



CAMP CHIP-A-TOOTH
Located on BES Campus in the
OLD BRICK BUILDING

CELEBRATING 20 YEARS!!!

Camp Chip-A-Tooth (also known as "CCAT") is an after-school and out of school time program for children 5 - 12 years of age. CCAT has been located on the BES campus since 1997. It is our philosophy that because we as parents work an 8 to 10 hour day does not mean our children should to do the same! Camp Chip-a-Tooth is a creative, home away from home supervised program. We offer arts & crafts, homework help and outside play during the school year. Our summers are themed based which include field trips, arts & crafts and athletic activities. CCAT has a longstanding collaboration with the Basalt Recreation Department getting children to and from their activities when parents are unable to do so. Please take time to complete ALL of the attached forms!

HOURS OF OPERATION

CCAT operates full days during all out of school time such as holidays and summer break.

After-school - 3:15 - 6:00 - Early Release Wednesdays - 1:45-6:00

Full Day - 7:30 - 5:30

FEE SCHEDULE

After-school	\$15.00 per day
Early Release	\$20.00 per day
Full day Contracted Rate	\$42.00 per day
Full day Drop In Rate	\$48.00 per day
No Notice Drop In Rate	\$52.00 per day
Summer Only Registration	\$150.00 (for snacks and supplies)
Summer Advantage	\$15.00 (2:30-5:30)

We require paperwork to be completed prior to start up as well as a payment in advance. The state requires us to have updated immunizations as well!

If you have any questions, please feel free to contact Deb Morrison at 927-0169.

**CAMP CHIP-A-TOOTH
SUMMER REGISTRATION SHEET**

CAMPER'S NAME: _____ **Age:** _____ / **Grade** _____

Parent's Name: _____

Mailing

Address: _____

Telephone Number: (h) _____ (o) _____

E-MAIL ADDRESS: _____

Payments for summer MUST be paid two (2) weeks in advance throughout the summer.

(Please circle one)

Contracted Rate: \$42.00

Drop-In Rate: \$48.00

**Start of summer to end of summer
(Includes vacations days)**

**Flexibility - requires 24 hour
cancellation notice.**

Days of Attendance: Mon. Tues. Wed. Thurs. Fri. *(Please circle days)*

Child's swimming level: _____ (IMPORTANT INFORMATION PLEASE)

Rec Department Activities

Dates/Time

Location

<i>Rec Department Activities</i>	<i>Dates/Time</i>	<i>Location</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Swimming Lessons: We will have the 10:00 - 10:45 slot. We do the 1st and 2nd sessions of lessons. If you sign your child up for times other than these, you will be responsible to get them to and from. SIGN UP FOR LESSONS AT CCAT!

There is a non-refundable registration fee of \$150.00 to be paid at time of registration (payment guarantees your child's space) regardless of how many days your child attends. Please see CCAT Policies & Procedures for further information regarding fee schedules and vacation policies, etc. You may find these posted around CCAT.

CAMP CHIP-A-TOOTH

MEDICAL INFORMATION

Child's Name: _____ Age: ____ Date of Birth _____
Mailing Address: _____
Home Phone: _____

Mother's Name: _____ Father's Name: _____
Work Phone: _____ Work Phone: _____
Cell No.: _____ Cell No.: _____

Name of Employer: _____ Name of Employer: _____
Address of Employer: _____ Address of Employer: _____

Person other than parent to be notified in an emergency situation when parents are not available
Name: _____ Telephone: _____
Address: _____

Name(s) of person(s) other than parent to whom the child maybe released:

1. _____ 2. _____
3. _____ 4. _____

CHILD'S SPECIFIC MEDICAL INFORMATION:

Allergies: _____ Medications: _____
Other: _____

Child's Doctor: _____ Telephone No.: _____
Address: _____ Office Hours: _____
Child's Dentist: _____ Phone No.: _____

Hospital preferred for emergency treatment: _____

Health Insurance Company: _____ Policy No.: _____

In case of serious illness or injury when neither parent can be reached, will you allow your child to be transported to the doctor or hospital by an employee of Camp Chip-a-Tooth? **___YES___ NO**

I hereby give permission to Camp Chip-a-Tooth to secure emergency medical and/or surgical treatment for the above named minor child while in the care of the above named school. All expenses of such care will be accepted by the parents.

Dated: _____ By: _____
Signature of Parent or Guardian

CAMP CHIP-A-TOOTH
STUDENT ENROLLMENT FORM
Date of Enrollment _____

Child's Name: _____ Age: _____ Grade: _____
Home Address: _____
Mailing Address: _____
Home Phone: _____ E-Mail Address: _____
Mother's Name: _____ Father's Name: _____
Work No.: _____ Work No.: _____
Cell No.: _____ Cell No.: _____
Name of Employer: _____ Name of Employer: _____

IF neither parent of guardian can be reached, in case of emergency, call:

Persons designated to pick-up your child: _____

Persons NOT permitted to pick-up your child:

Child's Doctor: _____ Office No.: _____

Child's Dentist: _____ Office No.: _____

BILLING INFORMATION: (client will be informed prior to charge)

CREDIT CARD NUMBER: _____

NAME ON CARD: _____

EXPIRATION DATE: _____

Please give us any information regarding your child, which might be helpful in his/her experience at CCAT: _____

Written authorization for child to view "G" and "PG" rated videotapes

I, _____ give my permission for my child _____
_____ to view "G" and/or "PG" rated movies while at Camp Chip-a-Tooth.

Dated: _____

By: _____

Signature of Parent or Guardia

CCAT OFF PREMISE EMERGENCY CARD

Child's Name: _____ Age: _____

Parent's Name: _____

Emergency Telephone: _____ Cell No.: _____

Emergency Contact if Parent is not available: _____
Name & Phone number

Allergies: _____

Medications(only if your child is on a daily med) _____

Preferred Hospital: _____ Insurance Info.: _____

I, _____ hereby authorize a representative of Camp Chip-a-Tooth to seek medical attention on behalf of my child should a situation arise.

Dated: _____ By: _____
Signature of Parent or Guardian

Field Trip Authorization

I, _____ give my permission to Camp Chip-a-Tooth and/or its employees to transport (whether by driving or walking) my child _____ on any field trips or to participate in any special activities for which advance notice has been given.

Dated: _____ By: _____
Signature of Parent or Guardian

Sunscreen Application

A representative of Camp Chip-a-Tooth has my permission to apply sunscreen to my child _____.

Acknowledgment of Policies & Procedures: I have read and understood the Policies & Procedures of Camp Chip-a-Tooth:

Dated: _____ By: _____

**CHILD'S STATEMENT OF HEALTH STATUS FOR
ENROLLMENT IN A CHILD CARE FACILITY**

The childcare facility must obtain for every child who enrolls in childcare programs a signed and dated statement of the child's current health status, which indicates the child's abilities, and/or limitations to participate in a regularly scheduled child care program. This report is to be filled out by a licensed physician or other health care professional that has seen the child in the last twelve months.

Name of Facility: Camp Chip-a-Tooth

Type of Facility: After School/Summer
Camp

Child's Name: _____ Sex _____ Date of Birth _____

Address: _____

Past Illnesses - check those the child has had and gave approximate dates:

Chicken Pox _____ Rubeola _____ Rubella _____

Rheumatic Fever _____ Asthma _____ Hay Fever _____

Diabetes _____ Mumps _____

Epilepsy _____

Whooping Cough _____ Poliomyelitis _____ Other _____

Comments: _____

Surgery/Accidents/Illnesses/Chronic Health Problems: _____

Describe any physical condition requiring the facility's special attention: _____

Medication(s) prescribed: _____

Allergies: _____ and prescribed routine: _____

If tuberculin test given: Date: _____ Result _____

If chest x-ray taken: Date: _____ Result _____

Vision: _____ Hearing: _____

Please record immunizations and dates administered on the Colorado Department of Health Certificate of Immunization and attach to this form.

Date of my most recent examination of the child: _____

Signature of Parent _____

Date _____

Please Print: _____

Name of PARENT

**** PLEASE NOTE THIS FORM MUST BE UPDATED YEARLY****

*****WE ALSO REQUIRE COPIES OF IMMUNIZATIONS ON
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
CERTIFICATES OF IMMUNIZATION*****

CAMP CHIP-A-TOOTH
PO BOX 2193
BASALT, CO 81621
(970) 927-0169 (970) 379-2567
Location: 151 Cottonwood Drive, Basalt, CO 81621

STATEMENT OF POLICIES & PROCEDURES

CENTER'S PURPOSE AND PHILOSOPHY ON CHILDCARE

The purpose of **CAMP CHIP-A-TOOTH (herein known as "CCAT")** is to provide a safe environment to children after school and during out of school time (i.e. holidays and summer months). Our program is about emphasizing dramatic play, educational enrichment, diversity, acceptance, athletics and art. It is our philosophy as adults to be the eyes and ears for supervision of our children, but more importantly, never forget what it was like to live, laugh, dance and play like a child!

AGES OF CHILDREN TO BE ENROLLED

CCAT accepts children from ages 5 - 12.

Children with Disabilities

CCAT accepts all children pursuant to the Disabilities Act.

HOURS OF OPERATION

CCAT will operate from 7:30 a.m. to 5:30 p.m. Monday through Friday during full and half days. After school care hours are from 3:20 p.m. to 6:00 p.m. CCAT will be closed on all major holidays and when school is closed for inclement weather.

POLICY FOR INCLEMENT WEATHER

CCAT will coincide with RE-1 school district on school closures due to inclement weather. In the event that schools are canceled throughout RE-1 school district due to weather danger, the program will also be closed for the day.

POLICY FOR ADMISSION AND REGISTRATION

Children enrolled in program will have required forms filled out by parent prior to attending. We require that any changes of address, phone numbers, emergency contacts etc., be addressed in writing. These changes will be added to child's file folder. Information must be updated yearly.

ITEMIZED FEE SCHEDULE

Summer Program Fees are as follows:

- ☺ **\$42.00 per day** (contracted from beginning of summer until end of summer) **If you sign up for a break and/or day off of school and you sign up prior to the cut-off date you will receive the contracted rate. If after the cutoff date you decide to change your schedule, you are still financially responsible for the missed day unless discussed prior with Ginny or Deb. Days added will be added at the "Drop In Rate."** Vacation time for the summer is equal to the amount of day's child is enrolled per week (i.e. based on a 5 day per week schedule - your entitled to 1 week vacation at no charge)
- ☺ **\$48.00 drop-in fee** (based on space availability.) We require 24-hour notification by phone in the event of an illness or other reason for absence. Should we not receive proper notification, you will be financially responsible for any days missed.
- ☺ **\$52.00 No notice drop in fee.** If child appears on an unscheduled day.
- ☺ A onetime (non-refundable summer only) registration fee of **\$150.00 per child.** Fee to cover supplies, snack and transportation costs (bus passes) regardless of how many times your child comes to camp.
- ☺ After school fee is **\$15.00 per day.**
- ☺ **\$20.00** Early Release Wednesdays **unless your child is enrolled in an Enrichment Class. If enrolled in Enrichment the fee is a regular After School rate of \$15.00.**
- ☺ Parents will be notified in writing 30 days prior to any changes in camp fees.

OVERDUE BILLS

Anyone carrying a balance due after 30 days will be subjected to a finance charge of \$25.00 per month. If outstanding balance is \$300.00 or more, said child(ren) will no longer have a space available until said balance is paid. Children will be reinstated in the program with the contingency that all invoices incurred be kept current each billing period. **IN CASES OF DIVORCE, IF FEES CANNOT BE COLLECTED FROM ONE PARENT CCAT RESERVES THE RIGHT TO TRANSFER THE OUTSTANDING BALANCE TO THE OTHER PARENT'S BILL.** Credit Cards are required upon registration and CCAT reserves the right to charge said card for any and all outstanding invoices.

PROCEDURE FOR IDENTIFICATION OF CHILDREN'S WHEREABOUTS AT ALL TIMES.

- ☺ Enrollment book to be accessible to staff at all times.
- ☺ A sign in/out sheet to be filled out by parents before child is picked up at the end of the day.
- ☺ Notification of absent children is required by CCAT by phone or in writing. If child is not present on a scheduled day, phone contact will be made.
- ☺ A monthly calendar will detail our itinerary for the summer program.
- ☺ A message board at the front entrance will be available as to our whereabouts.

- ☺ Cellular phones will be used to ensure constant communication
- ☺ Sign in sheet will have a space for emergency numbers and comments.

DISCIPLINE POLICY

The philosophy at CCAT on appropriate behavior is simple. Treat other people and things the way you want to be treated. At no time is harming yourself, others or property acceptable. Our approach to discipline is positive in nature and involves conflict resolution and allowing children to "talk out" their problems with adult supervision. Discipline to be age appropriate and constructive and educational in nature and may include such measures as diversion, separation of the child from the problem and mediation and problem solving. Children will at no time be subjected to physical or emotional harm or humiliation. Staff and children may not use corporal or other harsh punishment including but not limited to any physical contact or verbal abuse. Discipline will not be associated with food, rest or toileting. No punishment accepted for toileting accidents. Food will not be denied or forced upon any child for any circumstances. Separation of a child when used as discipline will be brief and appropriate to the child's age and circumstances. The child will be in a safe, well-lighted, well-ventilated area and to be within hearing and sight of staff members. Child will not be isolated in a locked room, bathroom, closet or pantry. Verbal abuse and derogatory remarks about the child are not permitted. Authority on discipline will not be delegated to other children at any time. CCAT will not sanction one child punishing another. Services for children in need of mental health consultant or other specialist will be sourced out to qualified individuals CCAT has worked with in the past.

NOTIFICATION OF PARENTS DUE TO ILLNESS/ACCIDENTS OR EMERGENCIES.

Parent or guardian will be notified of illness or in case of accident and emergencies by a CCAT staff member via telephone. Each child has emergency numbers on file and said emergency information will be taken on all trips away from the facility. Each group leader will have an emergency card for each child with them at all times. Emergency transportation will be made available during times of operation. A separate area will be used if child is vomiting, has a fever or determined ill by a staff member until child's parent or guardian has been contacted.

TRANSPORTATION PROCEDURE

All children being transported at any time from the facility will have permission slip on file from parents. All rules and regulations provided by the State of Colorado including seat belts, staff to student ratio will be enforced at all times, whether transportation is by walking or driving.

POLICY ON RELEASING CHILDREN

CCAT will release children only to persons authorized in writing on enrollment forms or at the parents request via telephone call or text. Identification measures will be taken

to ensure proper releasing of children. All authorized persons will be required to show picture I.D. before child will be released. Parents must sign children out before leaving the facility. Staff procedures for closing the operating day are, to ensure that all children are picked up before leaving for the day. In the event that children leave under their own accord they must sign themselves out, and a proper release form must be on file signed by parents. Should parent arrive late for pick up a fee of \$5.00 per every 15 minutes will be applied to their billing. Should parent neglect to pick up child, CCAT staff member will contact the local police department and allow them to find said parent.

CHILDREN'S MEDICATION POLICY

No medicine will be administered by CCAT employees. In the event a child requires additional medical procedures it is the responsibility of the parent to administer medications and/or to contract a Registered Nurse to administer said medications. Fees for the additional services of the registered nurse will be the responsibility of the parents.

CHILDREN'S PERSONAL BELONGINGS POLICY

We encourage children to leave their belongings at home and any personal items will be kept in their backpacks. In the event that something is lost or stolen, CCAT is not responsible. We ask that all property belonging to the camp, school, and others be respected.

SNACK POLICY

CCAT will provide snack in the morning and afternoon. Food will only be from reliable food sources and all procedures for safe food handling will be followed by staff. Hand washing before all food preparation and eating will be mandatory. Food allergies will be posted and an optional snack provided. If child's lunch is forgotten, CCAT will provide one for them. It will meet a minimum of 1/3 of the daily nutritional requirements. Parents are encouraged to pack an additional snack along with lunch. We ask that they be nutritional in nature and packaged properly.

VISITOR POLICY

All visitors are required to sign in and state nature of visit. Director will establish communication with all visitors and follow procedure as outlined in state rules and regulations, ensuring safety to all staff and children. All student and staff files will be confidential.

PROCEDURES FOR FILING COMPLAINTS AND REPORTING OF CHILD ABUSE

- ◆ Under Colorado law, all staff in day care centers is required to report all suspected child abuse and neglect to the Colorado Department of Social

Services.

- ◆ Policy for reporting child abuse procedures will be posted for staff and parents with proper department agencies and important phone numbers.
- ◆ Parents have the ability to file complains to the Department of Social Services and compliance to procedures will be followed.
- ◆ If the incident happens at the facility the report will be made in the county in which the child resides.
- ◆ All reports will be filed according to state rules and regulations and copies will be made and kept on permanent file.
- ◆ In the event of a parent/guardian arriving to pick up child showing any signs of being under the influence of drugs or alcohol; CCAT staff reserves the right to notify police and keep the child at camp until a "safe" adult can be notified to attend to the child.

PROCEDURE FOR WITHDRAWING FROM PROGRAM

Two weeks written or verbal notification is required to withdraw from the program during the summer and one week during after-school time. Parents will be held financially responsible for any days your child is scheduled to come and does not. Registration fee is non-refundable. Parents or guardians may be asked to withdraw their child from the program if:

- A) Account is delinquent
- B) In our judgment, we lack the special resources to serve additional need of your child properly.
- C) If we determine that your cooperation regarding a problem is absent. We will do our best to evaluate a problem and discuss solutions.
- D) **IF NO WRITTEN NOTICE IS GIVEN FOR EARLY WITHDRAWAL, YOU WILL BE FINANCIALLY RESPONSIBLE FOR THE TWO-WEEK (DURING THE SUMMER AND ONE-WEEK DURING THE SCHOOL YEAR) AFTER SAID WITHDRAWAL.**

VACATION POLICY

Vacation time is equal to the number of days that your child is signed up each week. (i.e. 5 days per week equals 5 vacation days. 4 days per week equals 4 vacation days, etc.).

EMERGENCY EVACUATION PROCEDURES

In the event of natural disaster and emergencies or in case of a need to evacuate the facility, we will utilize the schools cafeteria and or the gymnasium at the neighboring school. Enrollment lists and emergency phone numbers will be taken to location and parents will be notified as to the whereabouts of our evacuation facility. Confirmation as to necessary safety procedures will be made through contact with our local law enforcement. Fire drills will be scheduled quarterly and children and staff will be clear on evacuation procedures.

STAFF REQUIREMENT PROCEDURES

All staff members will be required to read policy and procedure handbook and will be required to register with the Central Registry and fill out necessary forms prior to working at CCAT. All staff will have an interest in working with children and be of good character. Director will verify all professional, personal and educational references prior to hiring. Job descriptions will be given to employees and a signed statement of health and well-being will be kept in employee's file. Staff members are required to obtain 9 credit hours of additional training of education courses each year and files will be updated quarterly. Policy of reporting any suspected child abuse or neglect will be understood and followed by all staff members. All employees will follow policy for emergency or an evacuation.

POLICY REGARDING FIELD, TRIPS, TELEVISION AND VIDEO VIEWING.

It is the responsibility of CCAT to inform parents of any and all activities at CCAT. During the school year children 1st grade and up will walk over afterschool and new kindergarteners will be picked up from their classrooms until after the Winter Break when they will walk to CCAT on their own. Parents will be advised of field trips prior to said trip. CCAT has a "G" and "PG" television and/or video viewing policy.

POLICIES FOR DISASTER PREPAREDNESS

In the case of a fire alarm, children will be taken directly out the playground field nearest to the fire station. CCAT staff will take the daily sign in clipboard and master backpack. Any and all medications necessary will be in the master back pack. Once to field attendance will be taken to ensure all children are present and accounted for. Should evacuation from premises be necessary, CCAT children will go directly to the fire station and wait for further instructions by emergency personnel. Mock drills are per the Roaring Fork School District Emergency Plan during the school year and will commence three (3) times during the summer months.

In the case of an Active Shooting

We will do our very best to keep our children as safe as possible by lockdowns, blockades, or leaving the premises once advised by emergency personnel.

Re-Unification with parents - PARENT INFORMATION

- Meet at FIRE STATION IF EVACUATED
- 51 School Street, Basalt, CO (before you get to the Basalt Middle School)
- Contact Deb 927-0169 or 379-2567 (via text)
- Children with special needs will have medications
- a wagon will be available for transporting or on our backs if warranted.

POLICIES FOR REPORTING COMMUNICABLE ILLNESSES

Pursuant to Childcare rules and regulations, we will immediately report to the Department of Health any information regarding communicable illnesses.

Parents will be contacted that we have been exposed to an illness and to communicate directly with the Department of Health as to how to proceed.

Our facility will shut down immediately for disinfecting.