

Cabarrus County Active Living and Parks Dept.

2016

Cabarrus County Discovery Day Camp

- Registration will begin February 15th.
- Your paid registration is your confirmation for the week(s) that you are registered.
- You may register at www.cabarruscounty.us/register
- After registration you will receive by email a copy of the parent handbook along with instructions on what needs to be returned.

Camp Dates are Monday, June 13, 2016 – Friday, August 12, 2016
Camp Hours are 7:00 am – 6:00 pm; Camp will be closed Monday, July 4, 2016
Camp Ages are 6 – 12 (you must turn 6 by August 1)

Registration Fees:

\$ 100.00 per week from February 15 – March 31, 2016
\$ 110.00 per week from April 1 – April 30, 2016
\$ 120.00 per week from May 1 – May 31, 2016
\$ 130.00 per week beginning June 1, 2016

All fees are based on the date you pay not the date you register for a given week. If you are uncertain about your vacation week you may register for 8 weeks. Once you finalize your vacation plans we can move the weeks registered manually to fit your schedule.

VISA and MasterCard are accepted.

Refunds: Will be provided less 25% processing fee. All refund requests must be sent in writing to the Program Supervisor prior to being submitted to the Active Living and Parks Department Director.

Contact: Ben Sharpe, Park Program Supervisor; 704-920-2702 or brsharpe@cabarruscounty.us
Perry G

Register Online

www.cabarruscounty.us/register

Cabarrus County Discovery Day Camp 2016

General Information

The 2016 Discovery Day Camp at Frank Liske Park is coming soon. We will continue to have the same great fun of our traditional day camp. This year's camp will include many outdoor discovery opportunities. Campers may register for a single week or all 9 weeks.

Camper drop off begins each day at 7:00 am and all campers must be picked up no later than 6:00 pm. Camp begins Monday June 13 and ends Friday August 12. This year's camp staff will again include many returning staffers from previous years.

Some of the 2016 camp highlights include trips for swimming, bowling, our other parks and much more. This year we will center all of our education on the great outdoors through Project WET, WILD, and Project Learning Tree. Campers will also become hunters of treasure through learning to geocache and how to track animals. We will have additional organizations coming to camp bringing their educational experiences as well.

Miscellaneous

Program fees include all activities and field trips. However, some trips that might be planned after the beginning of camp could require an additional payment.

Parents Night

There will be a Parents meeting Tuesday May 31st at 6:00pm. It will be located in the Upper Level of the Barn at Frank Liske Park. You will receive the Pick-up Cards, last minute details/instructions, and the 1st week's calendar of events.

Participant Forms

The following forms must be completed, and returned no later than June 8th, 2015.

- Day Camp Consent Form
- Physician's Authorization of Prescription and Non-Prescription Medication
- Camper Facts
- Discipline Policy
- Policy for Late Pick-up

The Waiver form that requires a Notary of the Public or signed by an Active Living and Parks (ALPs) Staff Member any time in their office or at the Parents Meeting on Tuesday May 31st. The waiver must be signed by the Parent/Guardian in front of the ALPs Staff Member and not before.

Clothing and Personal Belongings

Please send your camper dressed in cool, comfortable clothes, socks and tennis shoes that **CAN GET DIRTY**. **Flip-flops/sandals are not allowed at camp**. Make sure all clothing is labeled with camper's name.

Cabarrus County Active Living and Parks Dept.

PO Box 707

Concord NC 28026-0707

www.cabarruscounty.us/activelivingandparks

Administrative Office: 704-920-3484

Ben Sharpe: Park Program Supervisor, (CCALP Staff Contact) 704-920-2702; brsharpe@cabarruscounty.us

2016 Cabarrus County Discovery Camp Guidelines, Procedures, & General Information

- Day camp may be used as a daycare deduction. Our Federal Tax ID # is 56-6000281.
- Refunds are processed for any cancellation less a 25% processing fee.
- Campers must be dropped off and picked up at the barn facility everyday. No camper may be dropped off or picked up from the parking lot. A "sign-in/out" sheet must be completed daily.
- "Pick-up" cards will be distributed to each parent/guardian at the "Parents Night" meeting. These cards must be used when picking up your camper.
- Campers will not be allowed to leave the site during operating hours without written permission of a parent/guardian. To make other arrangements, call the Parks Program Supervisor at the number listed above.
- Campers may bring 2 snacks, a bag lunch and drink daily unless notified of special lunch plans.
- There will be a mid-morning and mid-afternoon snack break daily. Vending machines (drinks, candy bars, chips, etc.) are available or you may send snacks with your camper.
- Comfortable clothing should be worn at all times. Campers are engaged in active, outdoor activities and arts and crafts. Sneakers or an equivalent type of shoe is required. No flip flops or sandals. Campers should wear or bring socks on days when bowling trips are planned.
- Hats, caps, and sunscreen are recommended.
- Cell phones, iPods, tablet devices, video games, and such items are subject to theft and are not allowed at camp. We are not responsible for lost or stolen items.
- You will be informed of the destination and additional information and/or items needed prior to all field trips.
- On "Parents' Night" you will receive the following: Pick up Cards, Last Minute Details/Instructions, and Calendar for Week 1.
- Rosters for each camp week is updated daily and distributed to the camp staff on Friday prior to the week of camp. Online registration for camp will end at 11:59pm Wednesday prior to that week of camp. Register online at www.cabarruscounty.us/reservepartner

2016 Cabarrus County Discovery Camp

Discipline & Behavior Management Policy

The camp is designed for all campers and camp staff to enjoy activities and programs that will stretch their imagination, creativity, and bodies in a fun, recreational setting. To achieve that will take the best effort of all involved –campers, camp staff, parent/guardians, and Active Living and Parks Dept. staff.

Our preferred method of behavior management is positive reinforcement. Our camp staff will practice the following:

- Encouraging and praising appropriate behavior.
- Modeling appropriate behavior
- Listening to campers
- Respecting the feelings of campers
- Preventing problems before they occur

Our camp staff will not:

- Physically discipline campers
- Allow campers to mistreat others
- Relate discipline to food or rest
- Allow any abusive language, weapons, etc.

Inappropriate behavior affects everyone and, therefore, will be dealt with immediately. Any/all inappropriate behavior will be dealt with through the following steps:

1. **First Occurrence:** Removal from activity/program; discussion with staff; note to parents/guardians.
2. **Second Occurrence:** Removal from activity; immediate phone call to parents/guardians.
3. **Third Occurrence:** Camper must be picked up immediately, regardless of location.
4. **Fourth Occurrence:** Dismissal from camp with no return for remainder of the summer. **NO REFUNDS WILL BE GIVEN.**
5. If the action deems immediate removal from the camp with no warning, the parent/guardian will be called to pick up camper immediately.

I have read and discussed this Discipline & Behavior Management Policy with my camper(s) and we are in agreement that it will be followed.

Parent/Guardian Signature

Date

Campers Signature

Date

2016 Cabarrus County Outdoor Discovery Camp

Policy for Late Pick - Up

We have developed a pricing schedule for campers who are picked up after the 6:00 p.m. closing time. We do understand that special circumstances will arise, however, we feel that this schedule is fair to all involved – parents, camp staff and campers, and is as follows:

<u>Amount Charged per Camper</u>	<u>Time of Pick-up</u>
No Charge	Pick up by 6:15 p.m.
\$10.00	Pick up between 6:16 and 6:20 p.m.
\$15.00	Pick up between 6:21 and 6:25 p.m.
\$20.00	Pick up between 6:26 and 6:30 p.m.
\$30.00	Pick up between 6:31 and 6:35 p.m.
\$40.00	Pick up between 6:36 and 6:40 p.m.

There is a \$10.00 charge for every 5 additional minutes after 6:41 p.m.

Your camper will never be left at camp alone. A member of the Day Camp Staff will always be present until you arrive. Payment must be received when your camper is picked up or a late fee of \$10.00 will be charged.

Parent's Signature

Date

2016 Discovery Day Camp Consent Form

Participant's Name: _____ Nickname: _____

Current School _____ Current Grade Level _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Home Phone # _____

Father's Name _____

Address _____ City _____ State _____ Zip _____

Employer _____

Home Phone # _____ Work Phone # _____ Other # _____

Email Address _____

Mother's Name _____

Address _____ City _____ State _____ Zip _____

Employer _____

Home Phone # _____ Work Phone # _____ Other # _____

Email Address _____

Family Medical Insurance:

Carrier _____ Group _____

Policy # _____ Group _____ ID# _____

Medical Information:

Family Physician's Name _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Alternate Phone # _____

Allergies (list): _____

List any infirmities or physical conditions that could limit the camper's participation in this program:

Record of vaccinations and dates:

DTP* _____ Rubella _____ TD or Tetanus _____

Mumps _____ Polio, Oral* _____ Rubella _____

***Required by State Law F.S. 130-87 (B) requires measles vaccine to be on or after first birthday.**

Emergency Contact Name _____ Phone Number _____

Emergency Contact Name _____ Phone Number _____

Names and Phone Numbers of Persons who are allowed to pick up your Camper:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Cabarrus County Discovery Day Camp Waivers

Name of Camper: _____

Day Camp Liability Waiver

The parent/guardian gives consent for participation and waiver of liability for the above child while participating in Discovery Day Camp. The undersigned does hereby release and hold harmless Cabarrus County and its employees and agents from any and all liability arising out of the child's participation in camp. It is expressly agreed and understood that this release constitutes a full and complete discharge of said parties from any and all claims or demands asserted or which could be asserted as a result of the child's participation in Camp. The child has permission to participate in all field trips within the program day unless otherwise specified in writing by the parent/guardian. Cabarrus County is hereby granted authority to take still pictures or videos of the participants in appropriate recreational settings for the duration of the program to use for informational purposes by the County.

Authorization for Medical Care

I hereby authorize emergency medical care for this child during attendance at camp, if in the judgment of the staff; treatment is required for any injury or illness. I hereby authorize the administering of anesthetics and recourse or other procedures deemed necessary by the attending physician. I understand that whenever possible, I will be notified prior to medical treatment of my child. I understand that I will be notified at the earliest possible time should prior notice prove impossible. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf.

My physician of choice is: _____
Office/Clinic: _____
Phone Number: _____
Hospital Preference: _____

Image Release

In consideration of _____, my minor child/ward being allowed to participate in any way in the Discovery Day Camp, related events and activities, the undersigned agrees that such participant's likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the day camp program.

My signature here denotes my verification, agreement and/or consent for the statements contained in the liability waiver, medical treatment, and image release as stated above on this form.

Signed (Parent/Guardian) _____ Date _____

Sworn to and subscribed before me this _____ day of _____, of _____
(date) (month) (year)

(Official Seal) Notary Public: _____
Expiration Date: _____

OR WITNESSED BY:

ALP Staff: (print) _____ Title: _____

ALP Staff: (signature) _____ Date: _____

Cabarrus County Active Living and Parks Department
2016 Discovery Day Camp

Physician's Authorization of Prescription and Non-Prescription Medication

Name of Child _____ **Birth Date** _____

In order to keep this child in optimum health and to help maintain maximum performance and sustain attendance, it is necessary that medication be given during day camp hours.

Medication _____ **Color of medication** _____
(Include trade name)

Medication to be given is circled below:

Tablet Ointment Capsule Inhalation Liquid

Other (specify) _____

Dosage (amount to be given) _____

Times medication to be given: AM _____ PM _____ To be given from (date) _____ to _____

Side effects (expected or predictable) _____

Child's parent knows of this request and is in full agreement that this medication will be supplied as needed. Should the camper manifest any of the following symptoms caused by the medication, please contact the parent.

Contraindications for Administration _____

Physician's Signature _____ Date _____

Parent's Permission

I hereby give my permission for my child (named above) to receive medication during day camp hours. I understand that Cabarrus County undertakes no responsibility for the administration of the medication. This medication has been prescribed by a licensed physician. I hereby release Cabarrus County, its agents and employees, from any and all liability that may result from my child taking prescription and non-prescription medication.

Parent's/Guardian's Signature _____ Telephone Number _____ Date _____

(ALP Dept. Use Only)

Name and Title of Person to Administer Drug _____

Approved by _____
Program Supervisor's Signature _____ Date _____

2016 Cabarrus County Discovery Day Camp

Camper Facts

Camper's Name _____

Age _____ Birth Date _____

Likes _____

Dislikes _____

Any Behavioral Problems _____

Sensitive Subjects _____

Allergies: Foods _____

Medications _____

Insects, etc. _____

Anything else day camp staff should know about your camper
