



Jr. Camp/Quad Summer Registration, Health History & Emergency Care Plan

--	--	--	--

Child ID

\$ 75.00 per child registration fee ~ Please fill out a separate form for each child.
\$25.00 discount if filled out by May 1st and in entirety. \$25.00 handling fee for multiple audits.

All information on these forms is required by state of WI DCF Codes. Parents are required to inform us in writing of any changes to this information.

Today's Date (MM-DD-YY)

CHILD INFORMATION

How did you hear about us? Friend/Relative - List name for referral credit _____
 Newspaper Ad Newspaper Article Marquee Flyer Other _____

--	--	--	--

Name (Last, First, Middle) Nickname if any Birth Date (mm/dd/yyyy) Gender : Other Male Female

Family Status: Married Divorced Single Widowed Guardian Other _____

PARENT/GUARDIAN INFORMATION: Provide all information regarding how the parent/guardian can be reached **while the child** is in care.

All parents/guardians are permitted to visit/pick up during center hours unless access is restricted/prohibited by a court order.

Attach the court order if any. If the child resides at multiple locations, the state department recommends a schedule for each location be obtained.

Relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> I Guardian Name: Home Address: (Street, City, State, Zip) Employer Name: Email Address:	Telephone Number – Work Employee ID (if Quad employee)	Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home
---	---	--

Relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> I Guardian Name: Home Address: (Street, City, State, Zip) Employer Name: Email Address:	Telephone Number – Work Employee ID (if Quad employee)	Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home
---	---	--

EMERGENCY CONTACT / AUTHORIZED ESCORT INFORMATION: EMERGENCY CONTACT ~ Someone that can help us find the parent quickly in an emergency. AUTHORIZED ESCORT ~ Someone with permission to pick up your child. Email & Numbers where reachable while child is in care.

Relationship to child: Name: <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Escort Employer Name: Email Address:	Telephone Number – Work Employee ID (if Quad employee)	Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home
--	---	--

Relationship to child: Name: <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Escort Employer Name: Email Address:	Telephone Number – Work Employee ID (if Quad employee)	Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home
--	---	--

Name – Medical Facility or Primary Physician	Address - (Street, City, State, Zip)	Telephone Number
--	--------------------------------------	------------------

ANTI-ITCH CREAM, SUNSCREEN / INSECT REPELLENT AUTHORIZATION ~ Jr. Camp/Quad uses Dr. Scheffields Anti-Itch Cream, NoAd, Equate, Up&Up &/or Walgreens 30+ SPF Sunscreen & Off Brand Repellant with 45% or less Deet. **I understand Jr. Camp/Quad will use & apply these products to my child unless noted below.** The people below shall apply these to my child:

Bug Repellent:	Sun Screen:	Anti-Itch Cream:
<input type="checkbox"/> Quad Staff <input type="checkbox"/> My child <input type="checkbox"/> Staff & My Child <input type="checkbox"/> My child has a repellent allergy & will not use bug repellent. I will supply a doctor's note. <input type="checkbox"/> I will supply the following repellent for my child: <u>List Brand Name & Active Ingredient Strength:</u>	<input type="checkbox"/> Quad Staff <input type="checkbox"/> My child <input type="checkbox"/> Staff & My Child <input type="checkbox"/> My child has a sunscreen allergy & will not use sunscreen. I will supply a doctor's note. <input type="checkbox"/> I will supply the following sunscreen for my child. <u>List Brand Name & SPF Strength:</u>	<input type="checkbox"/> Quad Staff <input type="checkbox"/> My child <input type="checkbox"/> Staff & My Child <input type="checkbox"/> I will supply the following anti-itch cream for my child <u>List Brand Name:</u>

FIELD TRIP AUTHORIZATION: Yes No ~ I give permission for my child to participate and be transported for fieldtrips/activities

MEDICAL CONDITIONS - Check any special medical condition that your child may have. Attach any health care plan information from the child's physician, therapists, etc. where required.

<input type="checkbox"/> No specific medical condition	Allergies & Sensitivities
<input type="checkbox"/> Cerebral Palsy / Motor Disorder	<input type="checkbox"/> Milk Allergy/Sensitivity If the child is allergic to milk, attach statement from a medical professional indicating an acceptable alternative. <input type="checkbox"/> Food Allergies – Specify foods /beverages: Children bringing food from home due to food allergies must meet state requirements in meeting food guidelines with acceptable alternatives.
<input type="checkbox"/> Epilepsy / Seizure Disorder	
<input type="checkbox"/> Asthma	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Gastrointestinal or feeding concerns including special diet and supplements	
<input type="checkbox"/> Other condition(s) requiring special care – Specify:	
<input type="checkbox"/> Any disorder including Cognitive Disabilities (LD, ADD, ODD, ADHD, Autism / Autism Spectrum etc) - Please specify:	<input type="checkbox"/> Non-food allergies – Specify:

Medical Instructions

1. Triggers that may cause problems: Specify
2. Signs & symptoms to watch for: Specify
3. Steps the child care provider should follow: If medications are necessary, a copy of the Authorization to Administer Medication is required.
4. When to call parents regarding symptoms or failure to respond to treatment:
5. When to consider that the condition requires emergency medical care or reassessment:
6. Are you willing to give specialized instructions/training to our staff? Yes No
7. Additional information that may be helpful to the child care provider:

-
- **Deductions:** (Quad employees) Tuition will be deducted by payroll in one of two ways, or through a combination of both:
 - **Using Pre-Tax Dollars:** if chosen as an option during Open Enrollment
 - **Regular Payroll deduction:** After Tax Dollars will be deducted from the weekly paycheck and applied to tuition. The dollar amount deducted cannot be changed weekly.
 - **Advance Payments:** Community parents are required to have tuition payments paid prior to services.
 - You will be billed on a biweekly basis & payment is expected in advance. Employees may be required to pay in full and collect familial payment from responsible parties. Arrangements can be made with the camp director for credit card and check payments. I understand my bill must remain current in order for my child to continue attending camp.
 - I give permission for my child to be photographed on field trips & in the classroom. Yes No
These photos may be used for advertising purposes. Yes No
 - I have been informed of any pets at the camp and their degree of contact with the enrolled children.
 - I have received a copy of the Jr. Camp guidelines, tuition schedule & payment guidelines & agree to abide by all Quad/Camp policies. I understand the guidelines, policies & a copy of "Wisconsin Rules for Licensing Camps" are available on request & online to me for my review.
 - If there should happen to be a medical emergency concerning my child's well-being as the result of illness or an accident, I give my permission to have my child transported and treated at the nearest medical facility for emergency medical treatment. I understand that I will be financially responsible for expenses not covered by my insurance provider.

Signature – Parent/Guardian: _____ **Date:** _____

Reviewer Initials / Date of Review: _____

JR. Camp/Quad Immunization Record – page 2

NEW CAMPERS:

Please remember to attach a copy of your child's immunization record if you did not list them on page 1.

RETURNING CAMPERS:

If your child received new immunizations, please remember to attach a copy of the updated record if you did not list them on page 1.

****Don't forget to sign page 1****



Prospective Attendance, Field Trip & Movie Authorization

Child's Name: _____

--	--	--	--

Child ID

Please X or ✓ **each day** your child will (or might) attend camp this summer. **Please note that pre and post weeks are reserved for families enrolled on a regular basis. Due to limited staffing, we are unable to enroll children just for these weeks.** Staff, meals, bus contracts and supplies will be arranged according to the number of children scheduled for each day. We will ask you to confirm this schedule *2 weeks in advance*. Your schedule is negotiable until 2 weeks prior, at which time it becomes locked for staffing and planning. Please make note if and how the Quad production rotations affect your child's attendance schedule.

Camp opens on June 10th, 2024. Care needed prior to June 10th can be arranged through the camp director. Please be sure to include these days on the calendar below as part of your regular enrollment.

Pre-Week & Post Weeks as Critical Scheduling: Shaded areas denote limited staff availability. Scheduling accuracy is critical at these times & space may not be available for late requests. Again, pre weeks and post weeks are also limited to families enrolled and attending on a regular basis. We will ask for confirmations as these days draw closer.

Pre-Week & Post Weeks: Children scheduled for care during these weeks must also be regularly scheduled throughout the summer.

Please mark each day your child will attend:

JUNE					JULY					AUGUST				
M	T	W	R	F	M	T	W	R	F	M	T	W	R	F
				1	1	2	3	CLOSED 4	5				1	2
3	4	5	6	7	8	9	10	11	12	5	6	7	8	9
10	11	12	13	14	15	16	17	18	19	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	19	20	21	22	23
24	25	26	27	28	29	30	31			26	27	28	29	30

The approximate times you will be dropping off and picking up your child daily:

Drop Off (Start Time) _____ Pick Up (End Time) _____

My child will / might attend the Sleepover/Fundraiser Event from Friday July 26th 5:30 p.m. through Saturday July 27th 8:30 a.m.

Child's Name: _____

Child's Age: _____

--	--	--	--	--

Child ID

Field Trip/Activity Expectations:

We are planning to attend some trips this summer if we can assure that high standards of hygiene and sanitation practice are followed by the preferred vendors. Field trips and special activities are a privilege. Field trips will be announced well in advance. All children participating in school-age field trips and activities are expected to:

- ✓ Be on time *to fully prepare* for trip ~ pack a lunch, change, attend group meeting. We ask that children arrive **no later than 8:00am on trip days**. You may call ahead with a sandwich order to save time (414.587.4365)
- ✓ Be prepared and dressed appropriately
- ✓ Listen to and follow directions
- ✓ Control their behavior
- ✓ Treat teachers, peers and property in a respectful manner
- ✓ Be respectful of practices guiding use of the premise
- ✓ Display appropriate behavior and use appropriate language. Inappropriate physical behavior, language (including the use of threats, profanity, or discussing inappropriate content), poor attitude and disrespecting people and property, whether on a trip or at base camp, will result in a phone call to the parent and possible exclusion from future trips, activities or camp. *See discipline insert for more details.*

Possible causes for exclusion:

- ✓ Child requires one-to-one care – Jr. Camp/Quad staff to child ratios do not allow for one-to-one care.
- ✓ Failure to meet expectations listed above may result in exclusion from field trips/activities or the child's parent may be required to chaperone in order for the child to attend. Consequences are determined after reviewing the situation, the child's age and development, and the severity or frequency of the behavior as well as the child's overall behavior.
- ✓ Failure to improve behavior or inappropriate behavior occurring on a regular basis may also result in termination of care.

Movies: Due to the variety of child interest, ages and development, I understand children may view movies rated PG.

Please check one:

- I do not have viewing concerns.
- I have viewing concerns and will discuss them with my child's counselors.

Field Trip Attendance:

- My child(ren) may attend any fieldtrips and activities on the days they are scheduled to attend Junior Camp/Quad. In the event I do not want my child to attend a specific trip, I will make alternate arrangements for my child. I understand that failure to meet expectations may result in my child's possible exclusion from trips or activities. Staff will not stay back to provide one on one care.

Child's Signature & Date: _____

Parent's Signature & Date: _____

QuadCare Summer Camp Payroll Authorization/Payment Plan



Parent/Guardian Name: _____

--	--	--	--	--	--	--	--

If Quad Employee - ID Required

Community Families:

Paying Average Weekly Tuition of \$ _____ in Advance Other _____

Quad Employee Families:

Quad cannot deduct a fluctuating balance. Please use the worksheet on the back to determine your weekly average deduction. I authorize Quad to deduct \$ _____ from my weekly payroll check. This amount will be applied directly to my QuadCare balance. Any QuadCare balance not covered by this deduction remains my responsibility and should be paid on a regular weekly schedule. Deductions are to start with the payroll effective:

--	--	--	--	--	--	--	--

Date MM-DD-YY (Required)

- New Deduction Setup
- After Tax Deduction already in place – Current Weekly Deduction \$ _____
- Pre Tax Dependent Care Flex already in place – Dependent Care Flex amount \$ _____
- No Deduction: Other _____
- Deduction Change (After-Tax Only)
 - Increasing Deduction Amount Decreasing Deduction Amount Stopping Deduction

Reason for Change: _____

Community & Quad Employee Families:

	Child(ren) Name: <i>(please print)</i>	Estimated # of days of attendance between June and Sept.									
1)	_____	_____	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> Child ID #								
2)	_____	_____	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> Child ID #								
3)	_____	_____	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> Child ID #								

Parent/Guardian Signature: _____

--	--	--	--	--	--	--	--

Date MM-DD-YY (Required)

To complete enrollment process please submit to QuadCare Office

For Office Use Only	
Office Notes: _____	
QuadCare Approval: _____	Date: _____
Accounting Approval: _____	Date: _____

085



Payroll Deduction Worksheet

2024 Quad families will pay:	
Full Day (up to 10 fixed hours)	\$41.50
<i>2nd child discount</i>	\$37.35
Extended Day (over 10 hours)	\$49.30
<i>2nd child discount</i>	\$44.40

Quad Families with children that attend camp for 4 hours or less per day will pay an hourly rate of **\$8.45** for the first child and \$7.60 for each additional child. Hourly rate does not include meals.

2024 Community families will pay:	
Full Day (up to 10 fixed hours)	\$56.50
<i>2nd child discount</i>	\$50.85
Extended Day (over 10 hours)	\$64.50
<i>2nd child discount</i>	\$58.05

Community Families with children that attend camp for 4 hours or less per day will pay an hourly rate of **\$11.35** for the first child and \$10.25 for each additional child. Hourly rate does not include meals.

School Age Child's Name	# days attending all summer		Cost per day		Total Cost of Trips*		Summer Total
		x	\$	+	\$	=	\$
		x	\$	+	\$	=	\$
		x	\$	+	\$	=	\$
		x	\$	+	\$	=	\$
Add totals and divide by 12 (the number of weeks in the program) to get your total weekly payroll deduction. Add this amount to your current deduction if you already have children attending the center.							\$

**See program brochure for fieldtrip costs*