



Thank you for your interest in Cedar Lane Nursery School's 2023 Summer Fun. This year, we have planned four fun-filled sessions to help your little children grow, learn and have fun this summer. Each session will run two weeks in duration and you have the option of registering your child/children for the two-week full sessions; one-week half sessions, or part-time sessions, offered M-W-F's and Tuesday-Thursdays. A fifth and one week only session is also offered, designed for children entering kindergarten in the Fall, but also open to younger kids depending on interest.

To help CLNS properly plan staffing and supplies, we are urging all families to submit your applications(s) on or before May 1, 2023. Please complete and submit the following forms and fees for EACH child attending.

1. An application form for each child you are registering for Cedar Lane Summer Fun.
2. A check, payable to CLNS, for \$50 per child.
3. Emergency Form, Allergy Form, Health Inventory and Covid waiver for each camper.

***Current CLNS students need not complete the health and emergency forms if we have them on file.*

NOTES: Applications and forms **are required for each child** attending Cedar Lane Summer Fun. Families registering more than one child are required to submit a separate application for each child, but may submit a single check for the total of their family's application fee(s) (\$50 per child). Applications are received on a first come basis and space is limited. Families wishing to secure space for their child/children are encouraged to submit their application(s) as soon as possible.

- Children may be enrolled for one or more sessions during the summer. Children may be registered for the duration of a complete session (2 consecutive weeks), a 1/2 session (one week), or a part-time session offered M-W-F or Tues/Thursdays. Fees are as follows:

\$450/ Full Session (i.e. 2 weeks in a row)

\$230/ Half-session (i.e. one week)

\$150/ three-day part-time week; M-W-F

\$100/ two-day part-time week; Tues/Thurs

***\$410/\$185/\$100 Reduced Pricing for Sessions I and III*

- Prepaid fees cannot be refunded. However, children may switch weeks throughout the summer, including from one session to another, so long as space is available in that session.
- Payment is due in full prior to the first day of camp
- Summer Fun hours are 9 am – 1 pm, daily. Children are to bring their own lunch from home. A healthy snack will be provided each day as part of the Summer Fun program.
- Priority enrollment will be available for Cedar Lane Nursery School children until April 15, 2023.
- Children must be at least 2 years old to attend Cedar Lane Summer Fun. Cedar Lane Nursery School is an Equal Opportunity School.
- We welcome students and families of any race, religion, color, sexual orientation, and national or ethnic origin.

2023 CLNS SUMMER FUN SESSION(S) REQUEST

Child's First Name: _____ Last Name: _____

Date of Birth: _____/_____/_____ Gender: _____

Street Address: _____

City/ State/Zip: _____

SESSION I: Creative Chefs/Budding Scientists (May 30- June 9)

- Full Session**
- Half Session, 1st week only (May 30 - June 2)**
- Half Session, 2nd week only (June 5 -9)
- W-F Part-Time Session 1st week (May 31 and June 2) **
- M-W-F Part-Time Session 2nd week (June 5, 7 and 9)
- Tues/Thurs Part-Time Session; 1st week (May 30 and June 1)
- Tues/Thurs Part-Time Session; 2nd week (June 6 and 8)

SESSION II: Under the Sea/Beach Party (June 12 - June 23)

- Full Session
- Half Session, 1st week only (June 12 - June 16)
- Half Session, 2nd week only (June 19 -23)
- M-W-F Part-Time Session 1st week (June 12, 14 & 16)
- M-W-F Part-Time Session 2nd week (June 19, 21 & 23)
- Tues/Thurs Part-Time Session; 1st week (June 13 and June 15)
- Tues/Thurs Part-Time Session; 2nd week (June 20 and 22)

SESSION III: Little Picassos/Mix & Mold (June 26 - July 7)

- Full Session**
- Half Session, 1st week only (June 26 - June 30)
- Half Session, 2nd week only (July 5-7)**
- W-F Part-Time Session 1st week (June 26, 28 and 30)
- Part-Time Session 2nd week (July 5 and 7)**
- Tues/Thurs Part-Time Session; 1st week (June 27 and 29)

SESSION IV: Summer Olympics/ MiniMed Camp (July 10 - July 21)

- Full Session
- Half Session, 1st week only (July 10 - July 14)
- Half Session, 2nd week only (July 17 - July 21)
- M-W-F Part-Time Session 1st week (July 10, 12 & 14)
- M-W-F Part-Time Session 2nd week (July 17, 19 & 21)
- Tues/Thurs Part-Time Session; 1st week (July 11 & 13)
- Tues/Thurs Part-Time Session; 2nd week (July 18 & 20)

SESSION V: Kindergarten Bonanza/ Summer Wrap Party (July 24 - July 28)

**CEDAR LANE SUMMER FUN 2023
EMERGENCY CONTACT FORM**

Name of the Child _____ Age _____

Mother's name _____

Daytime Phone _____ Cell phone _____

E-mail _____

Father's name _____

Daytime phone _____ Cell phone _____

Email _____

List of authorized individuals to take your child home:

1. Name _____ Phone _____

Relationship _____

2. Name _____ Phone _____

Relationship _____

Parent Signature _____ Date _____

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

HEALTH HISTORY FORM
For Use in Drop-In Child Care Centers

Child's Name: _____ Birth Date: _____

Parent/Guardian Name: _____ Relationship: _____

To be completed by the Parent/Guardian.

Check the appropriate box below. Give a brief explanation under COMMENTS for any YES answer.

Does the child have any of the following?	YES	NO	COMMENTS
a) Vision problem?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Hearing problem?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Speech or language problem?	<input type="checkbox"/>	<input type="checkbox"/>	
d) Physical illness or impairment problem?	<input type="checkbox"/>	<input type="checkbox"/>	
e) Mental, emotional or behavioral problem?	<input type="checkbox"/>	<input type="checkbox"/>	
f) Developmental delay?	<input type="checkbox"/>	<input type="checkbox"/>	
g) Allergies?	<input type="checkbox"/>	<input type="checkbox"/>	
h) Other? <i>(If YES, specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
i) Health condition which may require care or emergency action? <i>(If YES, specify, e.g. seizures, bee sting allergy, diabetes, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
j) Does the child have up-to-date immunizations?	<input type="checkbox"/>	<input type="checkbox"/>	
k) Is the child currently taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>	
l) Mobility assistive devices?	<input type="checkbox"/>	<input type="checkbox"/>	

This child is otherwise in good physical and mental health. This child is also free of communicable disease and may participate fully in all activities. YES: NO:

List any areas of the program in which the child cannot fully participate	Would any limits or alterations help to meet his or her needs?	Please explain briefly

CEDAR LANE SUMMER FUN 2023

ALLERGY FORM

Child's name _____

Allergies _____

Has your child ever been stung by a bee? **Yes or No**

Is there a history of allergic reactions to bee stings in your family? **Yes or No**

Anything else allergy-wise we should be aware of?

Parent Name: _____

Parent Signature: _____

Date: _____

**Cedar Lane Nursery School Summer Fun 2023
Family COVID-19 Waiver and Release of Liability**

In consideration for our family's enrollment in CLNS Summer Fun and receipt of services from CLNS, we further agree as follows:

- I/we acknowledge, understand, and agree the CLNS cannot prevent our child from becoming exposed to, contracting, or spreading COVID-19 while participating in the activities and/or otherwise being present at CLNS , and that our child's participation in CLNS activities, programs and/or otherwise being present at CLNS may increase the risk of our child being exposed to, contracting and/or spreading COVID-19.
- I/we have read and understood the above warning regarding COVID-19 and, I/We individually and on behalf of my/our child and all others claiming by, through or under me/us and/or or my/our child, hereby freely and knowingly assume the risk of my child contracting and/or spreading COVID-19 while participating in CLNS activities, programs, and/or otherwise being present at CLNS.
- I/we, individually and on behalf of my/our child and all others claiming by, through or under me/us and /or my/our child, hereby unconditionally forever release, waive, and discharge CLNS and its officers, director, members, employees, agents, legal and personal representatives, successors, and assigns from any and all suits, demands, interests, liability, compensations, expenses, actions and causes of action, rights, liabilities, obligations, promises, agreements, controversial, losses and debts of any nature, personal injury, death, negligence and claims of every kind and nature whatsoever (including without limitation, attorney's fees) arising from, occasioned by, or in any way attributable to my/our child becoming exposed to, contracting, and/or spreading COVID-19 while participating in the CLNS activities, programs or otherwise being present at CLNS, including any liability arising from the negligence or fault of CLNS and any of its officers, directors, members, employees, agents, legal and personal representatives, successors and assigns in connection therewith.
- Further, I/we agree to indemnify and hold CLNS and its officers, directors, members, employees, agents, legal and personal representatives, successors and assigns harmless from and against any and all liability, actions, debts, claims, causes of action, compensation, personal injury or death, demands and obligations of every kind whatsoever including, without limitations, attorney's fees and costs arising from, occasioned by, or in any way attributable to my/our child becoming exposed, contracting, or spreading COVID-19 while participating at CLNS activities, programs, and/or otherwise being present at CLNS.
- I/we understand that waiver means that I/we give up, individually and on behalf of all others claiming by, through, or under me/us, all rights to bring any claims, including, without limitation, claims of personal injuries, death, disease, property losses, and negligence and that I/we give up any claim that my/our child may have to seek damages, whether known or unknown , and whether foreseen or unforeseen.
- I/ we hereby acknowledge and agree that this Waiver and Release of Liability is intended to be as broad and inclusive as permitted by law. If any provision of this Waiver and Release of Liability is, for

any reason, held to be illegal, invalidator unenforceable, the remains portions of this Waiver and release of Liability shall be unimpaired and the invalid or unenforceable provisions will be deemed modified so that it is valid and enforceable to the maximum extent permitted by law. This Waiver and Release of Liability shall be governed by the laws of the State of Maryland. In the event the undersigned has two or more children that participate in the CLNS activities then any and all reference in this Waiver and Release of Liability to "child" will be deemed to include references to all children of the undersigned.

- I/we acknowledge that this Release and Waiver of Liability shall be binding on our family members, spouse, heirs, assigns, personal representatives, legatees, trustees and anyone else entitled to act on our, or our child's behalf.

- By signing below, I/we acknowledge that I/we have read and fully understand the Release and Waiver of Liability as set forth above and have signed voluntarily and under my/our own free will.

Parent/Guardian Printed Name: _____

Signature: _____

Date: _____

Parent/Guardian Printed Name: _____

Signature: _____

Date: _____