



2025 Summer Camp

Hello! Thank you for choosing Discovery Kids Learning Center for your child's Summer Camp needs. We are looking forward to a fun-filled summer with lots of arts-and-crafts, field trips, and many other activities. Our camp will run this year from June 30th to August 22nd between the hours of 7:30am-5:30pm.

Due to the high interest in our program, we will be accepting students on a tier-based system this year. Families that have a child currently enrolled in our program will receive first placements for their older school-age children. Children who attended last year's Summer Camp and children of staff will be given placement if space is still available. The following forms are required for enrollment:

- *DK-0001: Enrollment Form
- *DK-0002: Release Authorization Form
- *DK-0003: Medical Consent Form
- *DK-0004: Enrollment Agreement
- *DK-0005: Fee & Deposit Agreement
- *DK-0006: Permission Form

- *OCFS 4433: Physical and Immunization Records (or most recent form provided by doctor)
- *OCFS 6010: Non-Medication Consent Form (for sunscreen)

If your child has a medical condition or allergies that would require medication to be kept at camp, there are additional medical forms listed below that need to be completed and returned with the above forms. Please let us know if you need these forms and we will send them to you:

- *OCFS 7002: Medication Consent Form (for each medication they require)
- *OCFS 6029: Individual Allergy and Anaphylaxis Emergency Plan

If you have any questions or concerns, please call the office at (716) 629-3463. Thank you again and we look forward to having you as part of our 2025 Summer Camp!

Sincerely,

Jennifer Reardon
Discovery Kids Program Director

Enrollment Form

Child's Full Name: Last _____ First _____ Middle _____

DOB (mm/dd/yyyy): _____ Gender: Male Female

Child's Home Address: Street _____ Apt _____

City _____ State _____ Zip _____

Name(s) of Person Applying for Child: Last _____ First _____

Parent Guardian Caretaker Relative Other: _____

Address of Person Listed Above (if different from child's): Street _____ Apt _____

City _____ State _____ Zip _____

Cell/Home Phone(s): _____

Work Phone(s): _____

Email(s) for Kangarootime Connect App: _____

Parent/Guardian Employer Name: _____

IMPORTANT: In the case of custody and/or visitation arrangements concerning the child named above, we must have certified copies of legal documentation on file in order to honor such arrangements. Otherwise, the Parent/Guardian named above who is registering the child will be the primary contact and party responsible for payment to Discovery Kids Learning Center.

Emergency Contact Information:

Contact Name	Relationship	Telephone Number During Child Care Hours	Alternate Telephone Number <i>Indicate-Work/Other</i>

Does your child have any allergies? Yes No

If yes, what is your child allergic to? (foods, medicines, environmental, insect bites, etc.) Please detail:

Release Authorization

Child's Name: Last _____ First _____ Middle _____

Please indicate below the contact information for at least two (2) individuals (**INCLUDING all those persons with parental rights to this child**) who we can contact in an emergency should we not be able to reach you directly; and who are authorized to pick up your child from the Discovery Kids Learning Center if you are not able to do so yourself.

1. Parent/Guardian Name: _____ Phone: _____
Address: _____ Alternate Phone: _____
City: _____ State: _____ Zip: _____ Relationship (to child): _____

2. Parent/Guardian Name: _____ Phone: _____
Address: _____ Alternate Phone: _____
City: _____ State: _____ Zip: _____ Relationship (to child): _____

3. Parent/Guardian: _____ Phone: _____
Address: _____ Alternate Phone: _____
City: _____ State: _____ Zip: _____ Relationship (to child): _____

4. Parent/Guardian: _____ Phone: _____
Address: _____ Alternate Phone: _____
City: _____ State: _____ Zip: _____ Relationship (to child): _____

5. Parent/Guardian: _____ Phone: _____
Address: _____ Alternate Phone: _____
City: _____ State: _____ Zip: _____ Relationship (to child): _____

IMPORTANT: In the case of custody and/or visitation arrangements concerning the child named above, we must have certified copies of legal documentation on file in order to honor such arrangements. Otherwise, the Parent/Guardian named above who is registering the child will be the primary contact and party responsible for payment to Discovery Kids Learning Center.

Parent/Guardian Signature

Date

Medical/Transportation Consent Form

Child's Name: _____ Date of Birth: _____

Primary Care Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Preferred Medical Care Facility/ Hospital: _____ Phone: _____

Health Insurance Carrier: _____

Name of Insured: _____

Group Number: _____ Policy Number: _____

I hereby authorize the above-named medical care facility and its staff to perform routine procedures and medical treatment and/or any emergency medical treatment or surgery necessary in the event that my child should need such treatment or surgery and I, the parent or legal guardian, am not available. This authorization is only effective in the event of an illness or injury requiring medical treatment while my child is enrolled in and utilizing the facilities of Discovery Kids. I understand that while the above-named facility is my preference, medical professionals may transport my child to a closer medical facility if necessary.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the results of treatment or examinations in the hospital.

I am aware that the above-mentioned child is unable to consent to medical procedures because he/she is a minor.

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation, and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.

In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon, or hospital necessary for the proper health and well-being of my child. I have provided information on my child's special needs (allergies, diet, disabilities, and / or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency.

I consent for my child to take part in developmental screenings/assessments.

I understand that video cameras are in use and recording for safety and security purposes during operating hours.

Parent/Guardian Signature: _____ Date: _____



Summer Camp Enrollment Agreement

June 30 – August 22
7:30 am-5:30 pm Daily

Discovery Kids Learning Center operates under a not-for-profit New York State Corporation which provides childcare services for children. Parents /Guardians wish to have the center provide such services at its location, 150 Stahl Road, Getzville, NY to his/her child, and the Center wishes to provide such services. Considering the foregoing and the mutual contained herein, the parties agree as follows:

Discovery Kids will provide childcare services for:

Child's Name: _____ DOB: _____

Parent/Guardian Name: _____ Phone: _____

Email Address: _____

Home Address: Street _____ Apt _____

City _____ State _____ Zip _____

Days attending summer camp:

Monday

Tuesday

Wednesday

Thursday

Friday

Parent/ Guardian will pay the center a **\$100 per child** non-refundable registration fee upon enrollment and tuition based on the current rate in accordance with the following terms.

Two weeks written notice of withdrawal is expected. Therefore, once the written notice of withdrawal is received by the Director you will continue to pay until the two-week notice period is over.

Attendance is limited to scheduled days: switching days is prohibited. Extra days may be added with the prior permission of the Director and providing space is available.

Either party may terminate the agreement without cause upon two weeks' written notice, in accordance with guidelines outlined in the parent handbook. The center reserves the right to terminate the agreement without notice should a child's presence jeopardize the health, safety, or well-being of the other children, families, or staff.

The parent/guardian represents and warrants that he/she has provided full and accurate information to the Center on all registration forms he/she has completed in connection with his/her child's enrollment at Discovery Kids. Parent/Guardian further represents and warrants that he/she has received and understands the policies outlined in the Enrollment Agreement and Parent Handbook and shall abide by them, as now or hereafter amended from time to time.

Parent /Guardian shall indemnify the center, the not-for-profit corporation, its officers, agents, and employees from any loss or liability incurred because of his/her breach of any representation or obligation of parent/ guardian under this agreement.

Parent/Guardian Signature

Date

Director Signature

Date

Thank you for choosing Discovery Kids for your child's summer camp needs. We are looking forward to a fantastic summer!!!

Tuition Agreement

Tuition Rates per Week

5 days \$360

4 days \$288

3 days \$216

2 days \$144

- A nonrefundable registration fee of **\$100 per child** is required for each summer camper.
- We use the Kangarootime Connect App to communicate with families, share information about your child's day, and to assist with billing and payments. Once your child's enrollment paperwork has been processed, you will receive an invite to connect to your child's account. After you connect to your child, please upload your payment information. You may use a credit card, but please note that you will be charged any user fees that are connected to your card. We highly recommend using your bank account because the user fees will be absorbed by Discovery Kids.
- Tuition payments are due weekly on the Friday BEFORE a week begins (ex: payment for week 2 is due at the end of week 1).
 - *A \$35 fee will be charged for payments received after the due date. After two weeks of non-payment, your child's enrollment will be terminated.
- Attendance is limited to scheduled days: switching days is prohibited. Extra days may be added with the prior permission of the Director and providing space is available. The daily rate to add-a-day is \$72.
- Our Summer Camp offers a lot of fun activities for the children in the program, including weekly field trips. Field trip costs are part of the weekly tuition rates, however, some field trips may require an additional \$15 fee. These additional fees will be added to the weekly invoices you receive (as applicable).

By signing this form, I agree to the above terms and conditions relating to the Discovery Kids Summer Camp tuition fees.

Parent Signature

Date

Permission Form

Child's Name: _____

Date of Birth: _____

Please read each section below and circle your response

PHOTOGRAPHY (PHOTOS / MEDIA / VIDEOS)

YES NO

I give permission for my child to be photographed or filmed at the Discovery Kids Learning Center for use on the program's Facebook page, in slides, videos, or photo displays in conjunction with activities related to education and our center. My child's name may also be used for these purposes.

PHOTOGRAPHY (KANGAROOTIME / YEARBOOK)

YES NO

I give permission for my child to be photographed for the Kangarootime app and for his/her photo to be included in a class picture and/or yearbook. My child's name may also be used for these purposes.

FIELD TRIPS

YES NO

I give permission for my child to travel to and participate in field trips under the supervision of the Discovery Kids Learning Center program staff. I will be notified of each trip in advance.

OUTDOOR ACTIVITIES

YES NO

I give permission for my child to participate in neighborhood walks and outdoor activities under the supervision of the Discovery Kids Learning Center program staff.

COMPUTER USE

YES NO

I give permission for my child to use classroom tablets for educational purposes as they pertain to the Discovery Kids Learning Center program curriculum.

Parent/Guardian Signature: _____

Date: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child: _____	Date of Birth: / /	Date of Examination: / /
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Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s). Yes No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /		
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /			
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

Tests

Tuberculin Test Date: / / Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /
 Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year / / Result: _____ mcg/dL Venous Capillary

2 years / / Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):
 / / Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.
 If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
NON-MEDICATION CONSENT FORM
Child Day Care Programs

- This form may be used when a parent consents to having over-the-counter products administered to their child in a child day care program. These products include, but are not limited to: topical ointments, lotions and creams, sprays, sunscreen products and topically applied insect repellent.
- This form should **NOT** be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays. OCFS Form 7002 would meet the consent requirements for medications.
- One form must be completed for each over-the-counter product. Multiple products cannot be listed on one form.
- This form must be completed in a language in which the staff is literate.
- If parent's instructions differ from the instructions on the product's packaging, permission must be received from a health care provider or licensed authorized prescriber.

PARENT TO COMPLETE THIS SECTION (#1 - #14)

1. Child's first and last name:	2. Date of birth:	3. Child's known allergies:
4. Name of product (including strength):	5. Amount to be administered:	6. Route of administration:
7A. Frequency to be administered, include times of day if appropriate: _____		
OR		
7B. Identify the conditions that will necessitate administration of the product (signs and symptoms must be observable prior to administration): _____		
8A. Possible side effects: <input type="checkbox"/> See product label for complete list of possible side effects (parent must supply)		
AND/OR		
8B. Additional side effects: _____		
9. What action should the child care provider take if side effects are noted:		
<input type="checkbox"/> Contact parent _____		
Other (describe): _____		
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (parent must supply)		
AND/OR		
10B. Additional special instructions: _____		
11. Reason(s) for use (unless confidential by law): _____		
12. Parent name (please print):	13. Date authorized:	
14. Parent signature:		
X		

DAY CARE PROGRAM TO COMPLETE THIS SECTION (#15 - #21)

15. Program name:	16. Facility ID number:	17. Program telephone number:
18. I have verified that #1, -#14 are complete. My signature indicates that all information needed to administer this product has been given to the child day care program.		
19. Staff's name (please print):	20. Date received from parent:	
21. Staff's signature:		
X		

THEME SCHEDULE

6/30-7/4
WEEK 1

WELCOME WEEK



7/7-7/11
WEEK 2

SCIENCE WEEK



7/14-7/18
WEEK 3

FARMER WEEK



7/21-7/25
WEEK 4

SAFARI WEEK



7/28-8/1
WEEK 5

**ANTARCTICA
WEEK**



8/4-8/8
WEEK 6

**UNDER THE SEA
WEEK**



8/11-8/15
WEEK 7

WILD WEST WEEK



8/18-8/22
WEEK 8

FAREWELL WEEK



DISCOVERY KIDS SUMMER CAMP

FIELD TRIP SCHEDULE

THESE ARE APPROXIMATE DATES THAT MAY CHANGE AS WE GET CLOSER TO SUMMER BASED ON A VARIETY OF FACTORS. THANK YOU FOR YOUR UNDERSTANDING!

7/10
THURSDAY

**BUFFALO MUSEUM OF
SCIENCE**



7/16
WEDNESDAY

KELKENBERG FARMS



7/24
THURSDAY

**HIDDEN VALLEY
ANIMAL ADVENTURE**



7/30
WEDNESDAY

**AQUARIUM OF
NIAGARA**



8/7
THURSDAY

CLEARFIELD POOL



8/13
WEDNESDAY

**NIAGARA
AMUSEMENT PARK**

