

Summerscape



**2015 Summerscape
Parent Camp Information Packet**

Dear Parent/Guardian:

Due to the renovations at the High School, Summerscape will be held at Griswold Middle School (GMS) located at 144 Bailey Road.

On behalf of the staff, we would like to extend a warm welcome and thank you for choosing Summerscape Day Camp for your child's summer vacation. We are very excited that your child is joining us for another fun-filled summer. We have been working hard to enhance last year's program.

Attached are all the necessary forms you and/or your doctor will need to fill out in order for your child to be able to register for camp. If you have more than one child attending, forms must be filled out for each individual. You will not be able to register without these forms.

On a daily basis, campers will have the opportunity to participate in a variety of activities. Camp specialists facilitate activities such as soccer, basketball, archery, arts & crafts, drama and music. Campers of all ages have the opportunity to swim or participate in water fun activities daily. Due to the High School being renovated and the building being closed, there will no swimming or tennis lessons offered this year.

Each day campers should bring:

- Bathing suit and towel*
- Sunscreen
- Bagged lunch
- Snack (packed separately)
- Bottled water or a refillable water bottle
- Sneakers (No flip flops, etc.)
- Any necessary medication and appropriate paperwork (to be given to/held onto by the Director of First Aid)

*For campers in first through third grade we have scheduled times for them to change in and out of their swim suits. It is highly recommended that you bring your child to camp in his/her swim suit.

If you should have any further questions, please contact the Parks & Recreation office (860) 258-2772 or feel free to contact our Camp Directors directly via E-mail.

Melissa Nunes
Camp Director
Mnunes@rockyhillct.gov

Rachel Novello
Assistant Director/CIT Director
Rnovello@rockyhillct.gov

Erica Cahill
Teen Adventure Camp (Grades 7-9)
Ecahill@rockyhillct.gov



Summer 2015

Dear Summerscape Parent/Guardian:

In order to increase security we have created a hugs and kisses zone where parents will be able to drop off and pick up their children in the Middle School lobby; no one other than staff will be allowed beyond that point. Parents are required to sign in/out campers in grades 1-3. Reminder: Due to the High School renovations Summerscape along with some other programs are being held at GMS. Please enter the school grounds slowly and carefully as it's going to be very busy. You will be instructed where to go by a staff member. This is subject to change as we continue to assess the situation.

We will be conducting weekly lock down drills and random fire drills, please discuss this with your children to help prepare them. They should already be accustomed to them through their schools.

Any child taking medication should present it at the time of sign in. All medication must be in its original packaging along with the pharmacy label. If it's in pill form, only that days dosage should be within the bottle. Campers need to have an Authorization for Medication form filled out, signed and dated by the doctor. Failure to comply will result in campers not being able to attend camp until the issue is resolved. All medication must be picked up by the end of the day or it will be destroyed.

Please make sure you properly filled out the camper pick up form giving permission to those who you want to pick up your child (or not); this helps us to carry out your wishes. Also, **at time of pick up we require a photo ID, the name on the pick up form must match up with the ID. Pick up is between 3:30-4:00pm each day.**

We look forward to providing a safe and fun summer for your child(ren) and appreciate your understanding and cooperation.

Sincerely,

Chris S. Rusack

Recreation Supervisor

Summer 2015

Dear Parent/Guardian:

We want all of our campers to have a successful experience this summer at Summerscape. If your child has any specific special needs that may impact his/her participation, please be sure that you fill out the program information sheet below and contact our department prior to registering him/her so that we can determine if Summerscape is the best match for your child.

For children who require more structure and support than can be offered at Summerscape, opportunities such as Camp Sunrise exist through Glastonbury Parks and Recreation.

Contact Livia Jacobs (860) 258-2784 for more information.

Program Information Sheet

To help us work best with your child please fill this form out for us. Thanks for your assistance in helping to make this a successful, rewarding experience for all involved. Please feel free to contact us with any questions or concerns.

Program: _____

Participant's Name : _____ Age: _____ Current Grade: _____

Strengths: _____

Areas of concern: _____

Additional Comments: _____

****RETURN TO PARKS & REC. AT LEAST FOUR WEEKS PRIOR TO START OF PROGRAM**

Summerscape

2015 Theme Weeks

Week	Dates	Theme	Entertainment and Special Activities
1	June 22 – June 26	Ignite Your Summer	<ul style="list-style-type: none"> • Gear up for a great Summer! • Look Alike Friday
2	June 29 – July 2 <i>No Camp July 3rd</i>	Proud Patriots Week	<ul style="list-style-type: none"> • Patriotic Themed Activities • Red, White, and Blue Thursday
3	July 6 – July 10	Ahoy Mateys!	<ul style="list-style-type: none"> • Pirate Presentation • Pirates on Parade Friday
4	July 13 – July 17	Abracadabra! Magic and Mystery	<ul style="list-style-type: none"> • Magician Presentation • Superhero Friday
5	July 20 – July 24	Dancing Disco Days	<ul style="list-style-type: none"> • Dance Party • Character Friday
6	July 27 – July 31	Fun & Fitness Challenge Week	<ul style="list-style-type: none"> • Week Long Color Wars • Color Coded Friday
7	August 3 - August 7	Summerscape's Got Talent	<ul style="list-style-type: none"> • Annual Talent Show August 6th, Thursday Night, 7 pm

CHECK LIST OF PAPERWORK: All forms can be found at the back of the packet

NO REGISTRATIONS WILL BE ACCEPTED WITHOUT THESE FORMS AT TIME OF REGISTRATION:

- Program registration and liability form (found in brochure or online)
- Camper pick up form
- Permission to treat
- Youth Camp Health Exam/Record Signed by doctor
- Administration of Medication

* These forms are due at time of registration. They are a vital part of our camp operations. Your spot at camp cannot be guaranteed until enclosed paperwork is filled out, signed and returned in its entirety.

HEALTH INFORMATION

Health Record

In order to meet State Youth Camp licensing guidelines, all campers are required to have a current copy of their health record on file with Parks & Recreation when attending camp. It is the parent's responsibility to make sure the YOUTH CAMP HEALTH EXAM/RECORD found on page 6 is completed by the camper's physician and submitted to Parks & Recreation. Another option is to submit a current copy of their school health form. Both of these are good for 3 years after date of exam. Forms must be signed by physician.

Camper without a current medical record on file will not be permitted at camp as it will jeopardize our camp licensing.

Medication

If your child will need medication while at Summerscape, the attached form must be filled out and on file, including the *signature of a physician or dentist*. Regardless of whether your child will self-administer or the medication will be administered by the Director of First Aid, this form must be completed in its entirety; this applies to both prescription and over-the-counter medications. **Please use a separate form for each medication.**

Medicine may not be stored at camp overnight, it will be destroyed at the end of the day. Each day's single dose must be sent to camp each day *in its original container*, with the pharmacy label with the camper's name, the medication type, dose, and time that it needs to be taken. This container should be given to the Director of First Aid, via a Counselor, for safe keeping throughout the day. Failure to comply will result in your child not being able to stay at camp until the issue is resolved.

Permission to treat

This form permits any trained professional, doctor or medical facility to administer an anesthetic and perform emergency procedures. If you opt not to sign this form you must state in writing to the Camp Director that you do not wish to have this kind of care for your child.

LIABILITY INFORMATION

Arrival/Pick-Up

Your child should arrive at camp daily between 8:30am and 9:00am (Doors WILL NOT open and camp staff are not responsible for children prior to 8:30am – except for those campers enrolled in Early Program). Please do not drop your child off early if they are not signed up for the early program. **Afternoon pick up is from 3:30pm to 4:00pm.** While we realize your schedule may vary, please make every attempt to keep to this schedule.

Please also note in regards to Drop Off and Pick Up:

Due to the high school renovations Summerscape along with some other programs are being held at GMS. Please enter the school grounds slowly and carefully as it's going to be very busy. You will be instructed where to go by a staff member. A camp staff member will be in the lobby to greet incoming campers. **Parents of campers grades 1-3 are required to walk in and sign their child(ren) in every morning.** At the end of the day, all campers must be signed out from the camp. Your child will only be released to someone you have listed with us on the camper pick up form unless you send in a written note signed and dated by you in advance (see below.) In the event you have a child signing themselves out and a younger sibling, you must turn in a formal letter dated and signed with your children's names on it giving the older sibling permission to self check him/herself out along with their younger sibling.

- **Please make sure to have a photo identification available** when picking up your child(ren) as you will be asked to present it. Please respect this policy as it has been designed to safeguard our campers and their families.

Camper pick-up

This mandatory form authorizes the camp staff to release children to selected individuals such as parents, caretakers, neighbors, etc. One form should be submitted for each camper. If you are not on the list, you will not be permitted to pick up your child so be sure to include yourself when filling out the paperwork. **Also please note;** If your child is not registered for the Late Program and is picked up after 4:00 pm, there will be a \$50.00 late fee. This fee must be paid in person at the Parks and Recreation Office before your child can return to camp.

Camper Early Dismissal

If you will be picking up your child early you must send a note in writing signed and dated. If you will not be able to pick up your child please send a note in the morning as to who is authorized to pick up your child. Please do not walk school grounds looking for your child - check-in with the camp office. Only the Camp Director or Assistant Director may release a child early.

Liability Release Form

Legal guardian gives the child(ren) permission to participate in our Summerscape program and assumes responsibilities of accident or injury.

Early and Late Program

You must be pre-registered for these weekly programs. The early program hours are from 7:30am-8:30am. The late program hours are from 4:00pm-6:00pm. For these programs, you must drop off and sign out your child at the lobby. Please review arrival/pick-up policy above. A \$50 per day late fee will apply to any child picked up after 6 pm in the late program. **Also please note; If your child is not registered for the Late Program and is picked up after 4:00 pm, there will be a \$50.00 fee.** This fee must be paid in person at the Parks and Recreation Office before your child can return to camp. Space is limited on a first-come, first-serve basis so we recommend you sign up well in advance.

GENERAL CAMP OPERATIONS

Communication/Visits

If at any point you have any questions, comments or concerns, please feel free to contact camp via the Parks & Recreation Office at (860) 258-2772 or the Camp Director at mnunes@rockyhillct.gov. If for any reason you need to see your child during the camp day, you must check in at the camp office and with the Camp Director first.

Discipline Policy

Summerscape staff adhere to a fair but strict discipline policy. The first time a child misbehaves s/he is given a warning. The second time a child misbehaves s/he is given a timeout. Upon misbehaving a third time, the child is required to call his/her parent(s) to explain why s/he is being disciplined. Campers that exhibit repeated behavior problems or do something of a more grievous nature may be suspended or expelled from camp. Summerscape has a system of written referrals, very similar to a school referral, and if a child receives three of those within a summer, they will not be allowed back to camp for the remainder of the summer. All disciplinary actions are at the discretion of the Camp Director (or Assistant Camp Director) and/or the Recreation Supervisor. Corporal punishment will never be used in any circumstances.

Clothing

Please make sure your child is dressed for active, outdoor play each day, including sneakers every day – we discourage open-toed sandals. All clothes should be labeled with your child's name. There will be a lost and found facility at the front of the office every day. Your child should bring a bathing suit and towel every day, both for use in the pool and/or water games. Please dress your child appropriately based on the weather.

Lunch/Snack

Please send your child with a lunch with his/her name on it, every day. Lunches will be refrigerated. **There are no facilities available for heating food.** Lunch should include a drink. Snack time will be available for those campers choosing to bring a snack – snacks should be put in a separate bag from lunch and labeled as well. Also, if your child has a specific food allergy (even if already reported to the Director of First Aid), please communicate this with your child's counselor on the first day of camp for that week.

Rainy Days/Hot Days

Camp is held regardless of weather. On rainy days, please send your child with rain gear or an extra set of clothing, as we will be in and out of the building. On extremely hot days we make every effort to keep our campers cool and hydrated – it is your prerogative to keep your child(ren) home if you so choose.

Cell Phones, Video Games, Cards, etc..

Camp is an active fun place. All electronics/games such as cell phones, Nintendo DS, Ipods, Pokémon cards, etc., are not allowed at camp and should be left at home. These items distract from the group activities that our staff has planned. If any of these items are found at camp, the Camp Director will keep them until the end of the day. We are not responsible for lost or stolen items.

Lost and Found

Children often misplace/lose their items at camp. We do have a Lost and Found at camp, so please be sure to check it often for items that may belong to you. Also, make sure to write your child's name on their belongings so they can be returned if found at camp.

Publicity

By registering for our program you give us permission to take and publish photos of your child participating. If you do not wish to have him/her photographed you must put this in writing prior to the start of camp.

PROGRAMS

Town Summer Swim Lessons

Campers interested in taking Summer Swim Lessons with the town must register for an 8:30am lesson. Later lessons can not be coordinated with camp attendance. If you have any questions regarding the Town Swim Lessons please call the Parks & Recreation office at 860-257-2772.

**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**

**Physical Exams Are Valid For 3 Years
From Date of Last Examination**

Please Return Completed Form to Camp

- Camper
 Staff

Name _____ Date of Birth _____ Phone _____

Guardian _____ Address _____

Emergency Contact _____ Telephone _____

Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam _____

_____ May participate in all camp activities

_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription medication? YES NO

If yes, indicate prescription: _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

Signature of Physician, APRN or PA

Date Form Signed

Telephone Number

Rocky Hill Parks & Recreation SummerScape Camp

If the Youth Camp Health Exam/Record indicates any medication usage, this form must be filled out by your doctor.

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE BY CAMP PERSONNEL

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication BEFORE any medications are administered. Medications MUST be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. Parent/guardian MUST pick up medication by the end of the day. All unused medication shall be destroyed if not picked up at the close of camp each day.

**FOR ALL MEDICATION INCLUDING OVER THE COUNTER MEDICATION
PRESCRIBER'S AUTHORIZATION ORDER/MEDICATION PLAN**

Name of Child _____ Date of Birth _____ Today's Date _____

Medication Name _____ Controlled Drug? Yes NO

Dose: _____ Route _____ Time of Administration _____

If PRN Frequency: _____ **KNOWN FOOD OR DRUG ALLERGIES?** Yes No If

"Yes" to allergies, explain reactions/interactions/plan of care _____

Specific instructions for Medication Administration: _____

Medication shall be administered from: _____ to _____

Month/Day/Year Month/day/year

Is this medication to be self-administered by the child? YES NO

Relevant Side Effects of Medication: _____

Plan of Management for Side Effects: _____

Conditions for which drug is being administered: _____

Prescriber's Name/Title: _____ **Address** _____

Telephone: _____ **Fax:** _____

Prescriber's Signature/Stamp: _____ **Date** _____

PARENT/GUARDIAN AUTHORIZATION

I hereby request that the above ordered medication be administered by Camp Personnel. I understand that I must supply the Camp with a daily supply of medication. I understand that the medication will be destroyed if not picked up at the close of camp each day. I give permission for the exchange of information between the prescriber and the camp APRN Nurse Consultant, and Camp Director of First Aid to ensure the safe administration of such medication. I understand how the above medication is to be administered including the condition, dosage, time, frequency, route, and relevant side effects. I will be available during the Camp hours for telephone contact as needed. **My child may take meds home if I allow & sign a self-release.**

Parent/Guardian Signature _____ **Date** _____

Parent's Home Phone #: _____ **Work #:** _____

Parent's Cell Phone @: _____ **Address:** _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the Camp APRN Nurse Consultant in accordance with Camp policy. Self administered meds MUST be kept with leadership staff for safety.

Parent/Guardian Authorization for Self Administration: YES NO _____

Signature Date

Camp APRN Consultant Approval for Self Administration: YES NO _____

Signature Date

Camper Pick-up Information (mandatory) –

Please Do Separate Forms For Each Child

Pick up is from 3:30pm to 4:00pm. While we realize your schedule may vary, please make every attempt to keep this schedule. Every day you should drop your child off in the front of the building. A camp staff member will be there to greet you and lead your child in. Campers in grades 1 to 3 should be walked in by an adult and checked in with the counselor of their group. At the end of the day, you must sign them out from their counselor in the designated group location. Your child will only be released to someone you have listed with us (on this form), unless you send in a written note in advance (see “Changes in Camper Pick-up”).

Child’s Name: _____

Name of parent/guardian filling out this form: _____

Emergency Phone Numbers () _____ () _____ () _____

My child **MAY** be released to the following people:
(Please include yourself on list)

My child **MAY NOT** be released to the following people: to

My child has permission to release him/herself (circle one) YES NO

Please note: *After signing out, s/he must leave school property*

Changes in Camper Pick-up

If you will be picking up your child early, or someone who is not listed above will be picking up your child, please send a signed and dated note in the morning as to who is eligible to pick up your child. Please do not walk the school grounds looking for your child. Only the Camp Director (or Assistant Director) may release a child early.

Parental permission to treat

In the event of an emergency during which we cannot be reached we hereby give permission to the bearer of this form to allow any doctor, medical facility, volunteer or employee of the Town of Rocky Hill to administer first aid or CPR until emergency medical treatment can be obtained. We also give permission to the bearer of this form to allow any doctor or medical facility to administer an anesthetic and perform emergency procedures as may be necessary for our child _____.

I will not hold the officials or agents thereof, financially responsible for whatever emergency care may be provided.

Parent/Participant Signature

Date