




BEGINNERS INN

Adventure Land Summer Camp

JUNE 2022

**Tentative
Schedule**

**Tentative
Schedule**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	30 Memorial Day 	31	1	2	3 National Donut Day! 	4
5	6	7	8	9	10	11
12	13	14	15 Last Day of School Plymouth- Canton 	16	17	18
19 HAPPY FATHER'S DAY Kickin' Off Summer Camp!	20 Welcome to Camp First day of Summer Programs	21 7-11 Slurpees	22 Outdoor Chalk Paint	23 M & M Color Game	24 BBQ @ Beginners Inn	25
26 Stars and Stripes	27 Coffee Filter Flags	28 Patriotic Party Slime	29 BINGO Pirates In- House Field Trip	30 Athletika	July 1 Yarn-Wrapped Stars Bring your Electronics	July 2

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Adventure Land Summer Camp

JULY 2022

**Tentative
Schedule**

**Tentative
Schedule**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26 Stars and Stripes	27 Coffee Filter Flags	28 Park Field Trip	29 BINGO Pirates In- House Field Trip	30 Patriotic Party Slime	July 1 Yarn- Wrapped Stars Bring your Electronics	July 2
3 Decades of Fun	4 Independence Day Holiday BEGINNERS INN CLOSED	5 Jazz Bring your Electronics	6 80's Dress Up Pac-Man	7 Karaoke	8 Karaoke Bikes and Wheels	9
10 Amazing Artists	11 7-11 SLURPEES Jackson Pollock Painting	12 Picnic at the Park Michelangelo Painting	13 Wassily Kandinsky Circle Art	14 Menchies Q-Tip Art	15 Georgia O'keefe Art	16
17 Backyard Bash	18 Tissue Paper Suncatchers	19 Athletika	20 Dirt Cup Snack Tissue Paper Sun Catcher	21 Backyard Games	22 Balloon Tennis Grilled Hotdog Picnic	23
24 Around the World	25 Enchanting Eiffel Tower Crafts London Bus Craft	26 Bowling	27 Paper Cup Pyramids	28 Earth Coffee Filter Marv Mechanical Museum	29 Kona Ice Wear Tie Dye	30

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Adventure Land Summer Camp

AUGUST 2022

**Tentative
Schedule**

**Tentative
Schedule**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Tie- Dye Week Fabulous Fedora's	2 Movies	3 Googly Eyes Pen Craft	4 Tropical Smoothies Fortune Tellers	5 <i>Bring your Electronics Making Stuffed Animals</i>	6
7 Toes in the Sand	8 Pineapple Sunrise Squirt Gun Painting	9 Park Field Trip	10 Sand Cups Beach Ball Games	11 Squirt Gun Painting Subway Lunch	12 Make Kinetic Sand Wear Your Tie Dye	13
14 Barnyard	15 Paper Pig Craft Chick Fork Painting	16 Traveling Farm Packing Peanut Sheep	17 Haystack Cookies Pin the Tail on the Cow	18 Seed Bombs 7-11 Slurpees	19 Stuffy Picnic At Beginners Inn	20
21 Camping	22 Bird Feeders Zombie Art	23 Skating Wear Your Tie Dye	24 Campout SMORE'S	25 Park Field Trip	26 WATER GAMES Dragonfly Craft	27
28 We're Having Fun All Summer Long SPIRIT WEEK	29 Popsicles on the Playground Summer Memories	30 End of Summer BBQ Bikes and Wheels	31 Wear Your Tie Dye Ice Cream Social	September 1 School Spirit Day Spray Bottle and Sidewalk Chalk	2 Wear Your Favorite Outfit Movie & Popcorn Day at BI	3



Beginners Inn Child Care & Learning Center SUMMER CAMP 2022

Enrollment Form

Children- Starting 2nd grade (Fall 2021) - 5th grade

Child's Information

Date of Application _____ Date Child Will Begin Attending _____

Child's Full Name _____ Name Usually Called _____

Sex _____ Age _____ Birth Date _____

Child's Home Address _____ City _____ Zip _____

Home Telephone Number _____ Email Address _____

Emergency Contact: Name _____ Number _____

Please choose the days that your child will attend this summer. Minimum enrollment is 3 full days per week.

Week #	WEEK OF:	Monday	Tuesday	Wednesday	Thursday	Friday
1	June 20 ~ June 24	20	21	22	23	24
2	June 27 ~ July 1	27	28	29	30	JULY 1
3	July 4 ~ July 8	BEGINNERS INN CLOSED 4	5	6	7	8
4	July 11 ~ July 15	11	12	13	14	15
5	July 18 ~ July 22	18	19	20	21	22
6	July 25 ~ July 29	25	26	27	28	29
7	August 1 ~ August 5	AUG 1	2	3	4	5
8	August 8 ~ August 12	8	9	10	11	12
9	August 15 ~ August 19	15	16	17	18	19
10	August 22 ~ August 26	22	23	24	25	26
11	August 29 ~ September 2	29	30	31	1	2

Field Trip/ Transportation Permission Slip

I, _____ give permission for my child _____ to
 Parent/ Guardian Child's Name

attend field trips with The Beginners Inn Child Care and Learning Center. I understand my child will be walking or transported by The Beginners Inn Child Care and Learning Center buses. I have received and reviewed the field trips that my child will be attending. I understand that during field trips my child will be supervised by The Beginners Inn Child Care and Learning Center staff. **Field Trips are tentative and will be subject to cancellation or changes due to Covid- 19 restrictions in Michigan.**

Parent Signature

Date

Parent/ Guardian Information

Child's Primary Caregiver(s) is/ are:

___Single ___Married ___Separated ___Divorced ___Widowed ___Grandparents

Please list the primary adult(s) that reside in the home with the child.

1. Name _____ Relationship to child _____
Employer _____ Work Telephone Number _____
Work Schedule- Days _____ Hours _____

Please list the best phone number where this person can be reached while the child is in our care.

_____ Email _____

2. Name _____ Relationship to child _____
Employer _____ Work Telephone Number _____
Work Schedule- Days _____ Hours _____

Please list the best phone number where this person can be reached while the child is in our care.

_____ Email _____

Please list any other family members and their ages that reside with the child.

Child's Information

Does your child have any allergies to foods, medications or dietary restrictions that would affect them while they are in our care? **NO YES**

Please list the allergy, medications taken for it and any side effects or reactions to watch for. or, please list your child's dietary restrictions.

Besides the listed above, does your child currently take any medications or supplements that we should be aware of? **NO YES**

Please list the medication(s) or supplement(s) and any side effects or reactions that we should watch for.

Is there any additional information about your child or family that you feel Beginners Inn should be aware of?

Beginners Inn Summer Camp 2022 Enrollment Policy Agreement

Please read the policies of Beginners Inn Day Camp. Sign and return this form with the other required forms at the time of enrollment.

I understand the tuition rates are as follows:

3 days: \$177.00

4 days: \$210.00

5 days: \$230.00

I understand that the summer activity fee of \$125.00 is **non-refundable** and my deposit fee is refundable only toward my last week of scheduled tuition. The activity fee will help to offset the cost of field trip, activities, and camp shirts.

I understand that tuition payment is due even if my child is unable to attend due to illness or other circumstances and **no make-up days** are provided.

I understand that *tuition is based on the days that my child is registered for*. Enrollment is weekly, so you can customize your summer schedule around work, vacations, family visits and more. If my child attends more than their registered days, the greater will be added to my tuition account.

Tuition payments are due on Friday of the prior week or Monday of each week your child is scheduled for. Payments can be made through our payment system called Tuition Express. If payment is not received by Monday, of that week your account will be charged a late fee of \$25.

I understand there will be a \$25.00 fee for any returned checks.

I understand that field trips are included in my weekly tuition. **Field Trips are tentative and will be subject to cancellation or changes due to Covid- 19 restrictions in Michigan.**

Beginners Inn hours of operation are from 6:30am to 6pm M-F. If my child is not picked up by 6:00pm I will be assessed a late fee of \$1.00 per minute and this amount will be applied to my tuition account.

I understand that my child **will need to bring lunch and snacks each day** they are at camp.

Children will have the opportunity to purchase concessions during some field trips. Money supplied by the parent should be in a marked envelope and given to a Camp Leader.

I have read and understand the above policies and understand that it is required that my child/children have the following forms on file to stay enrolled in The Beginners Inn Summer Day Camp:

- Enrollment Form
- Child Information Form
- Enrollment Policy Agreement
- Statement of Good Health Form
- Immunization record

Parent/ Guardian Signature _____

Date_____

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission		Date of Discharge	
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Parent/Legal Guardian's Name		Home Phone ()	Parent/Legal Guardian's Name (Optional)		Home Phone ()
Home Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)		Cell Phone ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address		
Employer Name		Work Phone ()	Employer Name		Work Phone ()
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

CCL-3731 (Rev. 4/27/2021) Previous edition 7-18 may be used.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)					
1.		()		()	
2.		()		()	
3.		()		()	
Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)					
1.		()		2. ()	
3.		()		4. ()	

Parent/Legal Guardian Initials:
_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.	
Signature of Parent or Guardian	Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

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