

Gentle Shepherd Christian Preschool's

2022 ADVENTURE CAMP (rain or shine)

Offered to our GSCP Family & the Outside Community



~Children Ages 2-6 Years old~ 9am-12:30 pm~

Week 1: June 13th~**Week 2:** June 20th

Limited Spaces Available

Join members of our GSCP staff for a fun and exciting camp on our beautiful park-like property!

Activities will include:

Sports~Science~Art~Music

What Should You Bring?

- **Reusable Water Bottle** labeled with name
- **Lunch** (no candy, soda or peanut/nut products please)
 - **Yourself** with **Sunscreen** already applied
- **Medications** in original bottles with prescription (including EpiPens) if applicable, along with appropriate medical releases
- **Beach Towel** to sit on during outside activities

What Shouldn't You Bring?

- **Snacks** (we will provide them)
- **Sunscreen** (unless you have a documented need for re-application)

To Register:

Current GSCP & Childcare Families:

Please fill out registration form and return to GSCP office along with all fees. Please make checks payable to SHLC. Fees are non-refundable.

Families from outside of GSCP:

Please fill out registration form and return to GSCP office (drop-off or mail) along with all fees.

Please make checks payable to SHLC. Fees are non-refundable.

In addition, please provide GSCP with an up-to-date completed **Universal Health Form** along with a record of your **child's current immunizations**. If your child has allergies or other medical needs, please complete the **Children with Special Health Needs Form** with instructions (i.e. EpiPen).

- Spaces available on a first-come, first-served basis
 - Fee is \$289/week or \$550/2 weeks
 - Sibling Discounts on next page
 - Checks can be made payable to: SHLC
 - Fees are non-refundable



Follow us on Instagram #gentleshepherdpreschool



Follow us on Facebook @baskingridgepreschool

Gentle Shepherd Christian Preschool
 350 Lake Road Basking Ridge, NJ 07920
 Krissy Hosler, Director
 Gentle Shepherd Christian Preschool
gscp@shlc.net 908-766-1430

Child's Name: _____	Email: _____
Parent/Guardian Name: _____	Cell Phone: _____
Parent/Guardian Name: _____	Cell Phone: _____
Address: _____	Cell Phone: _____
Best Way to Contact You During Camp: _____	
Emergency Contact (and relationship) During Camp Hours: _____	
Pick-Up Person(s) w/ contact phone #: _____	
Doctor Name & Phone Number: _____	
Dentist Name & Phone Number: _____	
Insurance Co. Name: _____	Policy #: _____ Phone: _____
Parent Signature: _____	Today's Date: _____

Name	Age	DOB	Allergies & Medical Concerns	Registration Fee~One Time Family Fee \$10 per current GSCP Family \$20 per outside GSCP Family	Week 1 6/14-6/18 \$289/week	Week 2 6/21-6/25 \$289/week \$550/2 weeks
1.						
2.						
3.						
Please Subtract Any Discounts According to the Info Below						
Total Due						

Sibling Discount:

If a sibling is attending the same week of camp, please take \$15 off of the second child's total.

If a sibling is attending the same 2 weeks of camp, please take \$50 off the second child's total.

If multiple siblings are attending, each additional sibling may apply the same discount.

Current Families:

Please return this form only. Keep the first page for your records.

Outside Families:

Please return this page, universal health form, proof of immunizations, children with special health needs form, awareness statement, emergency contact and media release form.

Gentle Shepherd Christian Preschool
350 Lake Road Basking Ridge, NJ 07920
Krissy Hosler, Director
Gentle Shepherd Christian Preschool
gscp@shlc.net 908-766-1430

EMERGENCY MEDICAL RELEASE

In the event of a medical emergency, I give permission to the Director and/or her designee of Gentle Shepherd Christian Preschool & Somerset Hills Lutheran Church to seek medical attention for my child. This includes, but is not limited to contacting 911 for assistance, hospitalization, and any life saving measures deemed appropriate by emergency medical personnel and hospital staff where applicable. Every effort will be made to contact you prior to the involvement of emergency medical personnel.

I grant permission

I do not grant permission

Parent/Guardian's Name Printed: _____

Parent/Guardian's Signature: _____

Date: _____

PHOTO/RECORDING RELEASE

I grant permission for my child's photograph/recording of my child to be used in Gentle Shepherd Christian Preschool for the purpose of sharing camp photos for families and advertising. This may or may not include printed materials including in-school displays, brochures and on the school's webpage, Facebook and Instagram page. Your child's name will never be printed without express written permission from the parent or guardian.

I grant permission

I do not grant permission

Parent/Guardian's Name Printed: _____

Parent/Guardian's Signature: _____

Date: _____



EMERGENCY MEDICAL CONSENT FORM

The information provided below is the information we will use in an emergency. Your child's health information and this Emergency Form will be duplicated and taken out of the building with us if there were a time that we had to vacate the building due to an emergency. It is imperative that when your child _____ is in our care that parents are always reachable.

Telephone numbers in the order we should call if we have not been able to reach you. We would call due to illness, early dismissal/delayed opening, or an emergency at school. You must list at least 3 contacts (use the back of this page to add additional contacts if needed). **The following people are authorized by you to pick up your child if either parent cannot be reached or is unavailable.**

Child's Full Name:	DOB:	Home Address:
Mother's Name:	Cell Phone:	Other Phone:
Father's Name:	Cell Phone:	Other Phone:
List of Contacts if Parents Unreachable		
Name:	Relationship:	Cell Phone: Other Phone:
Name:	Relationship:	Cell Phone: Other Phone:
Name:	Relationship:	Cell Phone: Other Phone:
Pediatrician Name:		Phone:
Preferred Hospital:	List All Allergies:	



UNIVERSAL CHILD HEALTH RECORD

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last) _____ (First) _____		Gender Male Female	Date of Birth / /
Does Child Have Health Insurance? Yes No		If Yes, Name of Child's Health Insurance Carrier _____	
Parent/Guardian Name _____		Home Telephone Number _____	Work Telephone/Cell Phone Number _____
Parent/Guardian Name _____		Home Telephone Number _____	Work Telephone/Cell Phone Number _____
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.			
Signature/Date _____		This form may be released to WIC. Yes No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination: _____	Results of physical examination normal? Yes No
Abnormalities Noted: _____	Weight (must be taken within 30 days for WIC) _____
	Height (must be taken within 30 days for WIC) _____
	Head Circumference (if <2 Years) _____
	Blood Pressure (if ≥3 Years) _____

IMMUNIZATIONS

Immunization Record

Attached:

Date Next Immunization: _____

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	None Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	None Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	None Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	None Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	None Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	None Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	None Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	None Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: Capillary Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print) _____	Health Care Provider Stamp: _____
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TO BE COMPLETED ONLY IF A CHILD HAS SPECIAL HEALTH NEEDS



AWARENESS STATEMENT

Please be advised of the following:

1. There is no nurse on staff at Gentle Shepherd Christian Preschool.
2. The staff attends CPR, First Aid, AED training annually but has no medical training to recognize and treat symptoms of chronic medical illnesses or allergies, such as diabetes, asthma, cystic fibrosis and/or severe allergies.
3. Each chronic medical condition must be presented to and discussed with the Director of Gentle Shepherd Christian Preschool prior to enrollment.
4. The school will not be responsible for providing "special snacks" for students with food allergies or diabetes.
5. School snacks are purchased in volume for the school. Parents of children with food allergies are asked to look at what is being provided to the class and if there is a food allergy concern that our snacks have we ask parents to provide a special snack for their child.
6. The school imposes no restriction on food brought into the classroom, building or Lunch Bunch. Although parents are educated about food allergies, it is likely that food containing peanut products, wheat and dairy will be present throughout the school.
7. There are no special seating arrangements at Lunch Bunch.
8. The classrooms are multipurpose rooms used by many groups outside and inside the Church and, therefore, not solely under the control of Gentle Shepherd Christian Preschool.
9. We cannot control what children eat at home and what they may bring in on their hands and clothes.

We have read and understand the Gentle Shepherd Christian Preschool Awareness Statement for Chronic Medical Conditions and the Chronic Medical Policy. We believe that

_____ can attend Gentle Shepherd Christian Preschool.

(Child's Name)

Parent's Name

Parent's Signature

Date

Physician's Signature

Date

TO BE COMPLETED ONLY IF A CHILD HAS SPECIAL HEALTH NEEDS



EMERGENCY MEDICAL PROTOCOL

Name _____

Date of Birth _____

Child's Photo

Medical Condition _____

Asthmatic _____

SIGNS OF MEDICAL CONDITION/ALLERGY:

Symptoms:

MOUTH _____
THROAT _____
SKIN _____
GUT _____
LUNG _____
HEART _____

ACTION PLAN/MEDICAL PROTOCOL:

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

CALL:

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

Any medication left with the school for allergy reaction must be in original package as dispensed from Pharmacy with child's name and expiration date on it.

Parent Signature & Date

Parent Signature & Date

Physician Signature & Date

EMERGENCY CONTACTS (name and cell phone #):

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

