



EARLY LEARNING CENTER

Creative Early Learning Center - Garfield Heights

Summer Camp June 2016 - FIELD TRIP PERMISSION FORM

Dear Parents,

Please sign the permission slip below and return it to the Office. Thank you.

I hereby give my Child _____ permission to the Creative Early Learning Center, Inc. under the supervision of a Staff Member for the following scheduled field trips on a center bus or van.

Please Note: All field trips are subject to change due to the weather. A notice will be posted on your child's classroom door. Per State Licensing Rules, all bodies of water on site must be indicated for each field trip. Scheduled swimming field trips are indicated on the monthly calendar. In consideration of the child being allowed to participate in the field trip, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection with the field trip and I further release, discharge, and/or otherwise indemnify Creative Early Learning Center Inc., employees and volunteers from all claims, judgments, liability by or on behalf of my child, myself and my spouse for any injury or damage due to the child's participation in the field trip including all risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide health insurance for my child.

I fully understand what is involved in the field trip and I understand that I have the opportunity to call the teacher and ask him/her about the field trip.

Date	Field Trip Destination & Address	Approx. Time of Departure	Approx. Time of Return	Transportation Bus & Driver	Access To Water Excess of 2 Inches	Water Activities Planned	IGRAANT PERMISSION FOR MY CHILD TO ATTEND THIS FIELD TRIP (Sign & date each line below)
5/30/17	E. Idlewood Park - 9797 E Idlewood Dr, Twinsburg, OH 44087	11:30	3:00	YES	NO	NO	
6/1/17	Amazon 2789 Medina Rd, Medina, OH 44256 CELC Medina 5020 Victor Dr, Medina OH 44256	9:00	3:30	YES	NO	NO	
6/2/17	Roseland Lanes - 26383 Broadway Ave, Bedford, OH 44146	12:00	3:30	YES	NO	NO	
6/5/16	Cleveland Metropolitan Zoo 3900 Wildlife Way, Cleveland, OH 44114	9:00	4:30	YES	NO	NO	
6/6/17	Twinsburg Library - 10050 Ravenna Rd, Twinsburg, OH 44087	11:00	1:30	YES	NO	NO	
6/7/17	Cleveland Botanical Gardens 11030 East Blvd, Cleveland, OH 44106	8:30	4:30	YES	NO	NO	
6/8/17	Rock N Roll Hall of Fame 1100 E 9th St, Cleveland, OH 44114	8:30	4:00	YES	NO	NO	
6/13/17	United States of America 30325 Progress Pkwy, Wiering, OH 44092 - (440) 944-5300 Coulby Park 28730 Ridge Rd, Wickliffe, OH 44092	9:00	4:00	YES	NO	NO	
6/14/17	Twinsburg Pool 0260 1/2 Ravenna Rd, Twinsburg, OH 44087	9:00	3:30	YES	YES	YES	
6/15/17	Chevron 140 Barrington Town Square, Aurora, OH 44202 Liberty Park 9385 Liberty Rd, Twinsburg, OH 44087	8:30	3:30	YES	NO	NO	
6/19/17	Twinsburg Pool 0260 1/2 Ravenna Rd, Twinsburg, OH 44087	9:00	3:30	YES	YES	YES	
6/19/17	Fun N Sun 651 Highland Rd, Macedonia, OH 44056	9:00	4:30	YES	YES	YES	
6/20/17	Liberty Park 9385 Liberty Rd, Twinsburg, OH 44087	9:00	4:30	YES	NO	NO	
6/21/17	Twinsburg Pool 0260 1/2 Ravenna Rd, Twinsburg, OH 44087	9:00	3:30	YES	YES	YES	
6/23/17	Twinsburg Pool 0260 1/2 Ravenna Rd, Twinsburg, OH 44087	9:00	3:30	YES	YES	YES	
6/26/17	Lake Farm Park 8800 Lucid Chardon Rd, Kirtland, OH 44029	9:00	4:00	YES	NO	NO	
6/27/17	Roseland Lanes - 26383 Broadway Ave, Bedford, OH 44146	12:00	3:30	YES	NO	NO	
6/29/17	Quicken Loans Arena 1 Center Ct, Cleveland, OH 44115	9:00	4:00	YES	NO	NO	



Discovering The Land - June 2017



***All field trips are subject to change**

Breakfast (till 8:30), lunch, and afternoon snack provided daily

Monday	Tuesday	Wednesday	Thursday	Friday
29 Closed for Memorial Day	30 E. Idlewood Park Nature Hunt 9:30-3:00	31 Home Sweet Home Exploring our Home	1 Roseland Lanes	
3 Cleveland Metro Parks Zoo 9:00-3:30	4 Twinsburg Library "Teams of the 226 Cleveland Sports Day" 9:00-3:00	5 Cleveland Botanical Gardens 9:00-4:00	2 Being Rock Stars at Rock N Roll Hall of Fame 9:00-3:30	3 Discovering the Land All Things CLE 12:00-3:30
11 Nuts About the Buckeye State 9:30-3:30	12 Minion Mayhem United States of America Dudley Park 9:30-4:00	13 "The Great Lakes" Twinsburg Outdoor Pool 9:30-3:30	14 Cinemark "Lego Batman Movie" Liberty Park *8:30-3:30	15 Adventures with Ronald McDonald 9:00-4:00
19 Twinsburg Outdoor Pool 9:30-3:30	20 Kid's Favorite! Fun N Stuff 9:00-3:30	21 Arts, Trees & Games In the Park Liberty Park 9:30-3:00	22 "Land & Sea Relay Races" Twinsburg Outdoor Pool 9:30-3:30	23 Reptiles and Roar! Animal Show by Amazon Eric Dogs with Dads From Coast to Coast Discovering the USA
26 Twinsburg Outdoor Pool 9:30-3:30	27 Lake Farm Park 9:30-4:00	28 Roseland Lanes 12:00-3:30	29 Quicken Loans Arena "Gladiator's Day" 9:00-4:00	30 Go Green! Reduce, Reuse, Recycle Protect the Earth

CREATIVE EARLY LEARNING CENTER

SUNSCREEN POLICY

If you wish for CELC to supply sunscreen...

CREATIVE EARLY LEARNING CENTER WILL SUPPLY SUNSCREEN IF THE PARENT WISHES.

PLEASE NOTE: THERE WILL BE A FEE OF \$10 PER CHILD FOR SUNSCREEN.

Yes, I would like CELC to supply my child's sun screen.

If Yes, please fill-out the form that is already filled-out with the NO-AD Sun Care Sport.

No. I will supply my own sunscreen.

If No, Please fill out the blank Request for Administration of Medication form.

Name of Child: _____

Signature: _____ Date: _____

\$10 fee paid _____

All Stars

* All Star Parents -
Please fillout below

- Name
- Date of Birth
- Weight
- And Signature + Date

Ohio Department of Job and Family Services
**REQUEST FOR ADMINISTRATION OF MEDICATION
FOR CHILD CARE**

Box 1 The following section must always be completed by the parent/guardian.

Check all that apply and complete all of the information.

- Prescription Medication
- Nonprescription Medication
- Food Supplement
- Topical Product or Lotion
- Refrigeration Required
- Modified Diet

Name of Child _____ Date of Birth _____ Weight _____

Name of Medication No-Ad Sun Care 50 Sport Exact Dosage Apply liberally to exposed skin

To be administered at the following times Prior exposure to sun (15 minutes) prior For the following period of time 5/30/2017 - 8/18/2017

I understand that my child must receive one dose of medication before arriving at the program (unless the medication is used for emergencies).

Signature of Parent/Guardian _____ Date _____

Box 2 The following section must be completed by a licensed physician, licensed dentist, advanced practice registered nurse or certified physician's assistant.

1. The medication contains codeine or aspirin.
2. A physician's instruction is needed for a nonprescription medication (e.g. child does not meet minimum age or weight requirements as listed on the label instructions).
3. It is a sample medication without a prescription label.
4. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period.
5. The topical product or lotion and the physician's instructions exceed the manufacturer's instructions or use.

Name of child _____ Name of medication, vitamin, diet, supplement _____

Dosage _____ Possible side effects to watch for are _____

Expiration date _____
(May not exceed twelve months from the date of this request for medications of food supplements).

Instructions _____

This child is under my care and should receive the above medication as written.

Signature of physician, dentist, advanced practice registered nurse or certified physician's assistant _____

Date of signature _____ Phone number _____

Name of child _____ Name of medication, vitamin, diet, supplement _____

This form is valid for no longer than twelve months and must be kept on file at the center or home for at least one year following the last administration of the medication or product. One form must be used for each medication.

Ohio Department of Job and Family Services
**REQUEST FOR ADMINISTRATION OF MEDICATION
 FOR CHILD CARE**

Box 1	The following section must always be completed by the parent/guardian.		
Check all that apply and complete all of the information.			
<input type="checkbox"/> Prescription Medication		<input type="checkbox"/> Nonprescription Medication	<input type="checkbox"/> Food Supplement
<input type="checkbox"/> Topical Product or Lotion		<input type="checkbox"/> Refrigeration Required	<input type="checkbox"/> Modified Diet
Name of Child		Date of Birth	Weight
Name of Medication		Exact Dosage	
To be administered at the following times		For the following period of time	
<input type="checkbox"/> I understand that my child must receive one dose of medication before arriving at the program (unless the medication is used for emergencies).			
Signature of Parent/Guardian			Date
Box 2	The following section must be completed by a licensed physician, licensed dentist, advanced practice registered nurse or certified physician's assistant.		
<ol style="list-style-type: none"> 1. The medication contains codeine or aspirin. 2. A physician's instruction is needed for a nonprescription medication (e.g. child does not meet minimum age or weight requirements as listed on the label instructions). 3. It is a sample medication without a prescription label. 4. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period. 5. The topical product or lotion and the physician's instructions exceed the manufacturer's instructions or use. 			
Name of child		Name of medication, vitamin, diet, supplement	
Dosage		Possible side effects to watch for are	
Expiration date (May not exceed twelve months from the date of this request for medications of food supplements).			
Instructions			
This child is under my care and should receive the above medication as written.			
Signature of physician, dentist, advanced practice registered nurse or certified physician's assistant			
Date of signature		Phone number	
Name of child		Name of medication, vitamin, diet, supplement	

This form is valid for no longer than twelve months and must be kept on file at the center or home for at least one year following the last administration of the medication or product. One form must be used for each medication.