



God's Amazing World



John Knox Summer Camp registration opens to the community April 9th. Please call 864 322-0045 and speak to Tami or Ms. Bergin to check availability and schedule enrollment time.

-Required for registration:

+Completed Registration form

+ Policies form +Permission Granted form

+DSS form 2900

+We will need their updated SC DHEC Immunization Record prior to camp!

Be sure to:

-Circle the week(s) you request

- Check any weeks you require the 3:00 Late Stay option.

Enrollment is confirmed with your full camp payment which includes the **Non-refundable Registration fee of \$25 per week Please note: Changes and/or refunds will be only in the case of extenuating circumstances on a case-by-case basis.**

Ages- Infants 12 weeks or older through completed K5

Camp Weeks:

1. Monday, June 17th – Thursday, 20th

2. Monday, June 24th – Thursday, 27th

3. *Monday, July 1st – Friday, 5th (Closed Thurs., July 4th)

4. Monday, July 8th – Thursday, 11th

5. Monday, July 15th – Thursday, 18th

Camp Times- Mondays through Thursdays, 8 am through 12 noon. (*M,Tu,W & Fri week three, Closed Thursday for the 4th)

**Camp Fees- \$150 per camp week (includes \$25 non-refundable registration fee)
(Covers snacks, materials and activity fees)**



Extension from 12-3pm: \$100 per week *Pick up by 3:00 to avoid late fees.

Snacks will be provided. Only children staying for the Extended session will need to bring a lunch. Space based on availability.

Weekly special events will include daily Guest Leaders for:

**Art Sessions, Music Sessions, Science/Technology Sessions, Recreation
Activities plus weekly sno-cone treat!**



2024 John Knox Summer Camp Registration Form

(Please fill out a form for each child registering- **PLEASE PRINT CLEARLY**)

For ages Infants (must be 12 weeks old) through completed K-5 students.

We will need their updated DHEC Immunization Record prior to camp!

Child's Name: _____ Age: _____ Birthdate _____

Grade/Age *currently completed: _____

Male _____ Female _____

***NOTE: This is the group your child will be in this summer!**

Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Parent Info:

Mom's Name: _____ Cell Phone Number: _____

Home Number: _____ Work Number: _____

Email Address: _____

Dad's Name: _____ Cell Phone Number: _____

Home Number: _____ Work Number: _____

Email Address: _____

Camp Times: Mondays through Thursdays, 8 am to 12 noon *Mon through Wed and Fri week of July 4th

Camp Costs: \$150 per week. Enrollment is confirmed with your full camp payment which includes the **Non-refundable Registration fee of \$25 per week Please note: Changes and/or refunds will be only in the case of extenuating circumstances on a case-by-case basis.**

Extension from 12-3pm: \$100 per week (Based on availability)

[Daily pick up by 12 Noon/3:00 to avoid late fees.]

. CIRCLE CAMP WEEK(S) CHECK if LATE STAY desired 12-3 PM

Please Note: Pick-up time must be consistent all four days

Week of: _____ LATE STAY

1. June 17th-20th: _____

2. June 24th- 27th: _____

3. July 1st - 3rd, 5th: * (Closed Tues., July 4th) _____

4. July 8th - 11th: _____

5. July 15th-18th: _____

South Carolina Department of Social Services
Child Care Regulatory Services

GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION TO CHILD CARE FACILITY

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____ Select County ...

Address: _____
Street Address -- no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

_____ Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

_____ Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility FROM _____ am/pm TO _____ am/pm

If Child is a drop-in, indicate hours of care: FROM _____ am/pm TO _____ am/pm

Check all days Child will regularly attend this facility: Mon Tue Wed Thurs Fri Sat Sun

Check all meals Child will receive daily: Meals are not offered Breakfast Morning Snack Lunch
 Afternoon Snack Dinner Evening Snack

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

_____ Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

_____ Street Address City, State, Zip Telephone

Dental Care Provider: _____
Name

Street Address _____
City, State, Zip _____ Telephone _____

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee

2024 John Knox Summer Camp Liability, Health, Medication & Discipline Policies

General Health:

Present health of the child: _____

Diseases the child has had: _____

Serious illnesses or accidents: _____

Physical limitations: _____

Allergies: _____

Allergy information on file with the director? Yes _____ No _____

Are there any medical problems we need to be aware of? _____

Is there anything else we need to know about? _____

Names of those authorized to pick up your child:

Name _____ Phone# _____

Name _____ Phone# _____

Medication Policy:

John Knox Summer Camp will keep the administration of medications to students at a minimum or in emergency situations only. The Director must be informed prior to any administration of medication & the following will be followed:

1. The only medications that we will administer to children are:
 - Diaper creams/powders
 - Gas drops for infants
 - Breathing treatments as prescribed by a doctor for children with asthma
 - Benadryl and/or inhalers in allergic situations (You must provide.)
 - Epi-pens for allergic reactions
 - Minor cuts, scrapes, bug bites and bee stings (if no allergy) will be treated by washing the area with warm, soapy water/ice pack/Band-Aids
- **** We will NOT administer any over the counter cold/cough/general hay fever type medicines
2. Parents/Guardians must provide a written/signed consent to the Direction prior to the administration of any approved medications.
3. All medication shall be kept in a high or locked cupboard out of reach of the children or locked up in the Director's office. Epi-pens will be kept in the Director's office along with the allergy treatment form from the parents or in the teacher's red back pack out of the reach of children. A wall pocket may be used if a parent is bringing it/taking it home daily.
4. All approved medication must be in its original container and be labeled with the child's name, parent or physician's name, pharmacy, medication, dosage, frequency, starting date and end date, if applicable. An "Individual Record of Medication Given" shall be signed by the parent and if applicable, posted with the medication. Staff members will double check the label prior to administering any medications and if the label is illegible, parents will be informed and medication will not be administered.
5. If a child needs an unauthorized prescription or over the counter medication for colds, coughs, lasting effects of recent illness, etc, a parent or parent designee must come and administer that medication.
6. Please note- medications cannot be left in diaper bags or backpacks in reach of other children
7. Parents will be notified immediately if an adverse reaction to medication occurs.

Please keep your child at home if he/she has a sore throat, nausea, diarrhea, very loose bowels, skin rashes, vomiting, new or worsening cough, earaches, enlarged glands, thick or colored nose mucus, congestion, trouble breathing, chills, pink eye, fever, etc.

Your child must be fever, diarrhea and vomit free for 24 hours before returning to school. A fever is anything 100.4 or higher.

There must be a 24-hour fever free period without the aid of medications.

If a child develops any of the above symptoms or complains of generally not feeling well, a parent will be notified to pick them up immediately.

Please notify your teacher if your child contracts any contagious illness. We do everything we can to insure the health of our teachers and children. We appreciate your help in preventing the spread of communicable disease & sickness!!

Discipline Policy:

Discipline procedures are as follows:

1. The child is given several gentle reminders of acceptable behavior
2. The child is removed from the activity in which the behavior is occurring and redirected by the teacher to another activity
3. The child loses the privilege of playing in a particular center or activity for a specified amount of time appropriate for the child's age. Teachers may have their own behavior system in which the child may lose a token or symbol at this age
4. The child is removed to a time out area inside the classroom and for a time period that matches their age and/or the teacher will take the next step in their own classroom behavior system. Parents will be notified by the teacher when this step occurs.
5. If inappropriate behavior continues, the time out process will be repeated and the Director will be notified.
6. When these steps have been exhausted, a parent conference will be called and include the parents, Director and the teacher. Suggestions may be made to help modify the behavior or outside resources may be recommended.
7. We reserve the right for disenrollment of a child in the event they are unable to acclimate within the boundaries of our program.

** When steps 4, 5 and 6 are reached, documentation of the incident, activity and behavior will be made.

.....
I have read and understand the Health, Medication and Discipline Policies for John Knox Summer Camp.

I, _____, hereby release John Knox Presbyterian Church from any liability in the case of an accident, injury, allergic reaction, sudden severe illness, or any other emergency involving my son / daughter, _____.

Parent Signature _____ **Date** _____



2024 Summer Camp Health and Sickness Protocol

SC DHEC has removed the lengthy COVID protocols and included COVID on the exclusion list (with other communicable diseases/illnesses). In order to provide the safest environment possible, we will continue to practice the following precautionary measures.

- Whether for drop-off or pick-up, we respectfully ask that parents do not go into the classrooms. Please knock on the door and wait for a teacher to greet you.
- All our classes will cohort and minimize any interaction outside of their age group. Like ages will be allowed to be together on the playground and may also be combined during music, STEAM activities, extended stay hours, etc.
- Children will wash their hands with soap and water upon arrival and frequently throughout the day. Children, whose parents signed a permission slip, will also be allowed to utilize hand sanitizer when hand washing is difficult.
- Sharing of all other classroom items will be limited as much as possible. Toys will be rotated out of the classroom and sanitized regularly.
- Professional cleaning of the facility will be done every evening as well as cleaning of touchable surfaces throughout the day.
- To remain open, we will not be issuing refunds for illness or absences.

General Health and Sickness Policy

- Please keep your child at home if he/she has any of the following symptoms: sore throat, nausea, diarrhea or very loose bowels, skin rashes, vomiting, new or worsening cough, earache, enlarged glands, thick and/or colored nose mucus, congestion, trouble breathing, chills, fever, pink eye, etc.
- If a child develops any of the above symptoms at school or complains of not feeling well, a parent will be notified and may be asked to pick him/her up immediately.
- For most illnesses, your child may return to school if he/she has been free of fever, vomiting, and diarrhea (without the aid of medication) for 24 hours. His/her return will be assessed on a case-by-case basis as SC DHEC has specific exclusion rules based on the diagnosed illness.
- Please keep your child at home if he/she has been in close contact with anyone who has tested positive for COVID, is exhibiting symptoms of COVID, is going to get tested, and/or is waiting for test results.
- **If your child tests positive for COVID, he/she must stay out at least 5 days from the start of symptoms, be fever free for 24 hours (without the aid of medication) and show significant improvement of symptoms.**
- Please notify the teacher and director if your child has been diagnosed with any contagious disease/illness such as COVID, strep throat, chicken pox, flu, pink eye, RSV, etc.

******THIS PROTOCOL IS SUBJECT TO CHANGE WITHOUT NOTICE BASED UPON NEW INFORMATION AND/OR MANDATES FROM LOCAL OR NATIONAL AUTHORITIES. SHOULD ANY ADDITIONAL UPDATES NEED TO BE MADE, THIS DOCUMENT WILL BE REISSUED WITH THE CHANGES HIGHLIGHTED.***



2024 SUMMER CAMP PERMISSION GRANTED

Child's Name: _____ **Age/Class:** _____

On-Site 'Field Trips'

To offer ample opportunity for exercise and play to our students this year, we are looking at creative use of our church campus. This might be a simple class scavenger hunt or games played in an open area. We hope to find a vendor or two that could come to us with a special event.

I give permission for my child to go with his/her class and the appropriate staff on all on-site field trips. I understand that throughout the summer some special events may use church spaces that are not part of our Kindergarten and PDO areas. These spaces may include the Fellowship Hall, Sanctuary, Chapel, Youth Activity Room, hallways, parking lots, and the grounds around the church.

Parent Signature _____ **Date** _____

Hand Sanitizer

I understand that hand washing with soap and water will be done regularly with my child. However, there will be times such as on the playground or in the gym that hand washing may not be possible. In this case I give permission for a staff member to provide a squirt of approved (alcohol 63% or higher) hand sanitizer in my child's hand. I understand that the teachers will oversee my child to ensure he/she rubs the liquid effectively on his/her hands.

Yes _____ **No** _____

Parent Signature _____ **Date** _____

Health and Safety Protocol

I have read the Health and Safety Protocol. I understand that John Knox Kindergarten & Parents' Day Out staff will do their very best to follow these guidelines as much as possible. I understand that parents will be informed of any changes as information becomes available. I, in turn, will do my very best to check my child's health daily and keep my child at home according to the guidelines criteria.

Parent Signature _____ **Date** _____

Parent Guidelines

Our updated book of Parent Guidelines, available online (JKKindergarten.org) or in a hard copy upon request, contains crucial information about our program. These guidelines include what you can expect from us as well as what we need from you, the parent or guardian in order for your child to have the most successful experience at John Knox Kindergarten! Please read them carefully and contact Tami Wall with any questions at twall@johnknoxpres.org. I have completely read and understand the policies and information outlined in the Parent Guidelines.

Parent Signature _____ Date _____

Students Photo Release Form

There are opportunities during the summer for photos to be taken of various activities that the children are involved in. These include but are not limited to classroom fun, gym and playground activities, and the special events scheduled this summer with outside guests and vendors. In order to take any photos of your child, we must have your permission. Please be assured that only photos will be used, and no other personal information will be written or posted.

YES / NO I give permission for my child's photo to be used in classroom displays, bulletin boards, newsletters and other activities that may occur at John Knox Kindergarten and PDO.

YES / NO I give permission for my child's photo only, no name, to be used on the John Knox Kindergarten & PDO private Facebook page.

Parent Signature _____ Date _____

Added Information

Parent drop-off: 7:50 AM – 8:10 AM;

Parent Pick-up: 11:50 PM – 12:00 NOON / Late Stay 2:50-3:00 PM

Note: Pick-up by 12 NOON/3:00 PM to avoid late fees.

- **Kindergarten Hall** - All summer campers will be dropped off and picked up using our carline under the portico.
- **Parents' Day Out Hall** - A parent must come inside to drop off and pick up their child at the classroom door. Please do not enter the classrooms.

****Due to our efforts to limit non-essential people in camp spaces and to best utilize our busy staff members, please respectfully abide by these times and procedures.**

Note: If picking up a camper other than at noon or 3:00, please use a parking space and come inside. Do not leave car in portico area.

Reminder: We must abide by DHEC and DSS policies in order to offer camp. Refunds are not possible in the case of absence due to illness, vacation or quarantine.