

# GENERAL CAMP INFORMATION

Children's Choice is a non-profit organization that is dedicated to facilitating the positive development of children by developing and maintaining school-age care programs that are a model of quality care - programs where children play, learn, grow, and make friends - programs where children are nurtured and develop life skills.

It is the goal of the Children's Choice school-age care program to give each child an opportunity to...

1. Develop physical, intellectual, and social skills.
2. Develop a sense and understanding of positive values.
3. Develop self-confidence, self-respect and self-reliance.
4. Develop good decision-making, leadership and social competency skills.
5. Develop positive family and peer relationships.
6. Develop interpersonal and cultural competencies.
7. Develop interest, respect and understanding of our natural world.
8. Develop sportsmanship, teamwork and a sense of fair play.
9. Develop a commitment to learning.
10. HAVE A WHOLE LOTTA FUN!

Summer camp starts Tuesday, June 1st and ends Friday, Aug. 13th. Children's Choice will be closed May 31<sup>st</sup>, and July 5<sup>th</sup>.

To attend Children's Choice, children must be between the ages of 5 (or going into Kindergarten 2010-2011 school-year) and 12.

❖ **Full-week camps are available at:**

**\*Sombra Del Monte:**

9110 Shoshone NE 87111

**Site Directors:**

Yvette Gonzalez  
Lety Jaquez

7:00 am-6:00pm

\$105/week

\$115/week after 4/16/10

*\*Tentative: site hasn't been confirmed yet*

**Manzano Mesa:**

801 Elizabeth SE 87123

**Site Directors:**

Christy Gustafson  
Sarah Jandora

7:00 am-6:00pm

\$105/week

\$115/week after 4/16/10

❖ **Full-week AND Partial-week camps are available at:**

**Double Eagle:**

8901 Lowell NE 87122

**Site Directors:**

Kay Knox; Sara Maddox

**Bandelier Elementary:**

3309 Pershing Ave. SE 87106

**Site Directors:**

Carrie Walker; Cicely Ryan

7:00 am-6:00pm

\$105/week (\$115/week after 4/16/09)

\$90/3-Day week (MUST specify days of attendance)

\$100/3-Day week after 4/16/10

# How To Register for Children's Choice Summer Camp

Spaces for all programs are limited and are available on a first come, first serve basis. Priority is given to children currently enrolled in a Children's Choice site and their siblings. Priority is given to families enrolling by April 9, 2010.

## TO RESERVE A SPACE

**Receiving this packet does not automatically reserve a spot in our program.** You must return the registration form, IEA, and payment contract either to the site, or by mail. This packet does not include a parent manual. You may get one from our web site at [www.childrens-choice.org](http://www.childrens-choice.org) or from one of our current sites. Registration forms for the 2010 summer program should be available on our website after March 22<sup>nd</sup>. If you don't have access to the internet, give us a call to request any information

The registration forms must be filled out completely and your **account must have a zero balance** in order for your child to attend our program. Make sure to complete the following on the forms:

- Mailing address and zip code
- TWO** local emergency contact people and their information
- Doctor name and information
- Enrollment Start Date
- Allergies (if none, be sure to check the NO box)
- INITIAL** (do not put check marks) the release statements
- Create a code word. See back, bottom of registration form for details.
- Complete the payment contract form-make sure to check all the weeks you need.
- Complete the Income Eligibility Application for the Child Care Food Program.

If you have more than one child, please make copies (front and back side ) of the blank registration form. You can also print additional forms from our website (after March 22<sup>nd</sup> ). Please read the payment contract carefully. Fill out the contract completely and accurately. You will be held responsible for the decisions you make on this form.

## REGISTRATION FEE

There is a \$40 registration fee per child. This is due with your registration, payment contract, and income eligibility application. If your child attended our program before or you have a CYFD state contract, we waive this fee. There is a \$75 late registration fee if you register after May 7, 2010.

## DISCOUNTS

- A \$10/week or \$9/3-day week sibling discount is given for the 2<sup>nd</sup> and subsequent children.
- If you pay for the entire summer in advance (provided you have chosen at least 3 weeks on the contract), we will credit your account \$50.
- Choosing the automatic payment option saves you \$1/week/child

## FINANCIAL AID:

Get an application from us to apply for a CYFD state contract or call 841-4800. If qualified, you could pay nothing, or a small monthly co-pay. Apply now-it couldn't hurt!!

## CONFIRMATION AND REGISTRATION DEADLINE

You will receive a confirmation letter of registration. You are **not** registered if you do not receive this confirmation letter. Please call Chelsea, Sara or Jennifer at 296-2880 with any questions.

**You MUST register by April 16<sup>th</sup> to receive the Early-Bird fee of \$105/week and \$90/3-day week.** If your registration forms are received after April 16<sup>th</sup>, the tuition increases to \$115/week and \$100/3-day week. If your registration forms are received after May 7<sup>th</sup>, there is a \$75/child late registration fee. It helps to improve our program staffing when you register early, so please get those forms in by 4/16/10!

## Completing the Contract

You must register for specific weeks in advance. You will only be charged for the weeks you contract. The Sombra Del Monte and Manzano Mesa sites must register for full weeks (\$105/wk or \$115/wk after 4/16). The Bandelier and Double Eagle sites have two weekly options: a 3-day week for \$90/week (\$100/wk after 4/16) or a 5-day week for \$105/week (\$115/wk after 4/16). You must pick the days you need within the weekly option you have chosen, and you will be charged that option's price even if you have not used the full amount of days.

Each week of the summer is specified on the contract. Place a check in the box next to each week you need care. Please understand that this is a contract. You will be charged for the weeks you check regardless of attendance so that we may pay staff scheduled to work on that week.

## BILLING

We will charge you for the full summer based on the weeks you requested. We will send you this statement with your confirmation letter.

## PAYMENTS

You do not need to pay for the entire summer in advance, but you must still pay in advance of services rendered. You can pay your weekly fee at the beginning of each week for that week, or pay the appropriate amount at the beginning of each month for that upcoming month.

You may pay at the site with a check, credit card or money order. We do not accept cash (except for T-shirt sales). You may also sign up for the automatic payment plan using your credit card. Look on the back (or second page) of a payment contract for details. This is a great way to avoid late fees and will also save \$1/child/week. You can also pay with a credit card over the phone to the office or email [sara@childrens-choice.org](mailto:sara@childrens-choice.org) and request a statement to be emailed to you with a link to pay online.

## BEFORE YOU SEND OFF YOUR REGISTRATION MATERIALS

### HAVE YOU...

- Completed both sides of the registration form?
- Completed separate registration forms for each child?
- Checked all weeks on the payment contract needed?
- Signed and dated the payment contract?
- Completed the Income Eligibility Application for the Child Care Food Program?
- Created a code word and completed sticker?
- Included a check or money order for:
  - \$40 registration fee (if new to the program); \$75 late registration fee (if after 5/7);
  - Balance on account

### OR...

- Completed automatic payment form authorizing Children's Choice to charge your credit card the required amount.

In case of an unexpected situation where you would need to phone us to authorize a person who is not already on the registration form to pick up your child(ren), we must confirm your identity. Please provide a "code word" that we will ask you to verify in case of such a phone call. Do NOT share this code word with anyone, including your child.

Please record the code word on the back side of the registration form and on the enclosed sticker. If you leave this blank, you will not be allowed to call us to authorize someone to pick up your child(ren) who is not on the registration form.

# WEEKLY SESSIONS

## CC's Reality Summer

Children's Choice is taking the TV out of reality television . . . and out of your kids' summer! This summer CC kids will: challenge themselves physically and academically; problem solve using research and reasoning skills; reach out to their community; discover and exhibit their unique talents and abilities; and learn about and experience different career opportunities! Why watch on TV what they can experience for themselves?

**June 1-11**  
(Weeks 1 & 2)

### **CC's Amazing Challenge**

Travel adventures, fitness, game shows, and of course, some amazing races!

**June 14-25**  
(Weeks 3 & 4)

### **CC Investigates**

Crime scenes, history's mysteries, how things are made, and busting those pesky myths!

**June 28-July 9**  
(Weeks 5 & 6)

### **Make Room for Improvement**

Trading spaces, making a difference in our community, and citizenship.

**July 12-23**  
(Weeks 7 & 8)

### **CC Has Talent**

Singing, dancing, acting, spelling, cycling . . . what's your hidden talent?

**July 26 - August 6**  
(Weeks 9 & 10)

### **Who Will be CC's Next . . .**

Top chef, superhero, cop, principal, trucker, inventor, designer, circus act . . .

**August 9-13**  
(Week 11)

### **Real Fun Week!**

Real kids choose real fun this week!!



# Summer Fun Camp Registration Form

Please complete **BOTH SIDES** of this form. - One Form Per Child

Child's Name: \_\_\_\_\_  
Last First MI Name Called

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School Child Attends: \_\_\_\_\_

Mother or Legal Guardian's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Father or Legal Guardian's Name: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (if different): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ E-Mail

Address: \_\_\_\_\_

How do you wish to be addressed by staff (ex: Mr. Smith, Nancy, Dr. Romero)? \_\_\_\_\_

**Important - State law requires: two relatives/friends in the area that are authorized to act on your behalf in case you cannot be reached, and the name and phone number of child's physician.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

I authorize this person to pick up my child from Children's Choice Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

I authorize this person to pick up my child from Children's Choice Yes  No

Physician that treats your child: Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Location: \_\_\_\_\_

## Initial Below: Read Carefully.

\_\_\_\_\_ I hereby authorize Children's Choice staff to take my child to the aforementioned physician or facility for medical treatment in the event of an emergency in which neither parent nor legal guardian can be reached.

\_\_\_\_\_ I hereby assume full financial responsibility for any medical attention or treatment provided.

\_\_\_\_\_ I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the aforementioned physician cannot respond.

\_\_\_\_\_ I hereby authorize Children's Choice staff to transport my child to and from SAC Program site for field trips.

\_\_\_\_\_ I hereby authorize Children's Choice to allow my child to enter a swimming pool.

Please rate your child's swimming ability: Beginner Expert

1 2 3 4 5

\_\_\_\_\_ I hereby certify that I have received a copy of the parent manual, understand and agree to abide by the policies of Children's Choice as outlined in the parent manual.

\_\_\_\_\_ I hereby give my permission for my child to be photographed and for these photographs to be used in educational and/or promotional materials produced by Children's Choice. I understand that neither my child's name nor any other identifying information will appear with the photographs. Further, I understand that neither I nor my child will receive any monetary compensation for the use of these photographs.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Starting Date of Enrollment

**IMPORTANT - PLEASE FILL OUT THE REVERSE SIDE**

Child's Name: \_\_\_\_\_

Does your child currently take any medication? Yes  No  Type: \_\_\_\_\_

Does your child have any allergies? Yes  No  If yes, please indicate: \_\_\_\_\_

Description of reaction: \_\_\_\_\_ Care Instructions: \_\_\_\_\_

Does your child have any type of medical, physical or mental condition? Yes  No

If yes please provide the following information. Use an additional sheet of paper if necessary.

Condition: \_\_\_\_\_ Current Treatment: \_\_\_\_\_

Frequency: \_\_\_\_\_

Is your child in a special education program? Yes  No

If yes please describe program: \_\_\_\_\_

In addition to the parents, the following people are authorized to pick up my child from Children's Choice:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Please indicate below the best way for a staff person to reach you to discuss your children. ( hours of the day to phone, home or work phone, prefer that we call mother or father, etc.)

\_\_\_\_\_

Please indicate how you would like to be involved.

\_\_\_\_ Accreditation Team \_\_\_\_ Parent Involvement Committee \_\_\_\_ Fund Raising \_\_\_\_ Soliciting Donations

\_\_\_\_ Teaching Something - Please indicate subject area and type of presentation - \_\_\_\_\_

\_\_\_\_ Hosting a Field Trip to your Work Place - Please indicate location and attraction - \_\_\_\_\_

\_\_\_\_ Other - Please Describe - \_\_\_\_\_

Please include anything else you feel we should know about your child. (likes/dislikes, special needs, helpful hints, preferred/most successful behavior guidance techniques, social/intellectual/physical goals, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of an unexpected situation where you would need to phone us to authorize a person who is not already on the registration form to pick up your child(ren), we must confirm your identity. Please provide a "code word" that we will ask you to verify in case of such a phone call. Do NOT share this code word with anyone, including your child.

CODE WORD: \_\_\_\_\_

**Thank You. Please ensure that this form is filled out thoroughly!**



# CONTRACT FOR CHILD CARE

*(circle one)*

Name of Child: \_\_\_\_\_

Name of Site: Sombra Del Monte  
Manzano Mesa

**Registration Fee**

**\$40 per child**

**Late Registration Fee after May 7<sup>th</sup>**

**\$75 per child**

## PAYMENT POLICIES

- Weekly Contracts are billed automatically, regardless of attendance. There will be no refunds or credits for days missed.**
- Children’s Choice accepts checks, money orders, Visa, MasterCard or Discover Card. We do not accept cash. An automatic payment option is available. Please see reverse side of this page for details.
- Payments may be made at the program site, or mailed/delivered to 6501 Lomas Blvd NE, Albuquerque, NM 87110. Official handwritten receipts are available at the program site for parents who need documentation.
- All accounts must be paid in advance; meaning payment is due on Monday morning of the week that service is rendered. This means we do not send “bills” we only generate “receipts” (It is like paying rent, not the electric bill).
- Accounts that have a balance at least 14 days past due will be charged an administrative fee of \$10 per week for unpaid balances. Your child will not be allowed to participate in any programs if your balance is \$150 or more.
- Accounts will be charged a \$20 fee for any check returned for non-sufficient funds or for rejected credit cards. Returned checks will be re-deposited.
- Children must be picked up no later than 6:00 P.M. Parents will be charged \$1.00 per minute, per child for late pick-ups to cover the cost of overtime for staff.
- To ensure proper credit, please write your child's first and last name on the memo line of your check or money order.
- If you have any questions about your account, please call Sara Mestas or Jennifer Horek at 296-2880, or e-mail sara@childrens-choice.org.

**I register for the following weeks: YOU WILL BE FINANCIALLY RESPONSIBLE FOR THE WEEKS YOU CHECK BELOW REGARDLESS OF ATTENDANCE.** If you require care for additional weeks not pre-selected on this contract, you must call the Site Director to check for availability.

- |   |  |
|---|--|
| <input type="checkbox"/> 6/1-4 = \$105/\$115 after 4/16   | <input type="checkbox"/> 7/19-23 = \$105/\$115 after 4/16  |
| <input type="checkbox"/> 6/7-11 = \$105/\$115 after 4/16  | <input type="checkbox"/> 6/28-7/2 = \$105/\$115 after 4/16 |
| <input type="checkbox"/> 6/14-18 = \$105/\$115 after 4/16 | <input type="checkbox"/> 7/6-9 = \$105/\$115 after 4/16    |
| <input type="checkbox"/> 6/21-25 = \$105/\$115 after 4/16 | <input type="checkbox"/> 7/12-16 = \$105/\$115 after 4/16  |
|   | <input type="checkbox"/> 7/26-30 = \$105/\$115 after 4/16  |
|   | <input type="checkbox"/> 8/2-6 = \$105/\$115 after 4/16    |
|   | <input type="checkbox"/> 8/9-13 = \$105/\$115 after 4/16   |

I have current CYFD Contract – co-pay stated on contract

I choose the automatic payment plan – please see reverse side.

I have read, understood & accept the above financial policies. I acknowledge that I am responsible for any outstanding charges upon withdrawal of my child(ren), and that I am responsible for any attorney fees, court costs, late fees, and interest charged during collection of any unpaid balance. **I UNDERSTAND THAT I WILL BE FINANCIALLY RESPONSIBLE FOR THE WEEKS I CHECKED ABOVE REGARDLESS OF ATTENDANCE.**

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date



# CONTRACT FOR CHILD CARE

(circle one)

Name of Child: \_\_\_\_\_ Name of Site: Bandelier Double Eagle

Registration Fee = \$40 per child

Re-registration Fee after May 7<sup>th</sup> = \$75 per child

## PAYMENT POLICIES

- Weekly Contracts are billed automatically, regardless of attendance. There will be no refunds or credits for days missed.**
- Children's Choice accepts checks, money orders, Visa, MasterCard or Discover Card. We do not accept cash. An automatic payment option is available. Please see reverse side of this page for details.
- Payments may be made at the program site, or mailed/delivered to 6501 Lomas Blvd NE, Albuquerque, NM 87110. Official handwritten receipts are available at the program site for parents who need documentation.
- All accounts must be paid in advance; meaning payment is due on Monday morning of the week that service is rendered. This means we do not send "bills" we only generate "receipts" (It is like paying rent, not the electric bill).
- Accounts that have a balance at least 14 days past due will be charged an administrative fee of \$10 per week for unpaid balances. Your child will not be allowed to participate in any programs if your balance is \$150 or more.
- Accounts will be charged a \$20 fee for any check returned for non-sufficient funds or for rejected credit cards. Returned checks will be re-deposited.
- Children must be picked up no later than 6:00 P.M. Parents will be charged \$1.00 per minute, per child for late pick-ups to cover the cost of overtime for staff.
- To ensure proper credit, please write your child's first and last name on the memo line of your check or money order.
- If you have any questions about your account, please call Sara Mestas or Jennifer Horek at 296-2880, or e-mail sara@childrens-choice.org.

I register for the following plan:

- CYFD contract = copay stated on** } contract **Must** circle which 3 days will be attended:  
 3-Day Week = \$90/(\$100 after 4/16)    M    T    W    Th    F  
 5-Day Week = \$105/(\$115 after 4/16)

AND

**I register for the following weeks: YOU WILL BE FINANCIALLY RESPONSIBLE FOR THE WEEKS YOU CHECK BELOW REGARDLESS OF ATTENDANCE.** If you require care for additional weeks not pre-selected on this contract, you must call the Site Director to check for availability.

- |                                     |  |                                     |                                   |
|-------------------------------------|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> June 1-4   | <input type="checkbox"/> June 21-25    | <input type="checkbox"/> July 12-16 | <input type="checkbox"/> Aug 2-6  |
| <input type="checkbox"/> June 7-11  | <input type="checkbox"/> June 28-July2 | <input type="checkbox"/> July 19-23 | <input type="checkbox"/> Aug 9-13 |
| <input type="checkbox"/> June 14-18 | <input type="checkbox"/> July 6-9      | <input type="checkbox"/> July 26-30 |                                   |

I choose the automatic payment plan – please see reverse side.

I have read, understood & accept the above financial policies. I acknowledge that I am responsible for any outstanding charges upon withdrawal of my child(ren), and that I am responsible for any attorney fees, court costs, late fees, and interest charged during collection of any unpaid balance. **I UNDERSTAND THAT I WILL BE FINANCIALLY RESPONSIBLE FOR THE WEEKS I CHECKED ABOVE REGARDLESS OF ATTENDANCE.**

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date



## AUTOMATIC PAYMENT OPTION



I authorize Children's Choice Child Care Services, Inc. to charge my Visa/MasterCard/Discover the amount(s) stated below. I understand Children's Choice will only deduct the amount(s) stated below on the said dates. Any other payments will be made on site either by credit card, money order, or check. I agree to pay with money order or check in the event my card is declined. I understand that I can cancel this contract only with written, advance notice.

### PLEASE PRINT CLEARLY

CREDIT CARD TYPE: \_\_\_\_\_ NAME ON CARD: \_\_\_\_\_

# ON CARD \_\_\_\_\_ EXPIRATION DATE (00/00): \_\_\_\_\_

BILLING ADDRESS FOR CARD \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DATE OF TRANSACTION OPTIONS: *Please Check One*

- Weekly beginning \_\_\_\_\_ (Will pay for current week)
- Monthly beginning \_\_\_\_\_ (Will pay for current month)

### PLEASE NOTE:

The current week or month fees (depending on date option chosen above) PLUS outstanding balance on account at time of transaction will be charged to your credit card.

You will receive \$1/week/child discount by signing this automatic payment plan contract.

Your card will need to be imprinted at the site to be kept on file with this form. If the card is rejected, it may be run additional dates. Please call office if you know it will be declined.

I have read, understood & accept the above automatic payment option policies. Please deduct the correct amount from my credit card.

\_\_\_\_\_  
Signature of Credit Card Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
CHILD(REN)'S NAME(S)