

Calvert County Parks and Recreation



Presents



Super Summer Camp "2010" Information Packet



**VERY IMPORTANT INFORMATION
PLEASE READ ENTIRE PACKET CAREFULLY**

PARENT QUESTION/ANSWER PERIOD:

Parents and guardians may call the Community Centers, Monday-Friday, 9:00 a.m. - 4:00 p.m. to address concerns pertaining to the Camp Program. Staff will be available by appointment to answer questions relating to the structure of the program, disciplinary procedures, camp guidelines, trip procedures, appropriate camp attire, camp payments and personal situations and concerns.

NORTHERN DISTRICT

Northeast Comm. Center
P.O. Box 1360
Chesapeake Beach, MD
20732

(410) 257-2554

CENTRAL DISTRICT

Mt. Hope Comm. Center
P.O. Box 260
Sunderland, MD 20689

(410) 257-6770

SOUTHERN DISTRICT

Southern Comm. Center
20 Appeal Lane
Lusby, MD 20657

(410) 586-1101

Maryland Relay for impaired hearing or speech (800) 735-2258

Summer 2010

Dear Parents/Guardians,

Welcome to the Calvert County Parks and Recreation 2010 Super Summer Program! We are happy that you have chosen to participate in our program and look forward to providing your child with a fun-filled recreational experience.

We have designed this packet to provide you with as much information as possible regarding our registration process, rules, regulations, discipline policy and program guidelines. Please read over all of the enclosed information prior to registration. **The Super Summer Camps 2010 Checklist and Medical and Immunization Forms are required to be completed at the time of registration.**

Your attention to all of the information will assist us in reaching our common goal, which is a safe, fun and enjoyable summer.

Super Summer Camps are open from 9:00 a.m. to 4:00 p.m., June 23 – July 30. Camps will be closed for Independence Day on Monday, July 5. Children should not arrive earlier than 9:00 a.m. each day, as supervision will not begin until then, unless he/she is enrolled in the Before Care Program. Children must be picked up no later than 4:00 p.m. unless he/she is enrolled in the After Care Program. You are required to sign your child in upon arrival and out upon departure from camp each day. In the event your child is not picked up by 4:00 p.m. a \$10.00 late fee will be charged for every 15 minutes late. There are no exceptions to this policy and the fee should be made payable to CCPR.

You must provide all lunches, snacks and drinks for your child. Please be aware that refrigeration is not available at camp locations. Lunches should be packed in a cooler or a lunch bag with an ice pack.

Refunds will only be issued for medical reasons, which prevent continued participation.

If you have questions or concerns, please call the Coordinators in your district and they will be happy to assist you. We hope that our program meets your expectations and that you and your children have a truly Super Summer!

Sincerely,

Doug Meadows, Division Chief

Mary Lou Johnson, Recreation Supervisor

SUPER SUMMER CAMP RULES AND REGULATIONS

1. Children must not be dropped off prior to 9:00 a.m.
2. Children must be picked up by 4:00 p.m.
3. No weapons!! (toy guns and "look-alikes" included)
4. No fighting or pushing!
5. No spitting, teasing, name-calling or foul language.
6. No non-prescription drugs, illegal substances, tobacco, or alcohol permitted.
7. Children may not share snacks or lunch.
8. No skateboards, roller skates or roller blades.
9. No bikes! Exception: transportation to camp with proper approval.
10. No fraternization (no kissing or hugging.)
11. Cell phones are allowed for emergency purpose.
12. No refunds will be given if a child is suspended on a day of a field trip.
13. Disrespect to staff will not be tolerated.
14. Disruptive children will be dismissed from camp (parents will be called to pick up child.)
15. Continued disruption will result in expulsion.
16. Criminal acts will be dealt with accordingly (i.e. - shoplifting, stealing, vandalism / destruction of property, etc.).
17. Staff is not responsible for children's money or personal belongings. Items such as cell phone, Ipods, Gameboys, cd's/disc players, etc. are brought at your own risk. Personal gaming devices/equipment will only be allowed for play during designated times. **NOTE:** Campers must be responsible for their belongings and should **NOT** share with others, as some parents may feel some games and music is not suitable for their children.
18. Children must eat in designated areas and should not share with other campers.
19. Children must wear athletic shoes! Exception: May wear flip-flops or sandals when going on a water trip. (No Bare Feet)
20. All camp participants must wear their summer camp T-shirt on trips, appropriate clothing on other days and swimsuits on swim days.
21. Campers will be required to pass a swim test (must be able to swim the width of the pool without stopping and/or touching the bottom). **NO** Back Flips permitted!
22. You must sign your child in upon arrival and sign them out upon departure from camp each day. Exception: Unless child has permission from parent or guardian to sign themselves in upon arrival or out upon departure.
23. Please review section on Handling Discipline Problems.

**SERIOUS ACTS OF MISBEHAVIOR = SERIOUS CONSEQUENCES
DON'T LET THIS HAPPEN TO YOU! THINK BEFORE YOU ACT!!**

SUPER SUMMER CAMP

HANDLING DISCIPLINE PROBLEMS

Discipline for children may range from a 15-minute time out period to permanent suspension. Parents will be notified of all disciplinary problems and procedures either by phone, onsite conference and/or written notification.

I. Time Out

Camper will be subject to a 15 - 30 minute time out period and either phone and/or a letter will notify parents. An onsite conference is warranted.

- A. Camper fails to comply with rules, regulations and procedures and has been verbally warned two or more times.
 1. First **Written** Warning: 15-minute time out.
 2. Second **Written** Warning: 30-minute time out.

II. In Camp Suspension (ICS)

This procedure will allow campers to be disciplined by remaining at the campsite for an extended time out period. During this period, the camper will **not** be allowed to participate in daily activities; however, camper will be placed in a nearby area, and will be given educational activities such as writing, reading, drawing, word search, etc. If ICS falls on a trip day, camper will be assigned to stay with the camp director for the duration of suspension. A parent/child/director/administrative staff conference is warranted.

- A. Camper continues to be defiant of rules, regulations, and procedures, has received three or more 15-30 minute time out periods, and/or has received three or more written warnings. Parents will be notified either by phone and/or a letter. An onsite conference is warranted.
 1. Discipline will range from one hour to a full day of ICS.

*In the event a camper fails to comply with rules, regulations and procedures while placed in ICS, camper will be subject to **Suspension**.
(See Suspension Section)*

III. Suspension

Camper will be subject to two or more days of suspension. Parents will be notified by both phone and a follow up letter. Parent/child/director/administrative staff conference is warranted.

- A. Camper **continues** to be defiant of rules, regulations, and procedures and/or has received multiple timeout periods and/or two or more ICS.
 1. First and/or Second Suspension: 2 to 3 days.
 2. Third Suspension: 5 days, with possible permanent suspension, providing outcome of conference.

IV. Immediate/Permanent Suspension

Camper will be subject to removal from the campsite at once. Parents and/or guardians are required to pick-up the child immediately. An immediate phone call and a follow-up letter will notify parents. Parent/child/director/administrative staff conference is warranted.

- A. Camper displays gross defiance of rules, regulations and procedures. (Fighting, drugs, weapons, and shoplifting/stealing).
 1. Discipline will range from one week to **Permanent Suspension** providing outcome of conference.

NOTE: If suspension and/or immediate suspension date(s) includes and/or occurs on a trip day, camper will not be allowed to attend, and NO money will be refunded!

SUPER SUMMER FIELD TRIP RULES

Parents, please go over the following rules and information with your child.

RULES:

Children must follow **ALL** rules and regulations governing trip procedures.

1. Children must listen to Camp Directors at all times.
2. Answer "**HERE**" and raise hand to roll call (attendance check).
3. Campers should be quiet during attendance check unless name is called.
4. No loud talking or foul language on the bus.
5. No standing or walking while the bus is in motion.
6. No throwing objects on the bus or from the bus windows.
7. Do not place hands out the window.
8. No eating on the bus.
9. Do not leave trash on the bus.
10. Must keep hands to themselves.
11. Must travel in groups of 2 or more and stay with the Camp Directors (the buddy system). Always check for the person you have been assigned to walk with.
12. Trip wristbands must be worn through the duration of the trip. Removal of wristband will result in disciplinary procedures. (See Disciplinary Section)
13. No shoplifting. Shoplifting will result in disciplinary procedures.
14. Children **must** report **ON** time for check-in and departure. Children should report to Camp Location at 9:00 a.m. on all trip days unless otherwise informed.

INFORMATION:

The danger of child abduction:

- A. Many teens/children are lured away from shopping malls and other places by child abductors.
- B. Child abductors may use tactics such as promising teens/children candy, money, T.V. ads, jobs, etc.
- C. Teens, children and adults may let their guard down when offered money.

OTHER IMPORTANT TRIP INFORMATION

TRIP LOCATION PICK-UP:

In order to pick-up a camper from a trip location, the following procedures are necessary. A written request must be submit to the **Camp Director**, three working days prior to trip day! (See "**FORM**" in packet or pick up from Camp Director). This written request **must** include the following information: current date, camper's name, trip location and date, reason for trip location pick-up, approximate time of pick-up, parent home and work phone numbers, the name of the person(s) who will be picking up the camper, and a parent signature. **NOTE:** Parents **must** see **Camp Director** and an **Area Supervisor** before taking the camper from a trip site.

TRIP WRISTBANDS:

Safety **Trip Wristbands** must be worn through the duration of the trip. Wristbands should **NOT** be **REMOVED** until camp directors give permission to remove. Removal of wristbands will only be permitted when campers have returned to camp location. If a wristband comes off by default, camper must immediately ask Camp Director for a replacement. If wristbands are removed intentionally, camper will be subject to an **immediate trip suspension**.

NOTE: Campers **must** bring **Paper Bag** lunches on field trips. **No Coolers Please! Disposable Items Only!!** Remember teens will have to carry leftover items with them for the remainder of the trip.

SUPER SUMMER TRIPS AT A GLANCE

WEEK 1

June 21st
June 22nd
June 23rd
June 24th Chesapeake Water Park
June 25th Breezy Point Beach

WEEK 2

June 28th Skate Zone
June 29th Pat Robinson
June 30th
July 1st
July 2nd

WEEK 3

July 5th CLOSED
July 6th
July 7th
July 8th Cove Point Pool
July 9th

WEEK 4

July 12th
July 13th
July 14th
July 15th Six Flag
July 16th

WEEK 5

July 19th
July 20th Cove Point Pool
July 21st
July 22nd
July 23rd Calvert Theater

WEEK 6

July 26th
July 27th
July 28th
July 29th Chesapeake Water Park
July 30th

TRIP WRISTBANDS

Safety **Trip Wristbands** must be worn through the duration of the trip. Wristbands should **NOT** be **REMOVED** until camp directors give permission to remove. Removal of wristbands will only be permitted when campers have returned to camp location. If a wristband comes off by default, camper must immediately ask Camp Director for a replacement. If wristbands are removed intentionally, camper will be subject to an **immediate trip suspension.**

SUMMER CAMP LOCATIONS

NORTHERN DISTRICT: (410) 257-2554

Recreation Coordinator.....Robert Branham
Assistant Recreation Coordinator.....Paul Lundberg

Super Summer Camps
Windy Hill Elementary School

Pre-Teen Camps
Plum Point Middle School
Windy Hill Middle School

Teens on the Move
Northeast Community Center

CENTRAL DISTRICT: (410) 257-6770

Recreation Coordinator.....Doris Holland
Assistant Recreation Coordinator.....Michelle Wood-Stanley

Cool Kids Tots Camp
Mt. Hope Community Center

Super Summer Camp
Plum Point Elementary School

Cool Kids Camp
Mt. Harmony Elementary School

Teens on the Move
Mt. Hope Community Center

SOUTHERN DISTRICT: (410) 586-1101

Recreation Coordinator.....Diane Holloway
Assistant Recreation Coordinator.....Sandy Abell

Cool Kids Sports Camp
St. Leonard Elementary School

Cool Kids Camps
Appeal Elementary School
Patuxent Elementary School
Calvert Middle School

Cool Kids Tots Camp
Southern Community Center

SUMMER CAMP TRIP PICK UP FORM

(MUST BE SUBMITTED NO LATER THAN 3 DAYS PRIOR TO TRIP)

Name of child: _____

Camp Location: _____

Trip Location: _____

Trip Date: _____

Approximate Time of Trip: _____

Reason for Trip Location Pick Up: _____

Name of individual picking up child and phone number:

(Print Name)

(Phone Number)

Parent's Home Phone Number: _____

Parent's Work Phone Number: _____

Parent's Cell Phone Number: _____

Printed Name of Parent: _____

Signature of Parent: _____

Date: _____

Summer Camp Trips

Calvert County Parks and Recreation

Background Screen Consent and Release Form

(Please print clearly)

Applicant's Name: _____

Social Security Number: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Phone: _____

I hereby release the Calvert County Parks and Recreation Department from any liability resulting from a background screen administered by Southeastern Security Consultants, Inc.

I, _____, give consent for Calvert County Parks and Recreation to obtain information regarding myself including a social security verification, address trace, statewide criminal record check, nationwide criminal record check, and sex offender registry record check.

I authorize this information to be obtained either in writing, electronic transmission, or via telephone in connection with my volunteer application. Any person, firm, or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance.

Further, I understand that it is the policy of Calvert County Parks and Recreation that any youth activity volunteer with care, custody or control of children shall submit to a background screen immediately upon application for volunteership and annually thereafter as long as that individual is a registered volunteer.

Print Name: _____

Signature: _____

Date: _____

Organization: _____

Camper Name: _____

Camp Location: _____

Trip Title & Date: _____

Super Summer Camp "2010" Checklist

I _____ understand that by signing and returning this document that I have carefully and completely read and agree to the following:

- I have read completely and understand the rules and regulations regarding summer camp.
- I have discussed the rules and regulations and explained their ramifications to my child/children who will be attending the camp.
- I understand that all requested medical, immunization, and all related camp information / paperwork **must** be supplied and completed **at the time of registration**.

My child:

- will not** require prescription medication while attending camp.
- will** require prescription medication while attending camp and,
- I understand that all medical forms will be completed before the start of camp.
- I will follow the Maryland State Certification guidelines regarding prescription medication for my child/children. I understand that certification includes that any prescription sent to camp for my child/children **MUST BE IN THE ORIGINAL CONTAINER FROM THE PHARMACIST and ONLY A SINGLE DAY'S SUPPLY OF MEDICATION IS PERMITTED TO BE SENT TO CAMP DAILY PER CHILD.**

- My child will be dropped off (signed in) and picked up (signed out) by an authorized adult at the appropriate times.
 - Before Care: Between 6:30 a.m. and 9:00 a.m.
 - Camp Only: Between 9:00 a.m. and 4:00 p.m.
 - After Care: Between 4:00 p.m. and 6:30 p.m.

My Child's T-Shirt Size is:

- | | |
|---|---|
| <input type="checkbox"/> Youth Small () | <input type="checkbox"/> Adult Medium () |
| <input type="checkbox"/> Youth Medium () | <input type="checkbox"/> Adult Large () |
| <input type="checkbox"/> Youth Large () | <input type="checkbox"/> Adult X-Large () |
| <input type="checkbox"/> Adult Small () | <input type="checkbox"/> Adult XX-Large () |

- I understand that CCPR is not responsible for items my child/children bring to camp.
- I understand that I am responsible for providing appropriate materials and supplies for field trips as directed (example: Bag lunches only. No coolers!). Child must wear appropriate clothing and footwear when attending camp. See camp information packet for details.
- Please have staff apply sunscreen to my child if necessary.
- My child may attend an "Appropriate PG" rated movie if a "G" rated movie is not available.
- My child can swim and can pass the required swim test. Swim test – Must be able to swim the entire width of the pool without stopping and/or touching the bottom.
- In the event of any informational changes I will notify CCPR staff immediately.

By signing below I signify that I agree to follow, abide, and adhere to all camp rules and regulations at all times.

Child's Name _____

Camp Location _____

Guardian's Signature _____ Date _____

****CCPR Staff Signature _____ Date _____****

SUMMER CAMP PROGRAM
CHILD REGISTRATION AND
MEDICAL / IMMUNIZATION RECORD

Camp Location: _____

Child Name: _____ **Date of Birth:** _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent/Guardian Name: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Parent/Guardian Name: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Emergency Contact: (Not Listed Above)

Name: _____ **Relation:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Name: _____ **Relation:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Date of last tetanus immunization: (Month/Year format) _____

Pertinent information on any significant medical problem: _____

Primary Physician: _____ **Phone:** _____

Is camper missing any immunization because of medical contraindication or exemption by religious belief? Yes ___ **No** ___

Is child enrolled in a Maryland school? Yes ___ **No** ___ **If "yes" what is the name of the school?** _____

If camper is not registered in a Maryland school, you must furnish the Division of Parks and Recreation required records of immunization, contraindication statement from child's physician or exemption by religious belief statement before child can be admitted to the program.

SEE BACK>>>>>

WAIVER RELEASE

I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL ACTIVITIES AND ATTEND ALL TRIPS SPONSORED BY THE CALVERT COUNTY DIVISION OF PARKS AND RECREATION. IN CONSIDERATION OF THE DIVISION'S ACCEPTING MY CHILD INTO THIS PROGRAM, I AGREE TO WAIVE AND FOREVER DISCHARGE CALVERT COUNTY, ITS EMPLOYEES AND AGENTS HARMLESS OF & FROM ANY INJURIES SUSTAINED BY MY CHILD WHICH OCCURS WHILE ENROUTE TO OR FROM OR PARTICIPATING IN ANY ACTIVITY SPONSORED BY THE AFOREMENTIONED PARTIES.

NOTE: This release does not obligate your child to attend any or all scheduled trips or activities.

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGN OUT RELEASE

UPON DROPPING OFF AND PICKING UP MY CHILD FROM THE CAMP, I AGREE TO INFORM THE DIRECTOR AND SIGN THE APPROPRIATE FORM, INCLUDING DATE AND TIME I DROPPED OFF AND PICKED UP MY CHILD. IN THE EVENT, I AM UNABLE TO PICK UP MY CHILD, I AGREE TO CALL THE SCHOOL/ CENTER AND INFORM THE DIRECTOR WITH THE NAME OF THE INDIVIDUAL I AUTHORIZE TO PICK UP MY CHILD. I AGREE TO PROVIDE THE PARKS AND RECREATION DIVISION WITH THE NAMES OF INDIVIDUALS I AUTHORIZE TO PICK UP MY CHILD WHEN I AM UNABLE TO DO SO MYSELF. (SEE NAMES LISTED BELOW.) I REALIZE IT IS MY RESPONSIBILITY TO KEEP THIS LIST UPDATED AND ACCURATE.

SIGNATURE OF PARENT OR GUARDIAN

DATE

CHILD'S WALK/RIDE BIKE/SIGN-OUT PERMISSION RELEASE

I GIVE MY CHILD PERMISSION TO WALK AND/OR RIDE HIS/HER BIKE TO AND FROM THE CAMP SITE AND PERMISSION TO SIGN HIM/HER SELF IN AND OUT OF CAMP EACH DAY.

NOTE: CALVERT COUNTY PARKS AND RECREATION CAN NOT BE HELD ACCOUNTABLE ONCE YOUR CHILD HAS SIGNED OUT!

SIGNATURE OF PARENT OR GUARDIAN

DATE

AUTHORIZED PERSONS FOR PICK-UP

NAME	PHONE NUMBERS
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

UNAUTHORIZED PERSONS FOR PICK-UP

NAME	PHONE NUMBERS
1. _____	_____
2. _____	_____

Please notify Parks and Recreation Staff of any changes or additions immediately.

-----OFFICIAL USE ONLY-----

DATE RECEIVED: _____ STAFF INITIALS: _____

SUMMER CAMP PROGRAM ADMINISTERING MEDICATION

1. When the Parks and Recreation Division allow a staff member to supervise the taking of prescription or nonprescription medication by a child, the staff member may do so only with prior written authorization from the child's parent.
2. The parent's authorization includes the:
 - Child's name
 - Parent's signature and date signed
 - Identity of the medication and dosage for the child
 - Dates on which the medication is to be administered
 - Time to administer the medication or the conditions for which the medication is to be administered
 - Parents should instruct the child as to how and why they are taking the medication and also explain to the child that they should be able to recognize their medication.
3. Prescription medication is labeled by the pharmacy or physician with the child's name, and an expiration date that indicates that the medication is still usable.
4. At least one dose of a prescription medicine has been given to the child at home.
5. The amount, date, and time of administration, and who supervised the taking of the medication by the child in the center, is recorded in the child's personal records.
6. Prescription medication may only be administered according to a licensed health practitioner's written instructions or the instructions on the label on the medication.
7. Only one dose of a prescription medication may be administered unless a licensed health practitioner approves the administration of the prescription medication and the additional dosage.
8. Staff shall store all medications safely and properly in a manner that ensures that they will be inaccessible to children, labeled with the child's name, the drug dosage, and expiration date.
9. Staff shall discard medication or return it to the child's parent upon the expiration date or when it no longer is to be administered.
10. Only one dosage of medication in the original container may be sent with the camper each day. Container will be sent home with the camper each day.

**CALVERT COUNTY DIVISION OF PARKS AND RECREATION
AUTHORIZATION FOR PRESCRIPTION MEDICATION**

Does the child require prescription medication during summer camp hours? ____ Yes ____ No
If YES, child's physician MUST complete the following:

Camp: _____

Child's Name: _____

a.) Condition: _____

Medication: _____

Dosage / Schedule: _____

Special Instructions: _____

Side Effects / Toxic Effects: _____

b.) Condition: _____

Medication: _____

Dosage / Schedule: _____

Special Instructions: _____

Side Effects / Toxic Effects: _____

Only those medications prescribed and listed by the physician will be accepted. Medications must be in the original pharmaceutical container and labeled with the camper's name, name of medication, dosage, schedule, prescription number, date filled, and prescribing physician's name.

Date of Order: _____ Duration of Order: _____
(If duration is less than current camp program, renewal of order may be necessary.)

I hereby authorize the camp staff to dispense these medications as prescribed.

Printed Name of Physician

Phone Number

Signature of Physician

Date

***CALVERT COUNTY DIVISION OF PARKS AND RECREATION
MEDICATION RELEASE FORM***

**PARENT OR LEGAL GUARDIAN: PLEASE COMPLETE AND SIGN IF
THE CAMPER REQUIRES MEDICATION DURING CAMP HOURS.**

I, _____, the parent/guardian of _____
hereby request that identified members of the camp staff be caretakers of medication and
administrators of prescribed medication for the camper named above and as prescribed by
my physician

Physician's Name

Physician's Phone Number

I understand that members of the camp staff will be instructed to take any medication
from the camper upon arrival at the camp and secure it in a safe location.

I understand that at a prescribed time, a staff member will retrieve the medication and
hand it to the camper in the container. The staff member will then watch the camper take
the medication.

I also understand that the staff who will administer this medication are medically
untrained. I hereby state, without reservation that I will not hold the Calvert County
Division of Parks and Recreation, or any of their employees and volunteers liable for any
harm or injury which may be incurred by the camper in connection with this medical
assistance, or damage/loss of medical equipment.

Signature of Parent/Guardian

Date