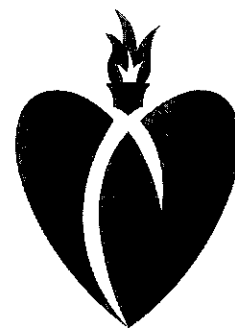


Camp Cabrini 2021



Dear Camper Families,

Saint Frances Cabrini Parish and School and Little Saints Early Learning Center is excited to bring another summer of fun and engaging activities to the community! We are excited to have this program in summer 2021 and would like to make you aware of some changes to the program.

First, we are streamlining charges and costs. For the sake of our billing team, we are no longer offering a half day option, but will continue to offer daily care if a full-week does not suit your needs. There will also be no registration, field trip, or t-shirt fees - just the cost of Camp!

Second, we are not offering Camp the week before school starts. Staff we hire will be heading back to school themselves, or getting their classrooms set up for the new school year. August 20th will be the last day of Camp for 2021.

Finally, you can expect a more solid schedule for your camper. You will find an addition of more traditional Camp activities, such as tie dye, capture the flag, finding bugs, and time spent outside - yes, even in the rain! There will also be specific time daily for age appropriate faith formation and faith-centered activities. Campers will come home dirty and tired from their day.

You can expect some things to stay the same!

Staff will be trained to take excellent care of your camper. The Catholic faith will be practiced and explored. Children will be broken into groups based on their age. Saints in Training will run for one week in July. There will be a daily and weekly rate. Camper families will be billed prior to attending Camp. Your camper will be able to practice important life skills, such as making friends, problem solving, accepting responsibility, and gaining confidence.

We are looking forward to a great summer of returning to "normal" as much as we are able! If you have more questions about what the day or program will look like, please review the updated parent handbook, or give the office a call.

Yours in the heart of Jesus,

Will Waech & Rachel Milligan

Saint Frances Cabrini School & Little Saints Early Learning Center

Camp Cabrini 2021 Registration Forms

Please print clearly. All sections are mandatory. Each camper must have a unique form.



CAMPER INFORMATION

Last Name: _____ First

Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Age at Camp: _____ Birthday: ____/____/____ Grade: _____ Gender: Male / Female

Yes / No My camper is a student at SFC. **Yes / No** My camper can apply their own sunscreen/bug spray.

Yes / No My camper is a parish member at SFC or SMIC. **Yes / No** My camper has attended Camp Cabrini before.

Camper T-Shirt Size: ___ Youth XS ___ Youth S ___ Youth M ___ Youth L ___ Youth XL

___ Adult S ___ Adult M ___ Adult L ___ Adult XL ___ Adult XXL

PARENT/GUARDIAN INFORMATION

Full Name: _____ Cell Phone: (____) ____-____

Work Phone: (____) ____-____ Home: (____) ____-____ Relationship to Camper: _____

Email : _____

Full Name: _____ Cell Phone: (____) ____-____

Work Phone: (____) ____-____ Home: (____) ____-____ Relationship to Camper: _____

Email : _____

EMERGENCY CONTACT (This person will be contacted if parent/guardian(s) above cannot be reached)

Full Name: _____ Cell Phone: (____) ____-____

Work Phone: (____) ____-____ Home: (____) ____-____ Relationship to Camper: _____

Email : _____

Full Name: _____ Cell Phone: (____) ____-____

Work Phone: (____) ____-____ Home: (____) ____-____ Relationship to Camper: _____

Email : _____

MEDICAL INFORMATION

Physician Name: _____ Physician Phone: (____) ____-____

Address: _____

For office use only

___ Procure ___ Attendance ___ HH ___ Imuno ___ HR ___ file ___ pymt ___ CVD 19 ___ Completed

Please select the sessions your camper will attend. If you are selecting the daily option, please list in the box the days of the week your child will be attending (M/T/W/R/F):

Daily	Full	Date/Session	Theme	Daily	Full
		June 7-11	Amazing Race	\$42	\$185
		June 14-18	Around the World	\$42	\$185
		June 21-25	Camp Apocalypse	\$42	\$185
		June 28-July 2	Holidays	\$42	\$185
		July 6-9 (4 day week)	Community Helpers	\$42	\$150
		July 12-16	Mad Scientist/STEM	\$42	\$185
		July 19-23	Wacky Water	\$42	\$185
		July 26-30	Animals (Saints In Training Program *add'l form required)	\$42	\$145*
		August 2-6	Animated Adventure	\$42	\$185
		August 9-13	Camp Olympics	\$42	\$185
		August 16-20	Inventors	\$42	\$185
TOTAL COST				\$	

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in Camp Cabrini and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the Camp Cabrini Team, or other associated volunteers of Camp Cabrini program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I understand registration and health information will be shared with Camp staff persons on a "need to know" basis. Sometimes children will go for walks around town or play at a local park. I give permission for the Camp Cabrini staff and volunteers to escort my child to walking-distance activities. I hereby do release and forever discharge this Diocese, and Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of Camp Cabrini. My camper and I understand that the staff of Camp reserves the right to send my camper home early, due to illness or health concerns, accident or behavioral problems. If the Camp decides to send my camper home early, I understand that I will be responsible to pick up my camper from Camp. Pick up must be arranged within 2 hours, and failure to comply may result in future denial of registration for camper. I have read the above paragraphs and I fully understand and agree to the above. Further, I have read the Parent Handbook accessible online, including the refund policy. By signing below, I acknowledge my understanding and agreement.

Photo Permission:

Unless other written instruction is submitted, I consent to allowing my child's image to be recorded, either by photograph or video, and used during Camp Cabrini or for future advertisement of Parish programs. Any other use will require further consent.

Parent / Guardian Signature

Date

CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (√) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.

Yes year _____ (Vaccine is not required)

No or Unsure (Vaccine is required)

REQUIREMENTS

STEP 3 The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES						
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³	
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³	1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³	2 Varicella

¹If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).

²If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

³MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).

⁴Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant (Note: a dose 4 days or less before the 4th birthday is also acceptable).

COMPLIANCE DATA AND WAIVERS

STEP 4 IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR

IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the child care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.

For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)

Physician's Signature Required

For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

SIGNATURE

STEP 5 To the best of my knowledge, this form is complete and accurate.

SIGNATURE - Parent, Guardian or Legal Custodian

Date Signed

CHILD HEALTH REPORT – CHILD CARE CENTERS

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 202.08(4), DCF 250.04(6)(a)4. and DCF 251.04(6)(a)8. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Each child 2 years of age but who is not 5 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant, or other EPSDT provider to be completed, signed, and dated. The licensee / operator shall obtain a copy for the child's record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian includes a copy of the child's immunization record when submitting this form to the child care center.

PARENT OR GUARDIAN – This section should be completed by the parent or guardian

Child's Name (Last, First, MI)

Child's Birthdate (mm/dd/yyyy)

Child's Address (Street, City, State, Zip Code)

Parent or Guardian Name (Last, First, MI)

Parent or Guardian Address (Street, City, State, Zip Code)

HEALTH PROFESSIONAL – This section should be completed by the health professional

Instructions for feeding and care of child with special health concerns – Specify: (attach information as necessary).

Yes No Does the child have a milk allergy? If "Yes," identify the recommended milk substitute.

Yes No Does this child have any food or non-food allergies? If "Yes," specify and include the treatment plan to be implemented in the event of an allergic reaction.

Date of child's most recent blood lead test: _____ (mm/dd/yyyy).

Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

AUTHORIZATION

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA, or other EPSDT Provider (type or print)

Address (Street, City, State, Zip Code)

SIGNATURE – MD, PA, or other EPSDT Provider

Date of Examination

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance (mm/dd/yyyy)
------------------------	------------------------	--------------------------------------

Home Address (Street, City, State, Zip Code)

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number

PHYSICIAN / MEDICAL FACILITY INFORMATION

Physician Name	Telephone Number
Medical Facility Address	Telephone Number

SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

HEALTH HISTORY AND EMERGENCY CARE PLAN if available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

- No specific medical condition
- Asthma Diabetes
- Cerebral palsy / motor disorder Epilepsy / seizure disorder
- Other condition(s) requiring special care – Specify.

Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

Food allergies – Specify food(s).

Non-food allergies – Specify.

2. Triggers that may cause problems -- Specify.

3. Signs or symptoms to watch for -- Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication – Child Care Centers* should be attached to this form. Note: Group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: _____