blossom
COUNSELING AND WELLNESS, LLC
484.938.8461 blossom-counseling.net

Thank you for your interest in our Summer Camp Programs for 2020! We are so excited to have you join us for a summer full of fun, creativity, and skills building.

Please read this packet carefully and let us know if you have any questions. All forms are required. This includes:

* Enrollment form & waiver
* Emergency contact consent
* Emergency treatment authorization
* Health assessment
* Registration form
* Financial agreement

Our camps are designed for ages six through 12. Each of our staff members is professionally trained and experienced in working with children and adolescents. Please note that no psychotherapy/mental health services are administered through the summer camp program. Attendance is not billable to insurances and is not a replacement for psychotherapy services.

If registering more than once child, please complete one packet per child.

Once the packet is complete, please email it to blossomcandw@gmail.com or send via fax to 877.992.3790

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:

☐ I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE:

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
☐ NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
☐ NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
☐ NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
☐ NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
☐ YES ☐ NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

☐ YES ☐ NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

COUNSELING AND WELLNESS, LLC
484.938.8461 blossom-counseling.net

Blossom Counseling and Wellness LLC Authorization for Emergency Hospital or Medical Treatment

All families are required to complete this form for each child enrolled in Summer Camp programs through our office.

In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child; I hereby authorize Blossom Counseling and Wellness LLC to send my child to the nearest hospital.

I agree to meet a Blossom staff member at the hospital as soon as possible after being notified.

I understand that I must bear all expenses involved, including those incurred to transport my child to the hospital.

In the event of a minor injury, I authorize Blossom Counseling and Wellness LLC staff to administer minor first aid to my child.

Name of Child: _____

Signature: _____

Date: _____

Print Name: _____

Relationship to Child: _____

EMERGENCY CONTACT PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182, 3280.124(a)(b), 3280.181 & 182, 3290.124(a)(b), 3290.181 & 182

CHILD'S NAME	BIRTH DATE
ADDRESS	

MOTHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
E-MAIL ADDRESS	MOBILE TELEPHONE NUMBER
ADDRESS	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
ADDRESS	

FATHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
E-MAIL ADDRESS	MOBILE TELEPHONE NUMBER
ADDRESS	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
ADDRESS	

EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE

PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	TELEPHONE NUMBER
ADDRESS	

SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTIONS)
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD	
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)

PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE	**ADMIN. OF MINOR FIRST - AID PROCEDURES**
WALKS AND TRIPS	SWIMMING
TRANSPORTATION BY THE FACILITY	WADING

PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

blossom
COUNSELING AND WELLNESS, LLC
484.938.8461 blossom-counseling.net

Summer Camp Programs Enrollment Form & Waiver

Child's Full Name: _____ DOB: _____ Age: _____

Mother's Name: _____ PH #: _____

Address: _____

Email Address: _____

Father's Name: _____ PH #: _____

Address: _____

Email Address: _____

Does your child have any allergies to food or arts & crafts supplies? _____ If yes, please explain: _____

_____

Ability to engage in arts & crafts activities and assumption of risk: Arts & crafts activities, including but not limited to paints, glues, pastels, chalks, pencils, wood/plaster tools, fiber yarn/fabrics, wax, plastic bags, glitter, scissors, tape, jewelry supplies, and tapes. Blossom Counseling and Wellness LLC takes all possible precautions to reduce risk and provide safe, healthy, and enjoyable experiences. I warrant that my child is able to follow directions for all activities while in camp. I acknowledge that risks from participation in class activities exist and that I have allowed my child to attend camps knowing these risks and their possible consequences including personal injury.

Waiver and Release of Liability

As a parent or guardian of my child, I agree that I will not hold Blossom Counseling and Wellness LLC liable for any personal injury, property damage, or loss of insurance. I agree to release and hold harmless Blossom Counseling and Wellness LLC and the staff from all liability incurred as a result of my child's participation in camp and that these terms serve as a release for myself, volunteers, property owners ,and members of my family.

I am the parent/guardian of the child – who is under 18 years of age – that I registered for Blossom Counseling and Wellness LLC summer camp programs.

Signature: _____ Date: _____

Print Name: _____

blossom
COUNSELING AND WELLNESS, LLC
484.938.8461 blossom-counseling.net

Financial Agreement and Fee Schedule

Thank you for choosing us as your summer camp program location! Please read this financial information carefully.

1. Payment of services is due in full by 6/15/2020. We accept cash, personal checks, Visa, MasterCard, American Express, JCB, Discover, and Diners Club. We also accept gift cards that are one of the above types, HSA/FSA Cards, BitCoin, and ApplePay.
2. Attendance in summer camp is not equivalent to attendance of psychotherapy and counseling services. Summer camp program fees are not billable to insurance companies and no progress notes, mental health treatment, or mental health assessments will be administered to participants.
3. You are responsible for all charges incurred as outlined in the fee schedule below.
4. Refund policy: Full refund if canceled four weeks before camp
   75% refund if canceled three weeks before camp
   No refund if canceled two weeks or less before camp
   No prorates for missed or partial attendance
   No refund for no shows
5. Returned checks and balances may be subject to an additional collection fee - $50 for returned checks and $60 for collection fees.

I have read, understand, and agree to all of the above expectations for my treatment. My signature below verifies that I have received a copy of this "Financial Policy" form.

_____ _____

Client Signature or Responsible Party Date

Sign up by February 15:

Five full days	9AM-4PM Monday-Friday	$249
Five half days	9AM-12PM or 1PM to 4PM Monday-Friday	$149
Per full day	9AM-4PM Monday-Friday	$55
Per half day	9AM-12PM or 1PM to 4PM Monday-Friday	$38

Sign up by April 15:

Five full days	9AM-4PM Monday-Friday	$274
Five half days	9AM-12PM or 1PM to 4PM Monday-Friday	$174
Per full day	9AM-4PM Monday-Friday	$58
Per half day	9AM-12PM or 1PM to 4PM Monday-Friday	$41

Sign up by May 15:

Five full days	9AM-4PM Monday-Friday	$299
Five half days	9AM-12PM or 1PM to 4PM Monday-Friday	$199
Per full day	9AM-4PM Monday-Friday	$65
Per half day	9AM-12PM or 1PM to 4PM Monday-Friday	$45

blossom
COUNSELING AND WELLNESS, LLC
484.938.8461 blossom-counseling.net

Registration Form

Please check off the camps, dates, and times for which you are registering.

Child's name _____

7/13 to 7/17 -- Therapeutic crafts camp with Keiko Wolfe

____ Full day 9AM-4PM Mon	____ Half day 9AM-12PM Mon	____ Half day 1PM-4PM Mon
____ Full day 9AM-4PM Tue	____ Half day 9AM-12PM Tue	____ Half day 1PM-4PM Tue
____ Full day 9AM-4PM Wed	____ Half day 9AM-12PM Wed	____ Half day 1PM-4PM Wed
____ Full day 9AM-4PM Thu	____ Half day 9AM-12PM Thu	____ Half day 1PM-4PM Thu
____ Full day 9AM-4PM Fri	____ Half day 9AM-12PM Fri	____ Half day 1PM-4PM Fri

7/20 to 7/24 -- LEGO camp with Keiko Wolfe

____ Full day 9AM-4PM Mon	____ Half day 9AM-12PM Mon	____ Half day 1PM-4PM Mon
____ Full day 9AM-4PM Tue	____ Half day 9AM-12PM Tue	____ Half day 1PM-4PM Tue
____ Full day 9AM-4PM Wed	____ Half day 9AM-12PM Wed	____ Half day 1PM-4PM Wed
____ Full day 9AM-4PM Thu	____ Half day 9AM-12PM Thu	____ Half day 1PM-4PM Thu
____ Full day 9AM-4PM Fri	____ Half day 9AM-12PM Fri	____ Half day 1PM-4PM Fri

8/3 to 8/7 -- Mindfulness camp with Katie Gentile

____ Full day 9AM-4PM Mon ____ Half day 9AM-12PM Mon ____ Half day 1PM-4PM Mon

____ Full day 9AM-4PM Tue ____ Half day 9AM-12PM Tue ____ Half day 1PM-4PM Tue

____ Full day 9AM-4PM Wed ____ Half day 9AM-12PM Wed ____ Half day 1PM-4PM Wed

____ Full day 9AM-4PM Thu ____ Half day 9AM-12PM Thu ____ Half day 1PM-4PM Thu

____ Full day 9AM-4PM Fri ____ Half day 9AM-12PM Fri ____ Half day 1PM-4PM Fri

8/10 to 8/14 -- Self-esteem camp with Katie Gentile

____ Full day 9AM-4PM Mon ____ Half day 9AM-12PM Mon ____ Half day 1PM-4PM Mon

____ Full day 9AM-4PM Tue ____ Half day 9AM-12PM Tue ____ Half day 1PM-4PM Tue

____ Full day 9AM-4PM Wed ____ Half day 9AM-12PM Wed ____ Half day 1PM-4PM Wed

____ Full day 9AM-4PM Thu ____ Half day 9AM-12PM Thu ____ Half day 1PM-4PM Thu

____ Full day 9AM-4PM Fri ____ Half day 9AM-12PM Fri ____ Half day 1PM-4PM Fri