



- Daycare ● PreK ● After School Program ●  
● School Breaks ● Summer Camp ●

### Summer Camp Registration

**Ages 5-12**

Cost is per 5 Week Session

All Summer Payments are due in full by June 1, 2026 through our Brightwheel App.

Child's Full Name: \_\_\_\_\_ Child's Age \_\_\_\_\_

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade 2026-27: \_\_\_\_\_ Gender: \_\_\_\_\_

Any known allergies? \_\_\_\_\_ Shirt Size \_\_\_\_\_

Any special needs, IEP, or medical concerns? \_\_\_\_\_

Are they advised by a doctor to take any medicines regularly that we need to administer? \_\_\_\_\_

Main Street Summer Camp Hours: 7:30am-6pm.

#### For Summer Camp select a Session:

- ☐ Session 1: June 22-July 24 (5 Weeks)  
☐ Session 2: July 27- August 28 (5 Weeks)  
☐ Both

#### Select how many days a week:

Summer Camp 9am-3pm	1 Session Total	Both Sessions Total
<input type="checkbox"/> 5 Days a week	\$1,250	\$2500
<input type="checkbox"/> 4 Days a week	\$1,200	\$2400
<input type="checkbox"/> 3 Days a week	\$900	\$1800
<input type="checkbox"/> 2 Days a week	\$600	\$1200

#### What Days of the week will they attend: Must be consistent from week to week:

- ☐ Mondays  
☐ Tuesday  
☐ Wednesday  
☐ Thursdays  
☐ Fridays

#### Will your child need Before or/and After Care? (space is limited please sign up now):

- ☐ Before Care 7:30-9am \$10 per day  
☐ After Care 3-6pm \$25 per day



## Enrollment Agreement

\*\*\*Upon enrollment the following is required:

- Complete application
- Registration Fee \$25/child (this is used for 2 shirts that they must wear when attending)

## Discounts & Fees

- The oldest sibling will receive a 10% reduction in tuition rates if enrolled in full time childcare.
- Church members (someone who attends and serves at the church regularly) will receive a 10% reduction in tuition rates of the oldest enrolled child.
- Tuition is due on June 1, 2026 through our Brightwheel App. A reminder will be posted on the App. **A late fee of \$25.00 will be charged if the tuition is not paid on the due date.**
- A fee of **\$20.00** is charged for every 10 minute increment that your child(ren) remains in our care after 6pm.
- There will be a **\$35.00** fee for any check that is returned to our facility.
- In quoting our rates, we have taken into account snow days, holidays, illnesses, and vacations into consideration and there will be no credits given. Sorry for any inconvenience. We do not allow school aged children to attend during delayed openings or early dismissals from school due to weather or emergencies. **Tuition is due whether your child attends or not.**
- School will be closed on the special holidays and staff training days listed on the posted Special Holidays 2025-26 Form and updated annually; **tuition is still due for these holidays and closures.**
- Main Street Child Care requires 30 days written notice of termination of services OR a full payment will be required. Rates and holidays are subject to change annually two weeks prior notice will be given.
- First Line of communication is through our Brightwheel App, parents and guardians agree to use app for billing and communication regarding their child.

## Policies

- Children 5 and older must be fully potty trained.
- We welcome kids of all abilities however, we do not have licensed RBTs, BCBAs, CPI Certified, or ABA trained professionals.
- We reserve the right to make a determination if we cannot accommodate your child's behavioral or unique needs. We will reduce hours if it is in the best interest of your child or refer them to another program.

**I have read and understand this enrollment agreement:**

Parent/Guardian Signature\_\_\_\_\_ Date:\_\_\_\_\_

Please return this application in person or through email- msadaycamp@gmail.com.

# ENROLLMENT APPLICATION

Name of Child:	Date of Birth:	Enrollment Date:
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PARENT/GUARDIAN INFORMATION	Please check the box ( <input type="checkbox"/> ) to indicate the primary residence of the child listed above.			
	<input type="checkbox"/> PARENT/GUARDIAN #1		<input type="checkbox"/> PARENT/GUARDIAN #2	
	Name:		Name:	
	Relationship:		Relationship:	
	Telephone:		Telephone:	
	Home Telephone:		Home Telephone:	
	Home Address:		Home Address:	
	Employer Name:		Employer Name:	
	Employer Telephone:		Employer Telephone:	
	Employer Address:		Employer Address:	
Email Address:		Email Address:		

EMERGENCY CONTACTS	Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.			
	Name of contact #1:		Name of contact #2:	
	Relation:		Relation:	
	Telephone Number:		Telephone Number:	
	Home Telephone:		Home Telephone:	
	Employer Number:		Employer Number:	

CUSTODY	Name of person PROHIBITED from picking up your child:	
	If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to thi effect for the center to maintain a copy on file, and to comply with the terms of the court order.	

PERMISSIONS	<input type="checkbox"/> I give permission for my child to participate in <b><u>WALKING TRIPS</u></b> within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.	<input type="checkbox"/> I <b><u>DO NOT</u></b> give permission for my child to participate in <b><u>WALKING TRIPS</u></b> within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.
	<input type="checkbox"/> I give permission for my child to be <b><u>PHOTOGRAPHED</u></b> during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.	<input type="checkbox"/> I <b><u>DO NOT</u></b> give permission for my child to be <b><u>PHOTOGRAPHED</u></b> during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.

RECEIPT OF POLICIES	I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information:		
	<input type="checkbox"/>	Center Policies and Procedures	
	<input type="checkbox"/>	Information to Parents Document	
	<input type="checkbox"/>	Policy on the Expulsion of Children from Enrollment	
	<input type="checkbox"/>	Policy On The Use Of Technology And Social Media	
	<input type="checkbox"/>	Policy On The Management Of Illnesses/Communicable Diseases	
	<input type="checkbox"/>	Policy On The Release Of Children	
	<input type="checkbox"/>	Policy on the Methods of Parental Notification of Injuries (if applicable)	
	<input type="checkbox"/>	Other: _____	
	<input type="checkbox"/>	Other: _____	

MEDICAL INFORMATION	Child's Health Care Provider:	
	Health Care Provider Phone:	
	Health Care Provider Address:	
	Name Of Insurance Company/HMO:	
	Group #:	
	Identification #:	
	Subscriber's Name On Insurance Card:	
	Known Allergies (including medication):	
	Medication My Child is Taking:	
	List Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information For Emergency Situations:	

HEALTH STATEMENT	As the parent/guardian of the above named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record or a Care Plan for Children with Special Health Needs.
	Parent/Guardian Initials: _____

EMERGENCY TREATMENT	As the parent(s)/legal guardian(s) of the above named child, I (we) attest that the information above is correct. I (we) authorize the child care center staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified.
	Parent/Guardian Initials: _____

Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:
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### First Day Checklist

Your child(ren) requires the following items each day at Main Street Summer Camp:

- Wear Your Camp Shirt Everyday
- Lunch from home or Lunch Money to Buy Lunch
- Labeled Water Bottle

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### **Health Screening Policy**

Prior to morning drop off, you must assess your child for any Covid like symptoms. Some of these symptoms include but are not limited to:

1. Shortness of breath
2. Fever
3. Body/Muscle aches
4. New loss of taste or smell
5. Diarrhea/Vomiting
6. Sore Throat
7. Headache

If your child is exhibiting any of these symptoms, please notify the school and remain home. Having a fever requires a negative covid test result to return to school.

The health and safety of students, staff and families is our priority. We appreciate your cooperation on this matter.

I acknowledge that I have received the Health Screening Drop Off Policy.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Introducing brightwheel



Dear Parents,

To organize Main Street Daycare, we are using Brightwheel, a tool for classroom management, communication, photos, videos, online bill pay, and much more. Brightwheel is the industry leader in early education, proven to save time for staff, allowing for measurably more time with students, while also delivering a much better experience for parents.

#### **Easy steps to follow:**

1. **Create a free brightwheel account.** When you receive an invitation via email or text, please create a free parent account using either the web or mobile app. Make sure to use the same email address or cell phone number that the invitation was sent to. Here is a quick video overview.
2. **Confirm your child's profile.** You will see your child's profile after you create an account - you can confirm information such as birthday, allergies, and additional contacts. If you do not see your child's profile, please contact us with the email address or phone number you used to sign up. You will not see updates within brightwheel until we start to use it regularly.
3. **Set your account preferences.** You can adjust your notification preferences within your profile settings on the app.
4. **Add your payment information.** Brightwheel offers secure, automated online payments that saves time for us and gives you advanced tools and reporting. Please add your payment information. Here is an online Payments Setup Guide with more info.

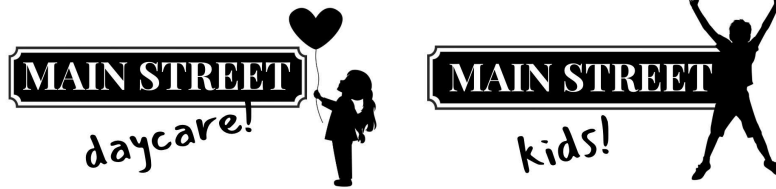
See a video tutorial:

<https://www.youtube.com/playlist?list=PLWkfMDOm0pnF0bWPntP7m7dSSi6ID6JUR!>

We're excited to be adding this state-of-the-art system and hope you enjoy it!

God Bless,

Rachel Nash, Director



**2025-26**  
**CALENDAR CLOSURES FOR SPECIAL HOLIDAYS**  
**Day Care, PreK, & After School Program**

**September 2025**

Labor Day Monday 9/1  
Daycare Reset Clean Out Day Tuesday 9/2  
Staff Training Day Wednesday 9/3

**October 2025**

**November 2025**

Wednesday 11/26 Early Dismissal Close at 3pm  
Thanksgiving Break Thursday 11/27 & Friday 11/28

**December 2025**

Christmas Break 12/24-12/26  
New Years Eve 12/31 Early Dismissal Close at 3pm

**January 2026**

New Years Day Thursday 1/1  
Staff Training Day Friday 1/16  
Martin Luther King Monday 1/19

**February 2026**

President's Day Monday 2/16

**March 2026**

**April 2026**

Good Friday 4/3  
Easter Monday 4/6

**May 2026**

Staff Training Day Friday 5/22  
Memorial Day Monday 5/25

**June 2026**

Juneteenth Friday 6/19

**July 2026**

Independence Day Friday 7/3

**August 2026**

\*\*\*Closings for inclement weather will be messaged through Brightwheel at Director's discretion.



# MEDICAL DECLARATION STATEMENT FOR SCHOOL-AGE CHILD CARE

(AND/OR FOR CHILDREN ENROLLED IN PUBLIC OR PRIVATE SCHOOL)

CHILD'S NAME:	DATE OF BIRTH:	GRADE IN SEPTEMBER:

## HEALTH STATEMENT (CHECK ONE)

- ☐ My child is in good health and can participate in the normal activities of the program and has no conditions or special needs that require special accommodations.
- ☐ My child can participate in the normal activities of the program but has conditions or special needs that require special accommodations as indicated below.

## SCHOOL-AGE CHILD'S SPECIAL CONDITIONS OR NEEDS REQUIRING SPECIAL ACCOMMODATIONS

Please list any allergies, medical conditions, including chronic health problems (such as asthma, seizures), behavioral disorders, special needs, etc.

PARENT/GUARDIAN SIGNATURE:	DATE: