from any such arrangement. In addition, if you hire an employee (or someone who was a Bright Horizons' employee within the prior six months of hire) to work for you on a permanent basis, you agree to pay a placement fee of \$5000.
- If Bright Horizons is concerned that your child's needs are not being met in our program, we will involve you in the process of identifying the issues and working toward resolution. However, if after reasonable and appropriate interventions have been tried, Bright Horizons determines that the program is not in the best interest of you, your child, or the Center, you will be required to withdraw your child from the program. If Bright Horizons believes, in its sole discretion, that the actions of a parent or guardian are disruptive, inappropriate or inconsistent with the Center's best interests, it may elect to end a child's enrollment. We will help to prepare a child for withdrawal, consistent with the child's ability to understand. Implementation of withdrawal procedures will be effected in the time frame that is deemed appropriate by Bright Horizons.

This Enrollment Agreement is not intended to be all inclusive. Other terms and conditions of your child's enrollment are contained in our Family Guide and the center specific addendum. Your enrollment is also subject to all of Bright Horizons' policies and procedures which may change from time to time. A copy of *A Family's Guide to Bright Horizons Family Solutions*, which is intended to supplement this Agreement, is available. I understand it is my responsibility to contact Bright Horizons with any questions I have about the information contained in the *Family Guide* or any document relating to enrollment policies and procedures.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Center Director: Maile Burgher Date: 3/8/2018

Behavior Management Policy

Bright Horizons believes in a positive approach to discipline and is committed to providing an environment where children feel safe, comfortable and have a great time. Behavior management policies shall be followed in order to protect the safety of all children and staff persons.

Staff shall ensure that each child is provided with a positive model of acceptable behavior. Children are encouraged to practice those skills that will allow them to resolve conflicts and have their needs met without the use of aggressive or destructive behaviors. This is seen as a means of preventing behavioral difficulties between children and lessens the need for disciplinary action on the part of staff. When situations occur which require intervention, teachers should provide children with clear explanations as to why specific behavior is inappropriate and help them to find an alternative behavior that fits within classroom guidelines. These guidelines revolve around concerns for the safety of all children and for the materials within the center. Classroom rules shall be tailored to the developmental level of the children in attendance, be short and simple, be stated in a positive way and be used consistently. Older children should be encouraged to set rules together.

If a child is displaying persistent, unacceptable behavior, the staff will take steps to help the child gain self-control. A staff person will first attempt to help the child understand the gravity of the behavior. Staff will then re-direct the child to activities that hold the child's attention (the choice is made with the child). If the behavior continues, the staff person will consult with fellow staff members and/or the director to develop alternatives for helping the child gain acceptable control of his/her behavior. If the problem persists, the staff person will contact the child's parent for suggestions on measures to take to extinguish the behavior. The parent will be informed that if the measures do not work, the child may have to be removed from the program. The goal is to help the child strengthen his/her skills of self-control. Separating the child from the group is a final step that would be taken after other measures have been tried. If the child can not resort to behavior that ensures his own and the safety of others in the center, and/or the smooth operation of the program; the parent will then be called and asked to pick the child up from the program.

Separation from parents often causes young children to have difficulty adjusting to a new environment. Staff needs to be particularly sensitive to this issue in back up childcare. If a child is having difficulty because a parent has left, the teacher should first allow the child to express his anger, in a manner safe for the child and others in the classroom. At the same time the teacher should offer comfort and try to engage the child in an activity. If the child continues to be upset, and cannot be consoled within a reasonable time or refuses to participate in the program, the parent should be called and asked for suggestions on how the staff might help the child. In some cases, especially with infants and toddlers, the parent may be asked to come to the center to calm the child. The goal is to help the child adjust, have a good time, and have a successful day.

Staff members must adhere to the following policies:

- No child shall be subjected to emotional abuse, which includes but is not limited to name calling, ostracism, shaming, making derogatory remarks about a child or the child's family, and using language that threatens, humiliates, or frightens the child.
- No child shall be subjected to cruel discipline. Physical restraint is prohibited, unless necessary to protect the health and safety of the child or other people.
- No child shall be subjected to the use of mechanical restraints, such as tying.
- No child shall be subjected to corporal punishment, which includes but is not limited to rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting, and spanking.
- No child shall be force fed or denied food as a punishment for unacceptable behavior. Neither will food be given as a reward for good behavior.
- No child shall be denied light, warmth, clothing or medical care as a punishment for unacceptable behavior.
- No child shall be punished or criticized for soiling, wetting or not using the toilet.
- No child shall be separated from the group as a means of behavior management

This is to verify that I have received the Behavior Management Policy for the Bright Horizons center at Argonne Child Development Center. I have had the opportunity to read it and ask any questions regarding this policy.

Signature

Date

Child(ren)

Bright Horizons Informed Consent

I grant my informed consent for my child(ren) _____ to participate in the child care program operated by Bright Horizons.

By signing below, I acknowledge and accept the following program conditions:

Access

I have full access to the center without notification whenever my child(ren) is/are present. However, this access may not be used to supplement any visitation schedule or custody arrangement.

Child Release

For 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 by the parent/guardian.

Bright Horizons will not release my child to any other person unless I notify the center, following the guidelines listed below:

- If the person (spouse, relative, friend) picking up my child is listed on this form but does not regularly pick up my child or has never before picked up my child, I will notify the center verbally, in advance.
- If the person picking up my child is NOT listed on this form, I must notify the center in writing, in advance.
- Photo identification will be required of any person picking up my child.

NAME (Please print)

ADDRESS

CITY/TOWN

ZIP

RELATIONSHIP TO CHILD

DAY PHONE

EVENING PHONE

E-MAIL

NAME (Please print)

ADDRESS

CITY/TOWN

ZIP

RELATIONSHIP TO CHILD

DAY PHONE

EVENING PHONE

E-MAIL

NAME (Please print)

ADDRESS

CITY/TOWN

ZIP

RELATIONSHIP TO CHILD

DAY PHONE

EVENING PHONE

E-MAIL

Walk Permission

As part of the program, children will go on walks in the surrounding area supervised by the staff, weather permitting.

Child(ren) may be taken to the locations listed below by Bright Horizons' staff; infants and young toddlers will go in a buggy or stroller.

A separate Field Trip Policies and Permission Slip describing the field trip will be sent home if your child will be leaving the center for an extended period of time (for preschool and school-age children only).

☐ I give permission for my child to participate in walks.

☐ I do not give permission for my child to participate in walks.

Photography 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 e-mail, posted in the center, or in a parent newsletter.

By signing below, I give permission to Bright Horizons to take photographs and videos of my child during his/her enrollment and to use these materials for its business purposes.



Child Illness

In case of illness, I will be called and possibly required to pick up my child(ren) as soon as possible. We ask that for your child's comfort and to reduce the risk of contagion, children be picked up within 1.5 hours of notification. Until then, your child will be kept comfortable and will continue to be observed for symptoms. Children need to remain home for 24 hours without symptoms before returning to the program. This means that the child needs to remain out of the center for the remainder of the day he/ she is sent home and the following day (if a child is sent home on Friday, he/she may return on Monday), unless the center receives a note from the child's medical provider stating that the child is not contagious and may return to the center. In the case of a (suspected) contagious disease, rash, or continuing symptoms, a note from the child's medical provider may be required before returning.

Children's Injuries

If my child sustains a minor injury (e.g., scraped knee) during care, I understand that I will receive an Occurrence Report outlining the incident and course of action taken by the staff member when I arrive to pick up.

I will be contacted immediately if the injury produces any type of swelling, is on the face or head, or needs medical attention.

Emergency Medical Care

Every effort will be made to contact me in the event of an emergency requiring medical attention for my child,

If I cannot be reached, the emergency contacts listed above will be called. I 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. Staff is trained in the basics of first aid and CPR and I authorize them to give my child first aid. In a center, any member of the staff responsible for the care and education of my child may view my child's health information, as well as state licensors for compliance purposes.

CHILD'S HEALTH INSURANCE PROVIDER

NAME OF INSURED

POLICY NUMBER

INSURANCE SERVICE PHONE NUMBER

Family Guide Acknowledgement

I have received the Bright Horizons Family Guide and applicable information specific to center and state policies. I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures of the Bright Horizons Family Guide. In addition, I understand that this handbook reflects company-wide policies and that supplemental center and state specific policies may apply. By signing below, I acknowledge receipt of these materials, and agree to abide by them.

I understand that it is my responsibility to address any questions I may have regarding the policies and procedures and information contained in the Bright Horizons Family Guide directly with center management.

Information contained in this guide may be subject to change.

I have read, understand, and accept the conditions noted above.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE



Tuition Payments – School Age Summer Camp

At Argonne Child Development Center, all tuition is paid via “epay” payments using a secure, paperless online portal with Chase Bank.

Tuition for the School Age Summer Camp programs is billed on a weekly basis and the epay draft occurs every Friday to cover the tuition for the current week. If you have younger siblings enrolled in the center (Infant – Kindergarten Prep), the monthly camp tuition amount is included in your monthly draft (covering the prior weeks).

Families are responsible for registering their information on the Bright Horizons



<https://familyinfocenter.brighthouse.com>

The **Family Information Center** is a secure web destination for families to manage and view important information about your child, your center/school, and your family’s account.

Families can also:

- Manage your account information in one place with easy access to billing statements and account balances at your convenience.
- View center messages, manage contact information, and add photos of family members for identification purposes.

Need help setting up your information?

Contact the Family Information Center
Parent Helpdesk # 855-239-3850



Illinois Code - Chapter 325 Children

Illinois Missing Children Records Act

In accordance with the Illinois Missing Children Records Act (325 ILCS 50), parents and/or legal guardians must submit a certified copy of the enrolled child's birth certificate within 30 days of enrollment. The center administration will make a copy of the certified copy of the birth certificate for our records and the original will be returned to you.

This legislation was enacted to help assist officials in finding children who have been taken from their families. To review the complete piece of legislation you can go to the Illinois General Assembly website at <http://www.ilga.gov/legislation>

If you have any further questions regarding this policy, please contact the center administration.

Thank you

Argonne Child Development Center Summer Camp Consent Form



Swimming

- The summer camp children will attend a local pool (weather permitting) on Mondays. Wednesdays will serve as rain days. The children will be transported by bus.
- The children will be supervised by the camp counselors and the lifeguards on duty.
- We ask that you send your child with a suit, a towel and water shoes.
- If your child is well enough to attend the center, then they will be expected to go to the pool with the class.

Field Trips

- Field Trips will be scheduled one to two times a week.
- Children will be transported by bus for off-site trips.
- If your child is well enough to attend the center, then they will be expected to go on the field trip with the class.
- Additional permission slips or waiver forms may be required for parents to sign prior to a field trip.

Sunscreen/Bug Spray (please note, the use of aerosol cans are not allowed for safety purposes)

- The center will provide *Rocky Mountain Sunscreen SPF 50* for campers. If you would like to use a different brand, please send a labeled bottle with your child.
- Sunscreen will be applied by the child. Camp counselors will assist the child if needed. We encourage parents to apply sunscreen at home before coming to the center.
- If you would like to have your child have bug spray for outdoor walks etc., please send a bottle. Bug spray will not be washed off of children after coming indoors.
- All bottles should be labeled with the child's name.

Children's Allergies & Religious Food Preferences

- For most instances, the center will provide any substitutes for children with allergies or religious food preferences. Should the center be unable to provide an appropriate substitute, parents will be contacted.
- A note from the parent and a completed allergy plan needs to be on file outlining a child's food allergies. If your child has diet restrictions due to a religious food preference, a note must be on file at the center.

I give the Argonne Child Development Center permission to take my child to the pool and off-site field trips as scheduled by the center for the summer camp program.

I give my permission to have my child apply sunscreen and/or bug spray by themselves as needed at the summer camp program.

I understand that if my child has a food allergy or a religious food preference I need to provide a food substitution, a completed form for the substitution, and have a note of file regarding the allergy/religious food preference.

Child's Name _____

Parent's Signature _____ Date _____



Bright Horizons at Argonne Summer Camp Field Trip Information

At Bright Horizons, field trips are a part of our summer camp programs! We want to be able to enrich the child's experience in camp by venturing out and going places together. For parents, this can be the first time your child is going on a trip without you on a bus. Here are the safety features we have in place in our program to ensure everyone's safety.

- **Identification** – Children will wear the same specific camp T-shirt and/or have a tag with the center's contact information on it to help identify them as part of the same group. The center will provide the shirts on Field Trip days and shirts will remain at the center for laundering at the end of the day. We will not put children's names on the shirts or tags so strangers cannot call them out.
- **Buddy System** – We partner children together with one or two other children as their "field trip buddy" and they have to stay together for the length of the trip.
- **Smaller Ratios** – We have smaller ratios on field trips. Our normal ratio of 1:15 for school age children is lowered so that there are smaller groups for adults to manage. When possible, a male and a female teacher will be available to help monitor bathroom usage during the field trip.
- **Meeting Places** – When arriving at a location, the group decides on a meeting place and point out to children what the staff/security are wearing so that if someone does get separated, they know where to go or who to ask for help.
- **Cell Phones** – Camp counselors will always have a cell phone. Counselors will contact the center to notify administration of the group's arrival to and departure from the field trip destination.
- **We Care Tracking Sheets** – Camp counselors will use the We Care Tracking Sheets while on field trips. This is the standard child tracking system for all Bright Horizons centers. It is utilized to verify that all children are accounted for throughout the day.
- **First Aid Kits and Supplies** – First Aid Kits and general supplies are taken on every trip. We also take along any children's allergy medications like epi-pens and inhalers.
- **Child Information Sheets** – Information sheets are taken on each trip. These sheets contain the child's information, parent contact information and allergies. There is also a picture of the child on the card that can be used in locating a child who has gotten separated from the group. All pictures are recent.
- **Permission Forms/Activity Waivers** – If necessary, camp counselors will have permission forms for parents to sign prior to the field trip day. Some field trip locations also require an additional waiver form to be signed by parents as well. These signed forms will be taken on the trip as most are required in order to gain admittance.

What do parents need to do to prepare for a field trip?

- Sign any necessary permission forms and/or activity waivers prior to the day of the trip.
- Know what time the bus will be leaving and returning.
- Talk to your child about what they should do if they get separated from the group. Reinforce the message that they shouldn't go anywhere with strangers but that it's ok to approach security personnel and staff of the location that they are going. When you go to various places as a family, point out to your child security personnel and even introduce them.
- Talk about school bus safety with your child. Discuss the importance of staying in their seat, using any seat belts or harnesses that are available and staying with the group when entering and exiting the bus.

Our number one goal is to keep children safe while on trips. If you have any questions about the field trips your child will be attending this summer, please contact the center leadership team.



Argonne Child Development Center – A Bright Horizons Family Solutions Center
9700 S. Cass Avenue, Bldg. 952 Lemont, IL 60439

Bldg. 952 Phone: 630-252-9601 ~ Bldg. 951 Phone: 630-252-7412 ~ Center Fax: 630-252-4975
Email: argonne@brighthorizons.com Website: www.brighthorizons.com/argonne

Bright Horizons Electronic Usage for School Aged



Welcome to the School Age Program at Bright Horizons! We have a lot planned for your child to enjoy this summer and we are excited that your child is joining our program! Here are a few policies we have in place for the usage of electronic devices.

Cell Phones - We know we provide quality care for all of the children in our program. Our regular teachers have been trained and have experience for the program they work in and our substitutes are updated to each classroom situations they need to be aware of. We know that the children are well supervised and are able to support children in any situations they experience while in our care. We don't feel that children need to have cell phones with them during the normal day to day experience of our program.

- Cell phones are to be kept in the child's cubby or teacher cabinet during the day.
- Cell phone calls can be made *after* informing the teacher that he/she would like to call a parent and the nature of the call.
- Cell phone calls are to be made in private and not in front of other children.
- If there are certain times or situations when either parent would like a phone call from their child either on the cell or center phone, they should communicate their preference to the center staff with either a phone call or an email. The Summer Camp Room Phone is 630-252-7412.
- Cell phones are not to be used for music or games, nor are campers to use personal devices for photos/videos or to access the internet.
- For field trips, children can have their cell phone with them but following the same rules above or should he/she get separated from the group to be used to contact the teacher to coordinate a meeting place to reconnect. We can have the child add the contact information into their phone.
- If the child doesn't follow the above policies, the cell phone will be taken away and put in the teachers' cabinet until he/she is picked up for the day.

E-readers and devices with reading apps – Campers may choose to bring in mobile devices for the purpose of reading. These items may be used at the same time campers have designated reading time. Camp counselors will monitor usage and specific limitations will be followed:

- All personal electronics must be on *Airplane Mode* at all times when on center/school premises.
- Personal devices may not be used to take pictures or video, to access the internet, or to contact others including parents, by any means including text, FaceTime, etc.
- A signed School Age Personal Electronics Permission form, in which a parent/guardian and the child will acknowledge use limitations, their sole responsibility for any loss, theft or damage, and the consequences of noncompliance.

Handheld Gaming Devices, iPads, Tablet Devices, iPods & MP3 Players – A wide variety of activities, games, crafts and other age appropriate experiences are planned for the school age children. Some of our programs may have tablet devices, video games and computer games that are age appropriate for school age children to interact with throughout the day. With that in mind, we ask that school age children follow the below policies.

- All *personal* gaming and music devices should be left at home. Bright Horizons will not be responsible for lost or broken equipment coming into the center
- Children may request to bring in and share video or computer games as long as the games are rated "E" for Everyone and do not have inappropriate language or violence. ***Bright Horizons reserves the right to prohibit access to any content which it deems objectionable or inappropriate to our center/school environment.***
- Children will treat school electronic property with respect and take turns with the group throughout the day.
- Teachers may have sign-up sheets for children to use to help monitor usage throughout the day.

Please contact the school age teachers or center leadership team with any questions you have about electronic devices in our school age programs.

Argonne Child Development Center

9700 S. Cass Avenue, Building 952 & 951
Lemont, IL 60439
Center Phone 630-252-9601 Camp Room Phone 630-252-7412
Email: argonne@brighthorizons.com



Permission School Age Personal Electronics

Bright Horizons at Argonne only allows e-readers and Wii video games rated "E".

Before a school age child is permitted to bring personal electronics to a before school, after school or camp program, this permission must be signed by a parent/guardian and the child who both acknowledge and agree as follows:

We take full responsibility for our decision to bring personal electronics to the center. We are solely responsible for any loss, theft or damage to these electronics. We are responsible for storing the device in a safe place when not in use and taking the device home at the end of the day. **Bright Horizons is not responsible in any way for any loss, theft or damage under any circumstances.**

Failure to comply with the following **use limitations** may result in the student's loss of privileges.

1. All Personal electronics must be on **Airplane Mode** at all times when on the premises.
2. Personal Devices may not be used to:
 - take pictures or video;
 - access the internet; or
 - contact others, including parents, by any means including text, FaceTime, or calls.
3. Only "E" rated games are permitted. **Bright Horizons reserves the right to prohibit access to any content which it deems objectionable or inappropriate to our center environment.**

Child's Signature: _____ Date: _____

Printed Name: _____

Parent/Guardian's Signature _____ Date: _____

Printed Name: _____

BRIGHT HORIZONS

SUNSCREEN AND INSECT REPELLANT PERMISSION SLIP

- All sunscreen or sun block will have a UVB and UVA protection of at least 15 or higher.
- All sunscreen/sun block and insect repellent must be provided in the original container (please note, the use of aerosol cans are not allowed for safety purposes).
- All products require a valid expiration date, where applicable.
- Containers must be labeled clearly with the child's full name.

Note: When recommended by public health authorities or requested by a parent/guardian, the use of insect repellents containing DEET should be used. Repellents containing DEET are to be applied only to children over the age of 2 months and *no more than once a day*.

All sunscreen/sun blocks and insect repellents will be applied according to the directions on the label. Insect repellents will be washed off when the child has returned indoors.

Combined sunscreen/sun block and insect repellents should be avoided due to the variation in application times.

I give Bright Horizons permission to apply (please check appropriately):

- ☐ Rocky Mountain Sunscreen Kids SPF 50 Broad Spectrum Sunscreen
- ☐ Other sunscreen provided by family (please specify) _____
- ☐ Insect repellent provided by family (please specify) _____

Child's Name: _____

From: 5/30/2017 To: 8/25/2017

Special Instructions:

Sunscreen/Sun Block: _____

Insect Repellent: _____

(Parent/Guardian Signature)

(Date)

BRIGHT HORIZONS

ALLERGY ALERT

Child's Name: _____ Date of Birth: _____

☐ My child does not have any known allergies at this time.

Should your child develop any allergies while enrolled at the center, please notify Center administration immediately.

----- OR -----

☐ My child has an allergy to: _____

If your child has an allergy, you and the child's physician must complete an Allergy Health Plan. Please contact Center Administration.

Allergy Posting

I understand that Bright Horizons requires the most up to date information regarding my child's allergy. I also understand that for the safety of my child, my child's photograph and allergy information will be posted in the classrooms and kitchen on the Allergy Awareness Chart.

Allergy Deletion

To ensure the safety of your child we cannot delete an allergy which has previously been documented unless we have a note from the child's physician stating that the child is no longer allergic to that item(s) and may now have that specific food(s); or be exposed to the item(s); nor can we add an item(s) or change a medication without a note from the child's physician.

Parent/Guardian Signature

Date



STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CERTIFICATE OF CHILD HEALTH EXAMINATION

Please Print

| | | | | | | | |
|----------------|-------|--------|-----------------|--|---------------------|----------|---------------------|
| Student's Name | | | Birth Date | | Sex | School | Grade Level /ID# |
| Last | First | Middle | Month/Day/ Year | | | | |
| Address | | | Street | | City | ZIP code | Parent/ Guardian |
| | | | | | Telephone # Home | Work | |

IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given after the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

| VACCINE/DOSE | 1 | | | 2 | | | 3 | | | 4 | | | 5 | | | 6 | | |
|--------------------------------------------------|--------------------------------------------------------------|----|----|--------------------------------------------------------------|----|----|--------------------------------------------------------------|----|----|--------------------------------------------------------------|----|----|--------------------------------------------------------------|----|----|--------------------------------------------------------------|----|----|
| | MO | DA | YR | MO | DA | YR | MO | DA | YR | MO | DA | YR | MO | DA | YR | MO | DA | YR |
| Diphtheria, Tetanus and Pertussis (DTP or DTaP) | | | | | | | | | | | | | | | | | | |
| Diphtheria and Tetanus (Pediatric DT or Td) | | | | | | | | | | | | | | | | | | |
| Inactivated Polio (IPV) | | | | | | | | | | | | | | | | | | |
| Oral Polio (OPV) | | | | | | | | | | | | | | | | | | |
| Haemophilus influenzae type b (Hib) | | | | | | | | | | | | | | | | | | |
| Hepatitis B (HB) | | | | | | | | | | | | | | | | | | |
| Varicella (Chickenpox) | | | | | | | | | | | | | | | | | | |
| Combined Measles, Mumps and Rubella (MMR) | | | | | | | | | | | | | | | | | | |
| Measles (Rubeola) | | | | | | | | | | | | | | | | | | |
| Rubella (3-day measles) | | | | | | | | | | | | | | | | | | |
| Mumps | | | | | | | | | | | | | | | | | | |
| Pneumococcal (not required for school entry) | <input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23 | | | <input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23 | | | <input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23 | | | <input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23 | | | <input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23 | | | <input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23 | | |
| Check specific type (PCV7, PPV23) | | | | | | | | | | | | | | | | | | |
| Other (Specify hepatitis A, meningococcal, etc.) | | | | | | | | | | | | | | | | | | |

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.

| | | |
|----------------------------------------------------------------------------------------------------------|-------|------|
| Signature | Title | Date |
| Signature | Title | Date |
| (If adding dates to the above immunization history section, put your initials by date(s) and sign here.) | | |
| Signature | Title | Date |
| (If adding dates to the above immunization history section, put your initials by date(s) and sign here.) | | |

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease Signature Title Date

3. Laboratory confirmation (check one) ☐ Measles ☐ Mumps ☐ Rubella ☐ Hepatitis B ☐ Varicella
Lab Results Date MO DA YR (Attach copy of lab report, if available.)

VISION AND HEARING SCREENING DATA

| Pre-school – annually beginning at age 3; School age – during school year at required grade levels | | | | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| Date | | | | | | | | | | | | | | | | | | |
| Age/Grade | | | | | | | | | | | | | | | | | | |
| | R | L | R | L | R | L | R | L | R | L | R | L | R | L | R | L | | |
| Vision | | | | | | | | | | | | | | | | | | |
| Hearing | | | | | | | | | | | | | | | | | | |

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(Complete Both Sides)

| | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------|--|-------|----|-------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--------|------|-------------------|--------------------------------------------|
| Student's Name | | | | Birth Date | | Sex | School | | Grade Level/ ID # | |
| Last | | First | | Middle | | Month/Day/ Year | | | | |
| HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER | | | | | | | | | | |
| ALLERGIES (Food, drug, insect, other) | | | | | | MEDICATION (List all prescribed or taken on a regular basis.) | | | | |
| Diagnosis of asthma? | | Yes | No | Indicate Severity | | Loss of function of one of paired organs? (eye/ear/kidney/testicle) | | Yes | No | |
| Child wakes during the night coughing | | Yes | No | | | Hospitalizations? When? What for? | | Yes | No | |
| Birth defects? | | Yes | No | | | | | | | |
| Developmental delay? | | Yes | No | | | | | | | |
| Blood disorders? Hemophilia, Sickle Cell, Other? Explain. | | Yes | No | | | Surgery? (List all.) When? What for? | | Yes | No | |
| Diabetes? | | Yes | No | | | Serious injury or illness? | | Yes | No | |
| Head injury/Concussion/Passed out? | | Yes | No | | | TB skin test positive (past/present)? | | Yes* | No | *If yes, refer to local health department. |
| Seizures? What are they like? | | Yes | No | | | TB disease (past or present)? | | Yes* | No | |
| Heart problem/Shortness of breath? | | Yes | No | | | Tobacco use (type, frequency)? | | Yes | No | |
| Heart murmur/High blood pressure? | | Yes | No | | | Alcohol/Drug use? | | Yes | No | |
| Dizziness or chest pain with exercise? | | Yes | No | | | Family history of sudden death before age 50? (Cause?) | | Yes | No | |
| Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____ | | | | | | Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other | | | | |
| Other concerns? (crossed eye, drooping lids, squinting, difficulty reading) | | | | | | Other concerns? | | | | |
| Ear/Hearing problems? | | Yes | No | | | Information may be shared with appropriate personnel for health and educational purposes. | | | | |
| Bone/Joint problem/injury/scoliosis? | | Yes | No | | | Parent/Guardian Signature _____ Date _____ | | | | |

| | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------|---------|----------------|------------------------------|--------|--------------------------|-----|---------|--|
| Entire section below to be completed by MD/DO/APN/PA (*INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES) | | | | | | | | | | | | |
| PHYSICAL EXAMINATION REQUIREMENTS | | | | HEIGHT | | WEIGHT | | BMI | | B/P | | |
| DIABETES SCREENING BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| LEAD RISK QUESTIONNAIRE* Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date _____ Blood Test Result _____ (Blood test required in Chicago and other high risk zip codes.) | | | | | | | | | | | | |
| TB SKIN TEST Recommended only for children in high-risk groups including children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adults in high-risk categories. See CDC guidelines. Date Read ____/____/____ Result _____ mm | | | | | | | | | | | | |
| LAB TESTS *INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES | | | Date | | Results | | | | Date | | Results | |
| Hemoglobin * or Hematocrit * | | | | | | | Sickle Cell * (as indicated) | | | | | |
| Urinalysis | | | | | | | Other | | | | | |
| SYSTEM REVIEW | | Normal | Comments/Follow-up/Needs | | | | | Normal | Comments/Follow-up/Needs | | | |
| Skin | | | | | | | Endocrine | | | | | |
| Ears | | | | | | | Gastrointestinal | | | | | |
| Eyes | | Normal Yes <input type="checkbox"/> No <input type="checkbox"/> | Objective screening Yes <input type="checkbox"/> No <input type="checkbox"/> | Result _____ | | Genito-Urinary | | | | | LMP | |
| | | Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/> | Referred to Ophthalmologist/Optometrist Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Neurological | | | | | | |
| Nose | | | | | | | Musculoskeletal | | | | | |
| Throat | | | | | | | Spinal examination | | | | | |
| Mouth/Dental | | | | | | | Nutritional status | | | | | |
| Cardiovascular/HTN | | | | | | | Mental Health | | | | | |
| Respiratory | | | | | | | | | | | | |
| NEEDS/MODIFICATIONS required in the school setting | | | | | | | DIETARY Needs/Restrictions | | | | | |
| SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup | | | | | | | | | | | | |
| MENTAL HEALTH/OTHER Is there anything else the school should know about this student? If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal | | | | | | | | | | | | |
| EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe. | | | | | | | | | | | | |
| On the basis of the examination on this day, I approve this child's participation in (If No or Modified, please attach explanation.) PHYSICAL EDUCATION Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/> INTERSCHOLASTIC SPORTS (for one year) Yes <input type="checkbox"/> No <input type="checkbox"/> Limited <input type="checkbox"/> | | | | | | | | | | | | |
| Physician/Advanced Practice Nurse/Physician Assistant performing examination | | | | | | | | | | | | |
| Print Name | | | | Signature | | | | Date | | | | |
| Address | | | | | | Phone | | | | | | |

(Complete both sides)