

**Welcome to
JellyBeans CDC
Summer Camp
2022**



Summer

Camp Parents

Welcome Summer Campers and Parents!! We have a full calendar and are looking forward to a great summer this year. Here's a list of supplies needed for your child in Summer Camp. All children will need to have:

- Completed summer camp packet
- Updated shot records
- Tuition (\$275 a week)
- Registration fee (\$100 new enrollment)
- Water bottle
- Sunscreen
- Towel
- Swimming trunks/bathing suit
- Blanket/pillow
- Extra outfit
- Lunch (if not on food program)
- Socks

Everything should be labeled with your child's name. A cubby will be provided for your child's supplies.



JUNE 2022

MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

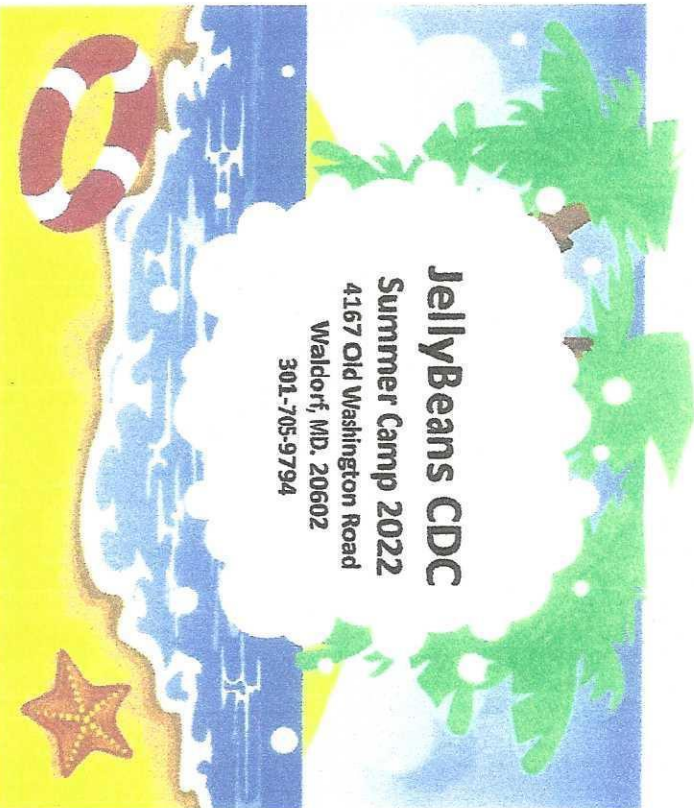
AUGUST 2022

MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

JULY 2022

TUE	THU	FRI	SAT
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	

JellyBeans CDC
Summer Camp 2022
 4167 Old Washington Road
 Waldorf, MD. 20602
 301-705-9794



JellyBeans Child Development Center
4167 Old Washington Road
Waldorf, MD 20602
301-705-9794
Summer Field Trip Emergency Card

Child's Name: _____ DOB: _____

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

Parent/Guardian Name	Relationship	Place of Employment:	Cell:	Home:
		W: _____		
		W: _____		

Known Allergies: _____

Medical Conditions: _____

Additional Emergency Contacts

Name: _____ Relationship: _____
 Cell: _____
 Home: _____
 Work: _____ Ext: _____

Name: _____ Relationship: _____
 Cell: _____
 Home: _____
 Work: _____ Ext: _____

Name: _____ Relationship: _____
 Cell: _____
 Home: _____
 Work: _____ Ext: _____

By signing this I am authorizing JellyBeans Child Development Center to have my child transported to the nearest hospital and treated in the event of an emergency.

Parents Signature: _____

Travel Summer Camp Questionnaire

Camper Name (First and Last): _____

Please help us out with a little more information about you summer camper that will be helpful for us while on field trips.

1) Does your child require a car seat or booster seat? **Yes** or **No**

If yes, please indicate which type: **5 Point Harness Car Seat**

High Back Booster Seat

Backless Booster Seat

(JellyBeans does have a high back booster seat and a few backless booster seats that are available to use. Please see the office to discuss this further if you are interested in using one)

2) What is your child's swim level?

New Beginner: Never been in pool, uncertain about the water, will not put face in the water

Advanced Beginner: Standing in the water, jumping up in down in the water, put face in water and will go under

Intermediate: Doggy paddle. can tread some water, can swim across a portion of the pool.

Advanced: Jump into the pool, can swim the length of the swimming pool

Unsure

*Please feel free to provide arm floaties or swim vest for your child.

3) What is your child's shoe size? (We need to know this information for our roller-skating field trip)

Shoe Size: _____



JellyBeans Child Development Center



Site: _____ Phone: _____

CLIENT AGREEMENT under Covid-19 Pandemic

ENROLLMENT FOR: _____ D.O.B. _____

ENROLLMENT FOR: _____ D.O.B. _____

WELCOME TO JELLYBEANS CHILD DEVELOPMENT CENTER!!!!

Our mission is to provide every child with a high-quality early childhood experience in a safe, nurturing and developmentally appropriate environment. Our staff views education as a partnership between parents and teachers. We strive to maintain a good rapport with all families based on open communications and mutual respect. We believe in empowering children by offering them experiences to learn at their own pace through decision making and problem solving. By providing an engaging curriculum, it is our aspiration that each child will develop a positive outlook towards school, a life long love for learning, and a better understanding and appreciation for the world around them.

I agree to pay in advance each week, tuition of \$ _____ with no deductions for absences, holidays, vacations or inclement weather closings. Care will be provided: (days and times) _____ with a start date of _____.

1. The center is open _____
 2. The center is closed on all government closings, any mandated closings, and state of emergency closing, and is closed for: New Year's Day, Martin Luther King Jr. Day, President's Day, Easter Monday, Memorial Day, Juneteenth, 4th of July, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and the day after, and Christmas Day and the day after. The center will close early on Good Friday, Christmas Eve, and New Year's Eve. Full tuition will be due for these weeks.
 3. If your child becomes ill at the Center, you will be notified and expected to pick up your child as soon as possible. Covid-19 related symptoms will be managed in consultation with the CDC, local Health Department, and the state licensing agency.
 4. Medication should be administered at home when possible. Medication (prescription or other), JellyBeans follows current Maryland state licensing medication administration regulations. The "Medication Administration Authorization Form (OCC Form 1216)" must be filled out by your doctor and accompany the medication. Forms are available at the Center. Please inform Jellybeans if your child is taking any medications at home as it may affect your child's needs or behavior during hours of care.
 5. Each child needs to have a labeled change of clothes at the Center. The Center is not responsible for lost/soiled clothes. For your child's comfort and safety, please dress them in play clothes and sneakers or rubber sole shoes. We encourage active play in our program, and children shouldn't worry about their clothing.
 6. Outdoor play is an important part of our program goal to promote physical fitness and enhance cognitive development in children. Maryland law requires daily outdoor play even in winter. Parents should dress their child comfortably according to the weather. This means warm coat, hat, mittens, scarves, and when necessary, boots.
 7. We realize children like to bring things from home, but sometimes these items get lost or broken causing unnecessary stressful situations for the children. The Center cannot assume any responsibility for lost or damaged items. Please refrain from allowing your child to bring in things from home.
 8. During Covid-19 Emergency, Parents are expected to follow state mandated dropping off and picking up of children. These procedures will be provided to the parents by the Center as Addendum 1 to this contract. Your child MUST be signed in and out of the Center daily.
 9. Nutritional snacks are served in the morning and afternoon. Please send breakfast and lunch in with your child; unless they are enrolled in the food program. Milk will be provided by the Center. Program meals and snacks are balanced and nutritious, with servings of whole grains, fresh fruits and vegetables, limited sugar, fat and salt.
 10. Preschoolers will have an afternoon rest period as required by state law. Parents provide a blanket and small pillow, which will be sent home regularly to be laundered.
 11. JellyBeans has established age-appropriate guidelines for behavior. Upon enrolling, the children are provided with clear rules and expectations. If any behavior needs addressing, the staff will offer choices and redirection. When the child is ready, our staff takes time for reflection and problem solving to prevent future issues. The purpose of our discipline is to help children learn self-control and to teach them that each person is responsible for their own actions. Our discipline policy has been developed with input from the children and is reviewed periodically.
 12. Tuition is due on Monday of each week; or the first day of the week that your child is due to attend. A late fee of \$ _____ will be charged to your account if tuition is paid late. There is a \$ _____ charge on returned checks. Cash payment will be required after 2 returned checks.
 13. I agree to pay a non-refundable registration fee of \$ _____ at the time of enrollment and a renewal fee of \$ _____ every _____. Periodically throughout the year we may require a fee to cover special activities. Information sheets will be sent home with the details as needed.
 14. I agree to pay a late pick-up fee of \$ _____ per minute for every minute after _____. Cash should be paid at the time of pick up. Your account will be billed for any unpaid late pick-up fees. Legal authorities will be notified if a child is still at the center at 6:00 p.m. Continuous late pick up may result in termination of childcare.
 15. In case of withdrawal of my child from the Center, I agree to give the Center a 2-week written notice commencing on a Monday. My account must be paid by Monday of the last week of attendance or Jellybeans will not provide childcare for the remainder of my last week. If any child is absent from the center for 2 weeks with no call or notice from a parent, they will be terminated. Your account will be billed an additional 2 weeks' tuition to accommodate our required 2-week withdrawal notice. Legal action will be taken if the account is not paid in full. All collections, legal fees, and interest rate compounded _____ will be added on to the amount you owe.
 16. The terms of the contract remain in effect until the child's enrollment is terminated. We guarantee the rate for the 1st year of enrollment after that, current rates apply.
 17. Upon enrollment, I agree to give JellyBeans a deposit of 2 weeks tuition. The deposit will be held by until I withdraw my child. If 2-week written termination is given and the account is paid in full at withdrawal, the deposit will be refunded to me within 60 days. Collection procedures will be enacted on any delinquent accounts.
 18. In the event of any emergency, the Center has my permission to administer first aid or obtain medical treatment in my child's best interest. The Center does not provide accident or injury insurance for your child. It is your responsibility to have accidental, medical, and dental coverage for your child.
 19. Snow closing policy – If the Center is unable to open due to inclement weather, we will leave a message on the answering machine at the Center by _____.
 20. JellyBeans accepts children of all talents, interests, and abilities. Our experienced staff adapts activities to include all children recognizing that their individual goals may be different. JellyBeans will make every effort to accommodate children's specific goals and needs within reasonable limits.
 21. Screen Time Policy: No screen viewing for children under age 2. Over age 2, less than 30 minutes a week of educational screen time. There will be no viewing during meals.
 22. My child is currently receiving early intervention services on an ICF/IFSP plan. Yes No N/A
- I agree to provide a copy to Jellybeans CDC. Yes No N/A
23. My child will not be admitted into JellyBeans without all proper forms on file.
 24. This agreement is subject to change with a 2-week written notice by either party.
 25. I have read this document in its entirety and fully understand my obligations.

Parent/Guardian Signature _____ Date _____

SS# _____ Driver's License # (Copy of Driver's Lic Req.) _____

Parent/Guardian Signature _____ Date _____

SS# _____ Driver's License # (Copy of Driver's Lic Req.) _____

Director's Signature _____ Date _____

(Updated 7/7/21)

Additional Terms:

I have received Addendum 1

Best Emergency Contact: Name: _____

Phone: _____

Email: _____

ADDENDUM I (referencing COVID Regulations)

Parents of JellyBeans Child Development Center

We are looking forward to resuming operations for our families and children. With the current COVID-19 precautions still in place there will be some necessary adjustments to our operations. We will make every effort to implement these changes as smoothly as possible. We will work together during this unprecedented time to make child care a pleasant experience for everyone. Below are a few things that we will be doing to meet the current COVID-19 state licensing requirements for all childcare centers in Maryland.

- Operating hours will be changed to 8:00 am -5:00 pm daily. Late pick up charges of \$2.00 per minute will apply. This allows for extra sanitation and to be able to put a schedule together with the current staff that we have.
- Children who are not currently enrolled in JellyBeans or any adults other than our staff members will not be allowed to enter the building. Please knock and a staff person will greet you and give you instructions on how to proceed. If other parents are present please practice Social Distancing while waiting for a staff person. Masks and Social Distancing are required while picking up and dropping off your child.
- Upon arriving at the center's designated entry station, each parent will be required to take their child's temperature with a parent provided thermometer in the presence of a JellyBeans staff person and answer a few questions before your child will be admitted inside the building. Some of the questions include – Does your child have any of the following symptoms? Cough-Shortness of breath - Fever 100.4 or higher – chills – shivering – muscle pain - sore throat – headache – loss of taste or smell- nausea vomiting or diarrhea. If answering yes to any of these your child will not be admitted into care. A JellyBeans staff member will document the information on a state approved form. This is a licensing directive. All JellyBeans Staff will be subject to the same entry procedure and restrictions.
- Temperatures and health assessments of children and staff members will be performed periodically throughout the day. Children who develop any of these symptoms during the day will be immediately isolated and will have to be picked up promptly. Please have a prior plan in place to have them picked up immediately if necessary. Upon identifying any of these symptoms with our staff, they will be sent home immediately as well. The center is required to collaborate with the local Health Department to determine reentry procedures for children or staff respectfully.
- While we respect the professional diagnosis from your pediatrician for your child to be allowed back into the childcare center the final determination will be decided by JellyBeans Management. Example: a child with excessive coughing, we would deem as an exclusion from care even if your pediatrician says they can return to care. WE cannot confine coughing particles and wearing a mask with excessive coughing is not a healthy situation for any child. Please be advised that we are always monitoring for all illnesses with the children in our care not just specific to COVID – 19.
- Quarantining at home of staff and children may be necessary. The Center for Disease Control (CDC) and our local Health Department guidelines for this are constantly changing so we will discuss them with parents and staff as they become necessary.
- In the event that the center is mandated to close for a specified quarantine period as defined by the CDC weekly childcare tuition will still be due. While we understand the inconvenience it may cause for our families it will be a closing out of our control and payment will be expected during these closure times.
- Please be sure that emergency phone numbers are current. The center may need to call you after hours if a COVID related closing is deemed necessary by the local regulating agencies after operating hours.
- We will be practicing Social Distancing as much as possible while still rendering loving care for each child.
- Staff and children over 5 will be required to wear masks but children struggling with this will be evaluated individually. Children under age 2 will not be permitted to wear masks. Children ages 2 to 5 can wear masks if developmentally appropriate but they are not required to wear them.
- Parents are to provide masks for their children. These can be disposable or several fresh cloth ones. Licensing requires that the masks be stored in paper bags, one marked clean and one marked used. The masks should be

clearly marked with the child's name and which side of the mask should be facing outwards so there is consistency in the wearing of the mask. These will be stored at the center and we will send them home to be laundered periodically. It is mandated by licensing that each child must have at least 5 masks at the center at all times. It may be necessary to change them out several times during the day. Masks will not be worn during outdoor play, nap or meal times.

- We will be sanitizing with the required bleach solution often throughout the day. Sanitation of our facility has always been a part of our daily schedule but we will be increasing the times and places that will be getting additional attention.
- We will be operating our usual UV air purifiers during operating hours and we will be putting them on the 8 hour sanitation mode every night at closing. We have invested in UV sanitizing wands and will be using them safely around the center throughout the day to disinfect items that bleach cannot be used on.
- We will be enforcing all of our regular licensing requirements so be sure your child's file including shot records are up to date. Children waiting on a shot appointment will not be admitted into the center, so please make you schedule your pediatric appointments well in advance.
- Parents will be required to sign new contract agreements.
- The center has temporarily suspended the hot lunch program so parents should provide a bag lunch for their children until further notice. A morning and afternoon snack will still be provided.
- Due to the spread of germs our water fountains are temporarily shutdown. Please send in a labeled water cup with a lid and is clearly labeled with your child's name.

With these changes to our operations in place we are looking forward to welcoming everyone back. Hopefully we can all see "Business as usual" again soon. Please feel free to direct any of your questions or concerns to our staff. Please understand that this unprecedented situation is constantly evolving and changing and we will be required to make changes accordingly. So bear with us as we all get through this trying time.

Parent Signature _____ Date _____

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
HEALTH INVENTORY

Information and Instructions for Parents/Guardians

REQUIRED INFORMATION

The following information is required prior to a child attending a Maryland State Department of Education licensed, registered or approved child care or nursery school:

- ° A physical examination by a physician or certified nurse practitioner completed no more than twelve months prior to attending child care. A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02 and 13A.17.03.02).
- ° Evidence of immunizations. A Maryland Immunization Certification form for newly enrolling children may be obtained from the local health department or from school personnel. The immunization certification form (DHMH 896) or a printed or a computer generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at:
<http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland-immunization-certification-form-dhmh-896-february-2014.pdf>

Evidence of Blood-Lead Testing for children living in designated at risk areas. The blood-lead testing certificate (DHMH 4620) (or another written document signed by a Health Care Practitioner) shall be used to meet this requirement. This form can be found at: <http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/dhmh-4620-blood-lead-testing-certificate-2016.pdf>

EXEMPTIONS

Exemptions from a physical examination, immunizations and Blood-Lead testing are permitted if the family has an objection based on their religious beliefs and practices. The Blood-Lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

Children may also be exempted from immunization requirements if a physician, nurse practitioner or health department official certifies that there is a medical reason for the child not to receive a vaccine.

The health information on this form will be available only to those health and child care provider or child care personnel who have a legitimate care responsibility for your child.

INSTRUCTIONS

Please complete Part I of this Physical Examination form. Part II must be completed by a physician or nurse practitioner, or a copy of your child's physical examination must be attached to this form.

If your child requires medication to be administered during child care hours, you must have the physician complete a Medication Authorization Form (OCC 1216) for each medication. The Medication Authorization Form can be obtained at <http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ1216-medication-administration-authorization.pdf>

If you do not have access to a physician or nurse practitioner or if your child requires an individualized health care plan, contact your local Health Department.

PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

Child's Name: _____ Birth date: _____ Sex: M F

Address: _____ Last _____ First _____ Middle _____ Mo / Day / Yr

Number _____ Street _____ Apt# _____ City _____ State _____ Zip _____

Parent/Guardian Name(s)	Relationship	Phone Number(s)		
		W:	C:	H:
		W:	C:	H:

Your Child's Routine Medical Care Provider
 Name: _____ Address: _____ Phone # _____

Your Child's Routine Dental Care Provider
 Name: _____ Address: _____ Phone _____

Last Time Child Seen for Physical Exam: _____
 Dental Care: _____
 Any Specialist: _____

ASSESSMENT OF CHILD'S HEALTH - To the best of your knowledge has your child had any problem with the following? Check Yes or No and provide a comment for any YES answer.

	Yes	No	Comments (required for an / Yes answer)
Allergies (Food, Insects, Drugs, Latex, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies (Seasonal)	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma or Breathing	<input type="checkbox"/>	<input type="checkbox"/>	
Behavioral or Emotional	<input type="checkbox"/>	<input type="checkbox"/>	
Birth Defect(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Bladder	<input type="checkbox"/>	<input type="checkbox"/>	
Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	
Bowels	<input type="checkbox"/>	<input type="checkbox"/>	
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	
Coughing	<input type="checkbox"/>	<input type="checkbox"/>	
Communication	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears or Deafness	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes or Vision	<input type="checkbox"/>	<input type="checkbox"/>	
Feeding	<input type="checkbox"/>	<input type="checkbox"/>	
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Hospitalization (When, Where)	<input type="checkbox"/>	<input type="checkbox"/>	
Lead Poison/Exposure complete DHMH4620	<input type="checkbox"/>	<input type="checkbox"/>	
Life Threatening Allergic Reactions	<input type="checkbox"/>	<input type="checkbox"/>	
Limits on Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility-Assistive Devices if any	<input type="checkbox"/>	<input type="checkbox"/>	
Prematurity	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Does your child take medication (prescription or non-prescription) at any time? and/or for ongoing health condition?
 No Yes, name(s) of medication(s): _____

Does your child receive any special treatments? (Nebulizer, EPI Pen, insulin, Counseling etc.)
 No Yes, type of treatment: _____

Does your child require any special procedures? (Urinary Catheterization, G-Tube feeding, Transfer, etc.)
 No Yes, what procedure(s): _____

I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE PART II OF THIS FORM. I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH NEEDS IN CHILD CARE.

I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Parent/Guardian _____ Date _____

PART II - CHILD HEALTH ASSESSMENT
To be completed **ONLY** by Physician/Nurse Practitioner

Child's Name: _____ Birth Date: _____ Sex: _____
 Last First Middle Month / Day / Year M F

1. Does the child named above have a diagnosed medical condition?
 No Yes, describe: _____

2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is in child care? (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card.
 No Yes, describe: _____

3. PE Findings

Health Area	WNL	ABNL	Not Evaluated	Health Area	WNL	ABNL	Not Evaluated
Attention Deficit/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Exposure/Elevated Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior/Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel/Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal/orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac/murmur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Illness/impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunodeficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: (Please explain any abnormal findings.) _____

4. RECORD OF IMMUNIZATIONS – DHMH 896/ or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider or a computer generated immunization record must be provided. (This form may be obtained from: <http://earlychildhood.marylandpublicschools.org/system/files/filedsc0013/marland-immunization-certification-form-dhmh-896-february-2014.pdf>)

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Parent/Guardian Signature: _____ Date: _____

5. Is the child on medication?

No Yes, indicate medication and diagnosis:

(OCC 1216 Medication Authorization Form must be completed to administer medication in child care).

6. Should there be any restriction of physical activity in child care?

No Yes, specify nature and duration of restriction: _____

7. Test/Measurement	Results	Date Taken
Tuberculin Test		
Blood Pressure		
Height		
Weight		
BMI %tile		
Lead Test Indicated: DHMH 4620 <input type="checkbox"/> Yes <input type="checkbox"/> No	Test #1	Test #2
		Test #1 Test #2

_____ (Child's Name) has had a complete physical examination and any concerns have been noted above.

Additional Comments: _____

Physician/Nurse Practitioner (Type or Print): _____	Phone Number: _____	Physician/Nurse Practitioner Signature: _____	Date: _____
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MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BLOOD LEAD TESTING CERTIFICATE

Instructions: Use this form when enrolling a child in child care, pre-kindergarten, kindergarten or first grade. **BOX A** is to be completed by the parent or guardian. **BOX B**, also completed by parent/guardian, is for a child born before January 1, 2015 who does not need a lead test (children must meet all conditions in Box B). **BOX C** should be completed by the health care provider for any child born on or after January 1, 2015, and any child born before January 1, 2015 who does not meet all the conditions in Box B. **BOX D** is for children who are not tested due to religious objection (must be completed by health care provider).

BOX A-Parent/Guardian Completes for Child Enrolling in Child Care, Pre-Kindergarten, Kindergarten, or First Grade

CHILD'S NAME _____
 CHILD'S ADDRESS _____
 STREET ADDRESS (with Apartment Number) _____ CITY _____ STATE _____ ZIP _____
 SEX: Male Female BIRTHDATE ____/____/____ PHONE _____
 PARENT OR GUARDIAN _____
 LAST _____ FIRST _____ MIDDLE _____

BOX B - For a Child Who Does Not Need a Lead Test (Complete and sign if child is NOT enrolled in Medicaid AND the answer to EVERY question below is NO):

Was this child born on or after January 1, 2015? YES NO
 Has this child ever lived in one of the areas listed on the back of this form? YES NO
 Does this child have any known risks for lead exposure (see questions on reverse of form, and talk with your child's health care provider if you are unsure)? YES NO

If all answers are NO, sign below and return this form to the child care provider or school.

Parent or Guardian Name (Print): _____ Signature: _____ Date: _____

If the answer to ANY of these questions is YES, OR if the child is enrolled in Medicaid, do not sign Box B. Instead, have health care provider complete Box C or Box D.

BOX C - Documentation and Certification of Lead Test Results by Health Care Provider

Test Date	Type (V=venous, C=capillary)	Result (mcg/dL)	Comments

Comments: _____

Person completing form: Health Care Provider/Designee OR School Health Professional/Designee

Provider Name: _____ Signature: _____

Date: _____ Phone: _____

Office Address: _____

BOX D - Bona Fide Religious Beliefs

I am the parent/guardian of the child identified in Box A, above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child.

Parent or Guardian Name (Print): _____ Signature: _____ Date: _____

This part of BOX D must be completed by child's health care provider: Lead risk poisoning risk assessment questionnaire done: YES NO

Provider Name: _____ Signature: _____

Date: _____ Phone: _____

Office Address: _____

HOW TO USE THIS FORM

The documented tests should be the blood lead tests at 12 months and 24 months of age. Two test dates and results are required if the first test was done prior to 24 months of age. If the first test is done after 24 months of age, one test date with result is required. The child's primary health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature section. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record.

At Risk Areas by ZIP Code from the 2004 Targeting Plan (for children born BEFORE January 1, 2015)

<u>Allegany</u> ALL	<u>Baltimore Co.</u> <u>(Continued)</u> 21212 21215 21219 21220 21221 21222 21224 21227 21228 21229 21234 21236 21237 21239 21244 21250 21251 21282 21286	<u>Carroll</u> 21155 21757 21776 21787 21791 <u>Cecil</u> 21913 <u>Charles</u> 20640 20658 20662 <u>Dorchester</u> ALL <u>Frederick</u> 20842 21701 21703 21704 21716 21718 21719 21727 21757 21758 21762 21769	<u>Frederick</u> <u>(Continued)</u> 21776 21778 21780 21783 21787 21791 21798 <u>Garrett</u> ALL <u>Harford</u> 21001 21010 21034 21040 21078 21082 21085 21130 21111 21160 21161 <u>Howard</u> 20763	<u>Kent</u> 21610 21620 21645 21650 21651 21661 21667 <u>Montgomery</u> 20783 20787 20812 20815 20816 20818 20838 20842 20868 20877 20901 20910 20912 20913	<u>Prince George's</u> <u>(Continued)</u> :0737 :0738 :0740 :0741 :0742 :0743 :0746 :0748 :0752 :0770 :0781 :0782 :0783 :0784 :0785 :0787 :0788 :0790 :0791 :0792 :0799 :0912 :0913 <u>Prince George's</u> 20703 20710 20712 20722 20731	<u>Queen Anne's</u> <u>(Continued)</u> 21640 21644 21649 21651 21657 21668 21670 <u>Somerset</u> ALL <u>St. Mary's</u> 20606 20626 20628 20674 20687 <u>Talbot</u> 21612 21654 21657 21665 21671 21673 21676 <u>Queen Anne's</u> 21607 21617 21620 21623 21628 <u>Washington</u> ALL <u>Wicomico</u> ALL <u>Worcester</u> ALL
<u>Baltimore Co.</u> 21027 21052 21071 21082 21085 21093 21111 21133 21155 21161 21204 21206 21207 21208 21209 21210	<u>Baltimore City</u> ALL <u>Calvert</u> 20615 20714 <u>Caroline</u> ALL					

Lead Risk Assessment Questionnaire Screening Questions:

1. Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
2. Ever lived outside the United States or recently arrived from a foreign country?
3. Sibling, housemate/playmate being followed or treated for lead poisoning?
4. If born before 1/1/2015, lives in a 2004 "at risk" zip code?
5. Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items (pica):
6. Contact with an adult whose job or hobby involves exposure to lead?
7. Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?
8. Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter.

This Brochure Provides Information About:

- The requirements that State-regulated family child care homes and child care centers must meet.
- Your rights and responsibilities as the parent of a child in regulated care, and
- How and where to file a complaint if you believe your child care provider has violated State child care licensing regulations.

Who Regulates Child Care?

All child care in Maryland is regulated by the Maryland State Department of Education (MSDE), Division of Early Childhood Development. Within the Division, child care licensing is the specific responsibility of the Office of Child Care (OCC), Licensing Branch.

All child care facilities must meet minimum health, safety, and program standards set by Maryland law. To remain licensed, facilities must maintain compliance with these standards. Every licensed facility is inspected by OCC at least once each year to evaluate the facility's compliance with child care regulations.

- OCC's thirteen Regional Offices are responsible for licensing activities, including:
- Issuing child care licenses;
 - Inspecting child care facilities;
 - Investigating complaints against licensed child care facilities;
 - Investigating reports of unlicensed (illegal) child care; and
 - Taking enforcement action when necessary to achieve compliance with regulations.

There are two types of regulated child care facilities: family child care homes and child care centers.

Family Child Care Homes and Child Care Centers Must Meet the Following Requirements:

- Have the approval of OCC, the fire department and other local agencies, as required (i.e., zoning, health and safety).
- Provide care only in the areas of the facility that have been approved for use.
- Have the license issued by OCC posted where it is easily and clearly visible to parents. The license shows:
 - the maximum number of children who may be present at the same time;
 - the age groups which may be served; and
 - the facility's approved hours of operation.
- At all times, each child must be supervised in a manner appropriate to the child's age, abilities, and individual needs.
- All areas of the facility used for child care must be clean, well lit, and properly ventilated. Room temperatures should be comfortable.
- If food service is provided, food must be stored, prepared, and served in a safe, sanitary and healthful manner.
- The facility must offer a daily program of indoor and outdoor activities that are appropriate to the age, needs and capabilities of each child.
- An up-to-date emergency information card must be on file and maintained for each child.
- The facility must post an approved emergency evacuation plan and conduct evacuation drills at least monthly.
- Child discipline procedures must be appropriate to a child's age and maturity level and may not include the deliberate infliction of physical or emotional pain. Corporal punishment of any kind is strictly prohibited.

ADDITIONAL INFORMATION

The Maryland Child Care Credential program has a voluntary child care credentialing program that recognizes child care providers' education, experience and professional beliefs at six levels. Credentialled providers are authorized and encouraged to display the seal issued by the MSDE Office of Child Care.



Program Accreditation
Child care programs have the option of becoming state or nationally accredited. Accreditation means that the facility and staff have met program standards of quality.

Child Care and the Americans with Disabilities Act
The federal Americans with Disabilities Act (ADA) requires all child care programs to make reasonable efforts to accommodate children with disabilities. For more information about the ADA, please contact the OCC Regional office in your area or one of the following organizations:

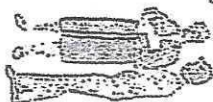
LOCAL: Child Care Maryland Committee for Children, Inc.
608 Walker Street
Baltimore, MD 21202
Phone: (410) 752-7868
www.mdcchildren.org

Maryland Developmental Disabilities Council
217 East Redwood Street, Suite 1300
Baltimore, MD 21202
Phone: (410) 797-3670
(800) 985-6444 (within Maryland)
www.mddcouncil.org

State of Maryland
Marlin O'Malley, Governor
Maryland State Department of Education
Nancy S. Grameli
State Superintendent of Schools
OCC 152-1 (Rev. 12/2007)



A PARENTS GUIDE TO REGULATED CHILD CARE



Important Information for Parents of Children in Child Care Facilities

A publication of the Maryland State Department of Education, Division of Early Childhood Development, Office of Child Care

www.maryland.gov/education/earlychildhood/parentschildcare.htm

There are certain requirements that apply only to homes or centers.

Family Child Care Homes

- Up to 6 children may be in care at the same time if the home meets certain physical requirements. No more than 2 children under the age of 18, including the caregiver's own, may be in care at the same time unless the home has been approved to serve additional children in this age group and an additional adult is present. Under no circumstance may care be provided at the same time to more than 4 children under the age of two.
- Each applicant for a family child care license must:
 - 1. Have a criminal background check and child abuse/neglect clearance;
 - 2. Submit a recent medical evaluation; and
 - 3. Complete pre-service training requirements, including certification in first aid and CPR.
- Each adult resident of the home must also have a criminal background check and child abuse/neglect clearance.
- After becoming licensed, the caregiver must periodically complete additional training. Also, current certification in first aid and CPR must be maintained at all times.
- Each caregiver must have at least one substitute who is available to care for the children in the event of the caregiver's temporary absence from the home. Each substitute is subject to approval by OCC and must have a child abuse/neglect clearance. If paid by the caregiver, a substitute must also have a criminal background check. Before allowing a substitute to provide care, the caregiver must tell the substitute how to reach parents in the event of an emergency and familiarize the substitute with the home's child health and safety procedures.

Child Care Centers

The center director and staff members who have group supervision responsibilities must meet minimum education, experience, and training qualifications. They must also meet continued training requirements each year.

The director and all paid center employees must complete a criminal background check and a child abuse/neglect clearance, and submit an annual evaluation.

In each classroom, staff/child ratio and maximum group size requirements must be maintained at all times. The following table shows the basic age groupings and the applicable requirements:

Age Group	Ratio	Maximum Size
0-18 months	1:3	6
18-24 months	1:3	6
2 years	1:9	12
3-4 years	1:10	20
5 years or older	1:15	30

For every 20 children present, there must be at least one staff member who is currently certified in first aid and CPR.

Your Rights and Responsibilities as a Child Care Consumer

- You have the right to:
 - Expect that your child's care meets the standards set by Maryland's child care licensing regulations (NOTE: the regulations are available online at www.marylandchildcare.gov/MSDC/childrens/child_care/regulations/).
 - Visit the facility without prior notification any time your child is there.
 - See the rooms and outside play area where care is provided during program hours.
 - Be notified if someone in the family child care home smokes. In child care centers, smoking is prohibited.
 - Receive advance notice when a substitute will be caring for your child in a family child care home for more than two hours at a time.
 - Give written permission before a caregiver may take your child swimming, walking, or on field trips.
 - Give written notification before any medication may be administered to your child.
 - Be notified immediately of any serious injury or accident. If your child has a non-serious injury or accident, you must be notified on the same day.
 - File a complaint with OCC if you believe that the caregiver has violated child care regulations.

Any complaint you make to OCC about the care your child is receiving will be promptly investigated by OCC. Review the public portion of the licensing file for the facility where your child is or has been enrolled, or where you are considering enrolling your child.

How Do I File a Complaint?

If you wish to file a complaint, contact the OCC Regional Office in the area where the child care facility is located. Complaints may be filed anonymously. Listed below are Regional Offices and their main telephone numbers:

Region	Address	Phone
1 - Anne Arundel County		410-544-7850
2 - Baltimore City		410-554-8300
3 - Baltimore County		410-683-6200
4 - Prince George's County		301-333-6940
5 - Montgomery County		240-314-1400
6 - Howard County		410-750-0770
7 - Western Maryland		
Hagerstown - Main Office		301-791-4505
Allegany Co. Field Office		301-777-2395
Garret Co. Field Office		301-334-3126
Cecil Co. Field Office		410-619-5801
Talent Councils		
9 - Lower Shore		410-713-3130
Somerset, Worcester, and Worcester Councils		301-475-3770
10 - Southern Maryland		
Caldwell, Charles and St. Mary's Councils		410-273-5250
Cecil and Harford Councils		301-898-6768
12 - Frederick County		410-751-5138
13 - Carroll County		

The OCC Regional Office will investigate your complaint to determine if child care licensing regulations have been violated.

If you need additional help, you may contact the main office of the OCC Licensing Branch:

Program Manager, Licensing Branch
 MSDE Office of Child Care
 200 West Baltimore Street, 10th Floor
 Baltimore, MD 21201
 410-767-7805

Dear Parent/Guardian:

Maryland child care regulations require your child care provider to provide you with a copy of "A Parent's Guide to Regulated Child Care." On the lines below, please write the name of each child you have placed in the care of this provider, complete and sign the statement at the bottom, tear off and give this portion of the brochure to the child care provider for retention in the facility's files.

Child: _____

Child: _____

Child: _____

Child: _____

Child: _____

I have received a copy of the provider's educational brochure entitled "Parent's Guide to Regulated Child Care."

Date: _____

Signature of Parent/Guardian

JellyBeans Menu B

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M. Snack	Cheese Sticks Crackers Juice	Peanut Butter Graham Crackers Milk	Muffins Milk	Bologna Crackers Milk	Cereal Mix Milk
Lunch	Lasagna Green Beans Roll Fruit Cocktail Milk	Hot Dog/Roll Baked Beans Tator Tots Pears Milk	Pizza Rolls Buttered Peas Peaches Milk	Salisbury Steak Mashed Potato Glazed Carrots Milk	Quesadilla Spanish Rice Corn Milk
P.M. Snack	Mini Poptarts Milk	Pretzels & Cheese Juice	Apple slices Animal Crackers Milk	Buttered Rice Juice	Veggie Straws Milk

JellyBeans Menu A

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M. Snack	Goldfish Crackers Juice	Pudding Animal Crackers Milk	Pretzels & Cheese Milk	Go-gurt Teddy Graham Milk	Applesauce Vanilla Wafers Milk
Lunch	Spaghetti Meatballs Green Beans Pineapple Chunks Milk	Chicken Nuggets French Fries Corn Milk	Pizza Rolls Mixed Vegetables Peaches Milk	Turkey & Gravy Mashed Potato Glazed Carrots Milk	Fish Sticks Mac & Cheese Peas Applesauce Milk
P.M. Snack	Rice Cakes Cream Cheese Milk	Mac & Cheese Juice	Cupcakes Milk	Cheese & Crackers Juice	Fruit Bars Milk



JellyBeans Food Program



Children 18 Months and Older:

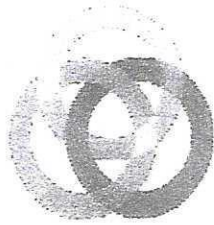
_____ YES, I would like to enroll my child _____ in the JellyBeans Food Program for ____ lunches per week. I agree to pay \$ 80 per month, due on the first of every month. I understand if I wish to cancel my enrollment in that program that I must give a 2 week notice in writing to the office.

_____ NO Thank You, I am not interested in the JellyBeans Food Program at this time. I will provide my child with a bag lunch everyday. I understand that in the event that my child does not have a bagged lunch, the center will serve the scheduled hot lunch and my account will be billed \$4.00 for that day.

Comments/Allergies: _____

Parents Signature

Date



Procure

CONNECT

Dear Parents,

We are excited to announce that we are going to start a trial with an online system for communication with you about your child's day. Again, this is a trial, so please bare with us as we are learning this system just as you will be doing. This system is called Procure and it is available as a website and a app. In order to begin the process, we are in need of your preferred cell phone numbers and your email addresses of the parent/guardians you wish to receive the daily updates about your child. Below are the instructions to follow to set up your account with Procure:

Once I have your email, you will be invited with a sign up code and here are the steps that you will need to follow:

1. You will receive a unique registration code via email or text. You will need to have this code handy when you begin to sign up.
2. You can then go to <https://schools.procureconnect.com/sign-up> and click Sign Up or download the Procure app and click "Create Account." From there, you will select "Parent," fill out your name, email address, and create a password.
4. After logging into the account, you will see the option to add your child. Here is where you will enter that registration code.
5. After they click on the Add Child button, you will see the option to enter the registration code.
6. Finally, if the code is entered correctly, you should immediately see your child's profile and activity feed

Please fill out the below portion of this form and return as soon as possible. Thank You for your patience as we go through this trail period.

Thank You,
JellyBeans Staff

CUT HERE

Procure Connect Information

Child's Name: _____

Parent/Guardian 1

Name: _____

Cell Phone Number: _____

Email Address: _____

Parent/Guardian 2

Name: _____

Cell Phone Number: _____

Email Address: _____

WEATHER RELATED CLOSINGS

Please remember to call the center and listen to the voice message machine for any changes in our operating schedule. The information will be posted by 6:00 a.m.

Thank You

JellyBeans Child Development Center
4176 Old Washington Road
La Plata, MD 20602

Please send in

- o Travel Sized Pillow and small blanket inside a full size pillow case
 - o Season appropriate change of clothes in a labeled zip lock bag
 - o Sunscreen if needed
 - o Lunch if not participating in Food Program
 - o Diapers and Wipes, labeled if needed
-



Parents

Every Friday the ice cream truck will be coming to JellyBeans at 3:00. The children will be allowed to purchase an ice cream of their choice. The prices range from \$1.00 - \$4.00. If you would like your child participate please give money to your child's teacher on Friday morning. If you would like to give the teacher a larger amount she will put your child's money in an envelope with their name on it and let you know when there's a 0 balance.

The ice cream truck has candy and soda as well. We are limiting the choices for the preschoolers to an ice cream treat only. The school age children will be allowed to make choices for other items on the truck unless the parent request that they should be limited as well. We will be limiting how many items the school age children can purchase.

La Tolteca Menu

Name: _____

Check One:

- One Beef Taco, Spanish Rice & Beans 5.75
- Hamburger & Fries 5.95
- Chicken Nuggets & Fries 5.95

Check One:

- Sierra Mist
- Orange

JellyBeans Child Development Center

4167 Old Washington Road

Waldorf, MD 20602

301-705-9794

Dear Parents,

Our 2022 Summer Camp calendar is almost complete. We have a lot of great activities, and trips scheduled. A calendar will be out shortly. We will be having Kona Ice on Wednesdays at 3:00 p.m. Kona Ice is a mobile snow cone party van. Each child will be making their own snow cones and choosing a flavor from the 10 provided. The cost will be \$3.00 a week. We will also be having the ice cream truck on Fridays. The prices range from \$1.00 - \$3.00.

To eliminate any confusion with the money, we will be billing your account for the Kona Ice of \$3.00 every week. Money for the ice cream truck will be paid as before, to your child's teacher. Kona Ice payments will begin June 21ST and end August 26th. We are looking forward to the summer. If you have concerns or questions, please see Ms. Wendy.

Please return this section to the office

Child's Name: _____

() I understand \$3.00 will be billed weekly to my account for Kona Ice starting June 21ST and will end August 26th.

Parent Signature: _____ Date: _____



LIABILITY RELEASE AND INDEMNIFICATION

Updated: 5/19/20

Prior to participation, this form must be signed by at least one parent/legal guardian of the participant if the participant is not yet 18 years old. The participant's signature is required if the participant is 18 years of age or older.

Participant 1: _____ Participant's DOB: _____ M F

Participant 2: _____ Participant's DOB: _____ M F

Participant 3: _____ Participant's DOB: _____ M F

HEALTH ISSUES: Please list all physical/mental handicaps, allergies, recent broken bones/concussions, & medical conditions (e.g. asthma)

Address: _____ City: _____ Zip: _____

Parent/Guardian Name (print): _____ Phone: _____

Other Parent/Guardian Name (print): _____ Phone: _____

Preferred Email Address: _____

How did you hear about us? Web Search Event/Parade Birthday Party Field Trip Drive by Mailing/Ad Friend Referral

In consideration of Elite Gymnastics Academy, LLC allowing the participant to participate in sports activity, class, competition, team, including non-gymnastics activities such as Ninja Zone, special events, birthday parties, field trips, open gym, open houses, camps, and playground activities (hereinafter referred to as the "Activity"), I, and if I am not yet 18-years-old, my parents or legal guardians, agree to be bound as follows (the term "I" in this release refers to both the participant and his or her parents or legal guardians):

- (1) **Acknowledgement and Assumption of Risks.** I understand the Activity involves risks of serious body injury, including permanent disability, paralysis, and death, which may be caused by the participant's actions or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, the negligence of the "Released Parties" named below, or other causes. I further understand there may be other risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for losses, cost, and damages that may result from the Activity and to transportation to and from the Activity.
- (2) **Communicable Disease Agreement.** I do not have a known or undue risk of transmitting any virus/disease to other participants in the Activity. I understand Elite Gymnastics Academy, LLC will keep confidential information regarding participants' temperatures and reserves the right to exclude participants from the Activity based on this information in accordance with its policies.
- (3) **Representation of Ability to Participate.** I understand the nature of the Activity, and I represent that the participant is qualified, in good health, and in proper physical condition to participate in the Activity. Should I ever believe any of the above representations have become untrue, or if I should ever believe the Activity is not safe or is no longer safe for the participant, then it will be my responsibility to immediately discontinue the participant's participation in the Activity.
- (4) **Release.** I hereby release, acquit, covenant not to sue, and forever discharge Elite Gymnastics Academy, LLC, its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners or lessors of any facilities within which the Activity is conducted, their respective agents and employees, and all other persons providing facilities or assisting on the conduct of the Activity and in the transportation of participants to and from the Activity (collectively the "Released Parties") of and from any and all actions, caused of action, claims, demands, liability, losses, or damages of whatever name or nature, including but not limited to those arising from or in any way related to the negligence of any of the Released Parties, that arise out of or are connected in any way to the participant's participation in the Activity and the transportation of the above named participant to and from the Activity (collectively the "Released Claims").
- (5) **Indemnification.** I will defend, indemnify, and hold harmless the Released Parties from (that is, to reimburse and be responsible for) any loss or damage, including but not limited to cost and reasonable attorney's fees (including the cost of any claim I might make or that might be made on my behalf or the participant's behalf that is released in this document), arising out of or connected in any way with any of the Released Claims.
- (6) **Media Consent and Release.** Elite Gymnastics Academy, LLC occasionally gathers photos and/or video media content about its Activities and any photo and/or video taken of the participant may be used for Elite Gymnastics Academy, LLC publicity and promotional purposes. I hereby grant permission to Elite Gymnastics Academy, LLC to use, edit, and reuse the participant's photograph or likeness in any publicity or promotional media materials including use in print, on the internet, and all other forms of media. I also hereby release Elite Gymnastics Academy, LLC and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

I HAVE READ AND UNDERSTOOD THIS ACKNOWLEDGMENT AND ASSUMPTION OF RISKS, COMMUNICABLE DISEASE AGREEMENT, REPRESENTATION OF ABILITY TO PARTICIPATE, RELEASE, INDEMNIFICATION, AND MEDIA CONSENT AND RELEASE. I HAVE ALSO READ, UNDERSTOOD, AND AGREE TO ABIDE BY EGA'S CANCELLATION POLICIES. ALL TERMS, CONDITIONS, POLICIES, AND PROCEDURES ARE SUBJECT TO CHANGE AT ANY TIME, WITHOUT NOTICE, IN OUR SOLE DISCRETION. I UNDERSTAND BY SIGNING THIS DOCUMENT, I AM GIVING UP SUBSTANTIAL RIGHTS. I AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Parent/Guardian/Adult Participant: _____ Date: _____

ASSUMPTION OF RISK, WAIVER AND RELEASE, AND INDEMNITY ("WAIVER")

The undersigned ("Participant"), acknowledges and agrees that his or her participation in certain events and activities as a participant in a tour of the Texas Roadhouse restaurant located at 103 Drury Drive La Plata, MD 20646 on 07/15/2022 conducted, sponsored, co-sponsored or arranged by Texas Roadhouse Holdings LLC or its parent corporation, subsidiaries and affiliates and their respective agents, employees, trustees, instructors, members, partners, shareholders, stockholders, employees, officers, directors, volunteers and any contractors or sub-contractors hired in connection with the Event (collectively, "Texas Roadhouse"), is *strictly voluntary*. Participant represents that he or she is in good health and physical condition and able to participate in this Event and related activities, if Participant chooses to do so, without an expectation of physical harm or impairment. Participant expressly acknowledges and agrees that he or she is aware that the event involves certain risks and dangers that include, but are not limited to, injury from (i) sharp knives, hot oil, slick floors, hot ovens and grills, and acts of other participants. With knowledge of the foregoing, Participant voluntarily assumes all risks and danger inherent and incidental to the activities or events in which Participant participates in connection with the Event, whether occurring prior to, during, or after participation in the Event.

In consideration of the right to participate in the Event, Participant has and does hereby waive, release and hold harmless, and indemnify Texas Roadhouse, from any and all liability, actions, causes of actions, debts, claims, damages, costs, losses, and disputes on account of, or in any way arising out of, personal injury, loss of life, loss or damage to property, illness, and any consequences thereof, directly or indirectly, resulting from, incident to, connected to or arising out of the Event or caused by any act or omission by Participant, negligent or otherwise, including any costs and attorney's fees. The terms hereof shall serve as an assumption of risk, waiver, release and indemnity for Participant, Participant's heirs,

executors and administrators and for all members of Participant's family.

Participant understands, acknowledges and agrees that Texas Roadhouse and its designees, from time to time, produce promotional material relating to their programs and events and attendant activities, and that, as a participant at the Event, that Participant or Participant's image or likeness may be included in connection with any broadcast or other reproduction of the Event. Therefore, without reservation or limitations, Participant, on his or her own behalf, hereby assigns, transfers and grants to Texas Roadhouse and its successors, assignees, designees, licensees, and/or sponsors, the right to photograph, record and/or videotape Participant and to utilize such videotapes, photographs, productions or reproductions and Participant's name, face likeness, voice and appearance as a part of the Event, in advertising and promoting the Event or in advertising and promoting future events. Participant further understands that neither Texas Roadhouse nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

Participant, on his or her own behalf, acknowledges and agrees that Participant is aware that this Waiver releases Texas Roadhouse from liability and contains an acknowledgement of Participant's voluntary and knowing assumption of the risk of injury, death or illness and that Participant has signed this document voluntarily and of Participant's own free will. Participant expressly agrees that this Waiver is intended to be as broad and inclusive as permitted under applicable state law. Participant agrees that if any part of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver, which shall be construed to be enforceable. Participant understands, acknowledges and agrees that the original of this Waiver will be kept on file by Texas Roadhouse.

ACKNOWLEDGED AND AGREED AS OF _____, 2022:

Signature of Participant (or legal guardian of Participant)

Printed Name of Participant (and legal guardian, if applicable)

If the subject is under 18 years of age: I am the parent or legal guardian of the minor who is named above. I warrant that I have the legal authority to execute the above Waiver on behalf of the minor. I approve this Waiver and hereby acknowledge and agree that I and the minor will be bound by all of the provisions contained herein.

SPECIALTY INSURANCE LLC
Industry Insurance Programs
Action Jaxx LLC = AJ
Phone: (410) 926-0062



RELEASE OF LIABILITY, INDEMNITY AND ASSUMPTION OF RISK READ BEFORE SIGNING IN CONSIDERATION of being permitted to participate in any Recreational activities including, but not limited to, playing, using the premises of, renting and operating equipment leased, sanctioned and/or operated by the above named vendor, I acknowledge and agree that: I fully understand and acknowledge that; (a) risks and dangers exist in my use of Recreational equipment and my participation in Recreational activities; (b) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of AJ; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of AJ, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify AJ and it's owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage (including, but not limited to, arising out of the actual or alleged transmission of a communicable disease), wrongful death, loss of services or otherwise which may arise out of my use of Recreational equipment or my participation in Recreational activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of AJ. This waiver is good through 1/10/2023.

MEDICAL PERMISSION AUTHORIZATION

If the participant is of minority age, the undersigned parent or guardian hereby gives permission for AJ to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in Recreational games. I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE AJ FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

First Name: _____ Last Name: _____

DOB: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____

Signature (Parent/Legal Guardian): _____

Printed Name of Parent/Legal Guardian: _____

Date: _____



PUMP IT UP WAIVER, RELEASE, HOLD HARMLESS, AND INDEMNIFICATION AGREEMENT

THIS SECTION MUST BE READ THROUGH AND COMPLETED BY PARENT OR GUARDIAN OF PARTICIPANT BEFORE REGISTRATION.

As consideration for being allowed to enter the play area and/or participate in any party and/or program and/or event at Pump It Up, the undersigned, on his or her own behalf, and on the behalf of the minor participant, if any, identified below (the "Participant"), acknowledges, appreciates, understands, and agrees to the following:

- I am at least 18 years old and am legally competent to understand and complete this Agreement. I hereby execute this Agreement without coercion. I represent that I am the parent or legal guardian of the Participant, if any, identified below. The Participant and I are of physical ability to participate and be present in this location.
- I recognize, acknowledge, agree, and understand that there are known and unknown risks associated with presence in a Pump It Up location, participation in any Pump It Up activities (including without limitation parties, Pop-In Playtime, and Open Play), and the use of the play area, inflatable equipment, and any and all other Pump It Up equipment. These risks include but are not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death, as well as exposure to bacteria, fungus, viruses, unknown contagious diseases, and/or COVID-19.
- I, for myself and the Participant, willingly assume any risks associated with our presence and participation and accept that there are also risks that may arise due to other participants, which I also willingly assume.
- I certify that I have adequate insurance to cover any injury, sickness, illness, or damage that I or the Participant may cause or suffer while present in a Pump It Up location or while participating in any activities at Pump It Up, or if not, that I shall bear all costs and expenses associated with or arising out of any injury, sickness, illness, or damages to myself, the Participant, or others. I further certify that I am willing to assume the risk of any medical or physical condition the Participant or I may have.
- I agree that the Participant and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions from Pump It Up staff as conditions for our presence and participation in any activities of any nature at Pump It Up. I further consent to Pump It Up staff taking my or the Participant's temperature, and I acknowledge that the Participant and I may be denied access to or forced to vacate Pump It Up if either of us evidence any symptoms of sickness or illness, including, without limitation, symptoms of exposure to bacteria, fungus, viruses, unknown contagious diseases, or COVID-19.
- I, for myself, the Participant, and our respective heirs, assigns, representatives, family members, estates, and next of kin, hereby waive, release, hold harmless, and indemnify the owner(s) of this Pump It Up facility, Pump It Up Holdings, LLC, and their respective predecessors, successors, parents, subsidiaries, affiliates, officers, members, directors, and employees (collectively, the "Released Parties") from and against any and all actual or alleged injuries, liabilities, or damages related to our presence or participation, except for those arising from the gross negligence or willful misconduct of the Released Parties.
- I additionally agree to indemnify, hold harmless, and defend the Released Parties for, from, and against any defense costs or expenses arising from or related to any and all actual or alleged claims, injuries, liabilities, or damages related to our presence or participation, except for those arising from the gross negligence or willful misconduct of the Released Parties.
- I understand that entry, by myself and the named Participant, into a Pump It Up location constitutes consent for Pump It Up to use any film, video, or likeness of me and the Participant for any purpose whatsoever, without payment to us.
- The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision of this Agreement, which shall remain in full force and effect.
- Any controversy, dispute, or claim arising out of or related to this Agreement, which the parties are unable to resolve by mutual agreement, shall be settled exclusively by submission by either party of the controversy, claim, or dispute to binding arbitration. The arbitration shall take place, at Pump It Up's sole option, either in Phoenix, Arizona or within 25 miles of this Pump It Up location. The arbitration shall be before a single arbitrator in accordance with the rules of the American Arbitration Association then in effect. If, for whatever reason, the parties elect to not arbitrate a matter, each waive their right to a jury trial.
- By signing this document, I acknowledge that I am voluntarily giving up important legal rights and that if anyone is hurt or property is damaged during our presence or participation in any activities, I may be found by a court or arbitrator to have waived my right to maintain a lawsuit or pursue damages on my own behalf and on behalf of the Participant against the Released Parties for any claim from which I may have released them in this Agreement.

Participant Name (please print): _____

Parent / Guardian Name (please print): _____

Parent / Guardian Signature: _____

Date: _____

Emergency Contact Number: _____ Email*: _____

*Email Guarantee: Pump It Up will only use your email address to send you exclusive offers, coupons, current events, and news. We will never sell or otherwise share your email address.

WARNING: Some of the bounce houses in this location can expose you to chemicals which are known to the State of California to cause cancer. For more information, go to www.P55Warnings.ca.gov.

Charles County Community Services

****Swimming Pool Rules and Regulations****

All bathers must shower before entering the pool.

No running pushing, wrestling, or horseplay is permitted in or around the pool.

Only persons with appropriate swim attire will be permitted in the pool.

No food, candy, gum, or drinks of any kind are permitted in the pool area.

Diving in the shallow end of the pool is prohibited.

Bathers are advised to stay away from main drains and pool inlets.

Smoking is not permitted in the pool area or on school grounds.

Alcoholic beverages are not permitted within the pool area or on school grounds.

Only persons who can demonstrate their swimming ability to the lifeguard's satisfaction will be permitted in the deep water (must be able to swim one width of the pool without external aides)

The use of kickboards, inner tubes, air mattresses, balls, flotation aids, water wings, etc. will be governed by the pool management based on hazards to swimmers. Children using flotation devices must be supervised by a parent or guardian within arm's reach. They will not be permitted in the deep end.

Pool equipment (kickboards, pull-buoys, water aerobics equipment, life jackets, etc.) can only be use patrons with approval of aquatic staff.

The pool staff shall have the authority to close the pool when weather conditions dictate. The pool will be closed during thunderstorms.

Children who are not toilet trained must wear "swim diapers" or closely fitting rubber/plastic pants.

Any person with an open cut, blister, or other lesion shall not be allowed in the pool.

Any person suffering from diarrhea or a waterborne transmitted communicable disease shall not be allowed in the pool.

Starting blocks may only be used during scheduled practices, competition, and instructional periods.

Children under the age of 12 must be accompanied by supervising parent or adult.

Obey lifeguards and pool staff at all times.

Note: Any person may be barred from the pool area and/or lose pool privileges at the discretion of the pool staff for violation of these rules and regulations or for any other reason which in the staff's judgment constitutes a hazard to others or to the management.

Parent Signature: _____

Date: _____



Elkins Karate Center, Inc. Wavier & Parental Consent

- Student Name: _____
- Age: _____ M/F _____
- Parent/Guardian Name: _____
- Home# _____ Cell# _____ Work# _____
- Email _____
- Street Address _____
- City _____ State _____ Zip Code _____
- Are there any medical conditions that we should be aware of?
_____ Yes _____ No
- (If yes, Please explain) _____

The undersigned understands the risk of studying martial arts and hereby releases Elkins Karate Center, Inc., all instructors and all other staff of Elkins Karate Center, Inc. from any liabilities, for any type of injuries or loss sustained while training, studying, practicing or in application of Martial Arts or Karate. The undersigned also states that he/she is in good physical condition and knows of no reason why he/she cannot study and participate in martial arts.

I HAVE READ AND UNDERSTAND THE ABOVE AND WOULD LIKE MY CHILD TO Participate in Martial Arts LESSONS.

Signed _____ Date _____
Parent/Legal Guardian



Unique Sports Academy

109D Post Office Road • Waldorf, Maryland 20602 • (301) 396-4934 • www.uniquesportsacademy.com

Release Waiver - Form

Last Name: _____ Open Gym/Party Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Party Name: _____

Emergency Contact Information

Parent Name: _____ Phone Number: _____

Parent Name: _____ Phone Number: _____

Family Doctor: _____ Insurance Company: _____ Policy #: _____

RELEASE: I hereby for myself, my children adopted or otherwise, my heirs and executors waive and release any and all rights against Unique Sports Academy, their agents or representatives, for any injury or damages that may be suffered by me, my children adopted or otherwise, in connection with my association or entry in gymnastics, cheerleading, karate, or other activities sponsored by Unique Sports Academy.

Parent/Legal Guardian Signature: _____ Date: _____

1 st Family Member	2 nd Family Member	3 rd Family Member
Name (Last, First) <input type="checkbox"/> Male <input type="checkbox"/> Female	Name (Last, First) <input type="checkbox"/> Male <input type="checkbox"/> Female	Name (Last, First) <input type="checkbox"/> Male <input type="checkbox"/> Female
DOB:	DOB:	DOB:
List any Medical Conditions that we should be aware of:	List any Medical Conditions that we should be aware of:	List any Medical Conditions that we should be aware of:



Sunscreen Permission Slip

Name of Child: _____

Name of Sunscreen: _____

Additional Instructions: _____

I authorize JellyBeans Child Development Center to administer the above named sunscreen that I have provided for my child. I will apply sunscreen to my child prior to arrival at the center and a staff person will supervise my child applying it in the afternoon.

Signature of Parent: _____ Date: _____



Bug Spray Permission Slip

Name of Child: _____

Name of Bug Spray: _____

Additional Instructions: _____

I authorize JellyBeans Child Development Center to administer the above named bug spray that I have provided for my child. I will apply bug spray to my child prior to arrival at the center and a staff person will supervise my child applying it in the afternoon.

Signature of Parent: _____ Date: _____