SUMMER CAMP REGISTRATION

Please complete one form for EACH child you wish to register for Summer Camp 2025. There is a $25 per child per week non-refundable deposit for each week you are registering for. The deposit is counted towards each week's tuition. Deposits are refundable for changes made BEFORE June 1st. Registrations are only accepted on this form, submitted to Amie at amie@mycapital.church. Payments can be made by check (made out to Capital Church) or invoiced through Procare. Any changes needed will be made using a change form provided by Amie.

CHILD NAME:_____
PARENT NAME:_____
EMAIL/PHONE:_____

- **JUNE 23-27 –** Welcome Summer! (No field trips this week)
  - ☐ FULL WEEK **OR** check which days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri
- **JUNE 30-JULY 4 –** All Around the World (NYS Museum)
  - ☐ FULL WEEK **OR** check which days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri
- **JULY 7-11 –** Lego Week (Park/Fun Spot)
  - ☐ FULL WEEK **OR** check which days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri
- **JULY 14-18 –** Animals (Pine Bush/Aquarium)
  - ☐ FULL WEEK **OR** check which days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri
- **JULY 21-25 –** Techno World (Liberty Ridge/Park)
  - ☐ FULL WEEK **OR** check which days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fr
- **JULY 28-AUG 1 –** Getting Sporty (Valley Cats Game)
  - ☐ FULL WEEK **OR** check which days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri
- **AUG 4-8 –** Survivor (Movie/Bowling)
  - ☐ FULL WEEK **OR** check which days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri
- **AUG 11-15 –** Creating Masterpieces (MISCI Museum/Park)
  - ☐ FULL WEEK **OR** check which days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri
- **AUG 18-22 –** Water Week (Mini Golf & Ice Cream)
  - ☐ FULL WEEK **OR** check which days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

TOTALS: # of weeks registered: _____ x $25 = $_____ deposit due.

Capital Church Program Enrollment Form

Child's Name_____

D.O.B._____School your child currently attends:_____

Program enrolling for:(Circle all that apply) Summer Camp / After Care / 3 year old/ 4 year old

Will your child be traveling to : (Circle One) After Care by: BUS / CAR

Parent /Guardian Name (Primary contact)_____

Parent Occupation/Employer_____

Employer Phone Number_____

Parent email address_____

Parent/Guardian Name (Secondary contact)_____

Parent Occupation/Employer_____

Employer Phone Number_____

Parent email address_____

Please tell us a little bit about your child: nicknames, hobbies, special skills, extra-curricular activities, etc._____

_____

List any allergies your child has:_____

How did you hear about our program:_____

I have received and read the entire parent handbook: (Circle One) YES / NO

FOR OFFICE USE: Date Enrolled_____Registration pd._____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)

PROGRAM NAME:	ADDRESS:	PHONE NUMBER:
Capital Church, Inc.	1222 Troy Schenectady Rd., Schenectady, NY 12309	(518) 456-3022

CHILD'S FULL NAME:
PREFERRED NAME/NICKNAME:
DATE OF BIRTH: / /
GENDER:

CHILD'S HOME ADDRESS:

NAME OF PERSON ENROLLING CHILD:

RELATIONSHIP TO CHILD:
☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative _____
☐ Other _____

PHONE NUMBER(S) OF PERSON ENROLLING CHILD:
( ) - ☐ ok to text
EMAIL ADDRESS:

ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):

EMERGENCY INFO

EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
PRIMARY CONTACT:	☐ Yes ☐ No	( ) - ☐ ok to text	( ) - ☐ ok to text
	☐ Yes ☐ No	( ) - ☐ ok to text	( ) - ☐ ok to text
	☐ Yes ☐ No	( ) - ☐ ok to text	( ) - ☐ ok to text

FOR PROGRAM USE ONLY
DATE OF ENROLLMENT: / /

FOR PROGRAM USE ONLY
DATE OF DISENROLLMENT: / /

CHILD'S FULL NAME:
DATE OF BIRTH: / /

Check boxes below to indicate if your child has any special needs/services: ☐ None

☐ Early Intervention/Special Education ☐ Occupational Therapy ☐ Speech/Language ☐ Physical Therapy
☐ Allergies (Please list) _____
☐ Other _____

Please provide information here **AND** discuss with your child care provider:

CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:	PHONE NUMBER: ( ) -
PREFERRED HOSPITAL:	PHONE NUMBER: ( ) -
CHILD'S DENTAL CARE:	PHONE NUMBER: ( ) -

Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/

AGREEMENTS

- I consent to emergency medical treatment for my child…… ☐ Yes ☐ No
- I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision…… ☐ Yes ☐ No
- I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips…… ☐ Yes ☐ No
- I provided information on my child's special needs to the program to assist in caring for my child…… ☐ Yes ☐ No
- I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation…… ☐ Yes ☐ No
- I agree to review and update this information whenever a change occurs and at least once every year…… ☐ Yes ☐ No

SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:	DATE: / /

OCFS- 6020 (3/2015)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

TRANSPORTATION PLAN

Child Day Care Programs

Provider Name: Jennifer Karampatsos Facility ID Number: 928516

Program Name: Capital Church

Effective Date of Transportation Plan: 03 / 24 / 2025

This form may be used to document the program's Transportation Plan. The plan is designed to promote the safety of children and inform families of regulatory requirements regarding transportation. The parent will be asked to sign a separate Transportation Consent Form (OCFS 6013).

1. The Program will obtain written consent from the parent(s) for any transportation of their child provided for, or arranged by a caregiver, and will keep the transportation policy and the written parental consent on file at the program, and parents can be given a copy.

2. A child will never be left unattended in any motor vehicle or other form of transportation.

3. Every child will board or leave a vehicle from the curb side of the street.

4. Each child will be secured in safety seats or safety belts as required by law. Safety seats will be supplied by: (who)
   parents

5. Drivers will be 18 years of age or older and hold a current valid license to drive the class of vehicle they are operating. All vehicles used to transport children must have a current registration and inspection sticker.

6. The parent(s) will be provided a copy of this plan at enrollment. If the plan changes, the parent(s) will be provided a copy of the amended transportation plan, prior to its start date. The use of cell phones or any other electronic device during transport, including hand-free devices, is prohibited. Necessary calls will be made once the vehicle is parked in a legally permitted position off the road.

7. The Program will display daily transportation schedules at the following locations: (where)
   Parent Board by check in station

8. During the transport of children, the program will adhere to the required ratio of caregivers to children at all times as determined by regulations.

9. When a child is released from the program, the program will verify that the individual approved by the parent(s) to receive the child is present at the designated drop off location. If the approved person is not present as planned the parent(s) will be contacted immediately by the Program.

10. The parent will be able to check the posted daily transportation schedule regarding transportation arrangements for each day a child is in care. Other Comments:
    We will only transport during summer for field trips and we contract with Brown Transportation.

OCFS 6013 (2/2015)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

TRANSPORTATION CONSENT FORM

Child Day Care Programs

Provider Name: Jennifer Karampatsos Facility ID Number: 928516

Program Name: Capital Church

This form may be used to meet the regulatory requirement to obtain written consent from the parent of a child for any transportation provided or arranged for by a caregiver, and to inform the parent when the person who is providing transportation changes. This form is not the Transportation Plan.

Parents whose children receive transportation services must receive, at the time of enrollment of their children, a copy of the program's transportation plan. If the plan is amended, parents must receive a copy of the amended plan prior to its start date.

It is recommended that a separate Transportation Consent Form be completed for each child.

☐ I have been informed of, and agree to, the transportation plan of the above child care program.

Transportation Plan is attached to this Transportation Consent Form (Yes / No) *circle one*

Date of Transportation Plan _____

☐ I give permission for my child *(name)* _____

to be transported by *(caregiver names and/or transportation contractor arranged for by the program)* _____

_____

_____

At the following times *(check all that apply)*:

☐ Only as recorded on the posted transportation schedule for my child

☐ Other *(explain)* _____

_____

_____

By signing this form I am giving consent for the above described transportation services.

Parent Printed Name: _____

Parent Signature: **X** _____

Date _____