

CAMP RAS POLICY & REGISTRATION FORM
Costello Syndrome Family Network
July 31 & August 1, 2019 – Hunt Valley, MD



It is the goal of CSFN to provide quality and safe childcare at the CS Family Conference on Thursday and Saturday. Please read the policy below before completing the form. For complete registration, parents must

- (1) Complete the childcare section and pay thru the online conference registration
- (2) Provide CSFN with one completed /signed CSFN Camp RAS Policy form that lists all children registering for Camp Ras and (2) a completed/signed Registration form for each child you are registering. Scan & email the completed forms to childcare@CostelloSyndromeUSA.org -or- mail to Mary Ernst, 11 Bancroft Rd., Cohasset, MA 02025-2222.

POLICY

- A. Professional child care with Corporate Kids Events, Inc. (CKE) (<https://conferencechildcare.com>) is available on Wednesday afternoon and all day Thursday, for **children diagnosed with Costello syndrome and their siblings ages 1-17 years as of July 31, 2019, who are registered for the conference.** There is a non-refundable registration fee of a total of \$55 per child which includes both days; this fee is for each child who goes to childcare, even once (payable with online conference registration).
- B. A person is not eligible for childcare if he/she requires one-on-one supervision due to medical, behavioral or other needs. If during the conference such needs occur for an individual in childcare, the Parent/Caregiver will be contacted immediately and asked to remove the child from the childcare program. Childcare supervisors will have the authority to make this decision. Childcare then becomes the responsibility of the Parent/Caregiver for the remainder of the conference.
- C. Childcare space is limited and acceptance to all programs is based on completed registration as listed above, and full payment, on a first-come, first served basis. The maximum number of individuals accepted into childcare will be determined by the number of care providers and our reserved childcare rooms.
- D. Safety is CKE’s primary concern. To sign individuals in and out of childcare, CKE will use ID bracelets for each child with parents/caregivers being given a tab that matches the serial number on their child’s bracelet.
- E. Childcare is only available while Parents/Guardians are at conference-related activities. Parents/Caregivers must be immediately accessible to childcare providers.
- F. Parents/Caregivers must administer all medications and tube feedings. Medications cannot be left with any childcare providers or child.
- G. Individuals who are ill (fever, cold, etc.) may not participate in childcare.
- H. Out of respect for other attendees, children are not allowed in the conference sessions on Thursday and Saturday.

I have read, understand and agree to abide by the above Policy for childcare. I, as Parent/Guardian, release and hold harmless Costello Syndrome Family Network and its board, volunteers and representatives from any and all claims of liabilities for injury of any nature to Child and for any claims of loss of damage to the property of Parent/Guardian or Child.

Parent/Guardian Signature: _____ **Date:** _____
mm/dd/yyyy

Parent/Guardian Name (please print clearly): _____

CHILD’S NAME (Last, First)	AGE	ALLERGIES/MEDICAL CONCERNS

Send CSFN only one completed/signed copy of this page.

CAMP RAS REGISTRATION FORM

Complete this page for each child you are registering for Camp Ras. Please print legibly.

Child's Name: _____ Age on July 31, 2019: _____

Days in Childcare: ___ Wednesday afternoon ___ Thursday all day

Name of Parent/Guardian: _____

Child's primary means of communication: ___ Speech ___ Sign Language ___ Gestures ___ Other _____

Does your child speak English? ___ Yes ___ No Does your child understand English? ___ Yes ___ No

Other Language my child speaks: _____

MEDICAL INFORMATION

Parents/Guardians must administer all medications. Medications cannot be left with any childcare providers or child.

Does your child use: ___ G-Tubes ___ Hearing Aids ___ Walker ___ Wheelchair ___ Other _____

Any important medical issues for care: _____

CHILD'S PREFERENCES (Tell us about your child)

Likes: _____

Dislikes/Fears: _____

Siblings also in child care? List first & last names and ages: _____

If you are registering more than one child, please answer:

___ Yes ___ No (**Check one**) I would like for my siblings to be together in the same room.

___ Yes ___ No (**Check one**) I would like for my siblings to be in the most age-appropriate room.

PLEASE NOTE THE FOLLOWING:

- Remember to provide diapers and wipes, a change of clothes and any other essential items or equipment for the childcare room. All items (strollers, infant seats, clothing, diaper bags, etc.) should be clearly labeled with child's full name.
- Wednesday's theme will be "Art Extravaganza"; Thursday's theme will be "Take me out to the ballgame".
- Any child registered for childcare who is ill (fever, cold, etc.) may not participate in the childcare program.

Parent's/Guardian's Cellphone Nos.: _____

Parent's/Guardian's Signature: _____

Print Parent's/Guardian's Name: _____