

Brunswick County



Summer Camp 2010

Handbook

*Made possible through Communities In Schools and
Brunswick County Parks and Recreation
with help from the National Inclusion Project.*



BRUNSWICK COUNTY SUMMER CAMP MISSION

The goal of the Communities In Schools After School and Summer Camp programs is to champion the connection of needed community resources with schools to help young people learn, stay in school and prepare for life. The Brunswick County Summer Camp is committed to providing an environment for children that is not just fun, but will aid in the development of positive character traits. Our staff embraces the values of CARING, HONESTY, RESPECT and RESPONSIBILITY. These values extend into all areas of your child's life, giving them self-assurance and maturity. We are confident that our camp programs will foster in your child an improved understanding of the benefits to be gained through these areas.

CONTACT NUMBERS

If you have any questions or concerns, please contact:

- The appropriate After School Site (see below)
- Janet Baldree, CIS After School Operations Coordinator, at (910) 371-3182 or
- Kathy Smith, CIS After School Director, at (910) 754-9515.

2009 SUMMER CAMP LOCATIONS

Location of camps may change according to the needs of Brunswick County Schools. Parents will be notified in advance of any changes in program location as soon as possible.

SCHOOL & ADDRESS	AFTER SCHOOL SITE PHONE	SCHOOL PHONE & FAX
Belville Elementary (PK-5) 575 River Road Leland, NC 28451	371-2245	Phone 371-0601 Fax 371-0063
Southport Elementary (PK-5) 701 West 9 th Street Southport, NC 28461	454-9848	Phone 457-6036 Fax 457-6042
Supply Elementary (PK-5) 51 Benton Road, SE Supply, NC 28462	754-5392	Phone 754-7644 Fax 754-3112
Jessie Mae Monroe Elementary School 250 Pea Landing Rd, Ash, NC 28420	287-4622	Phone 287-4622 Fax 287-4027

FINANCIAL PROCEDURES

SUMMER CAMP FEES

(Subject to change with notice.)

- Registration fee: \$15.00 per child for all enrollees.
- **Please make all checks payable to: CIS-“Program Location”. (Example: CIS-Belville)**
Please write the student’s name on the MEMO line of the check.
- Fees are due each Monday or on the first day your child attends the program.
- Returned checks will be charged a fee of \$15.00 and must be paid before child can return to program. If the returning of checks becomes an issue, checks will no longer be accepted from the individual. In the event fees are not paid or are habitually late, the site manager will notify the parent that DISMISSAL from the program will be necessary.
- Refunds or credits will not be given or issued under any circumstances.
- **In order to maintain a place in the program and to allow adequate staff and activities planning, one of the following enrollment/fee options must be selected at enrollment:**
 1. **Full Time: \$100 per week** – must commit to at least 8 of the 10 weeks the program runs, payment will be due whether present or absent. If desired, 2 of the 10 weeks may be taken as sick/vacation time without payment. Any additional weeks missed will be charged at the \$100 rate and must be paid prior to returning to the program. If 2 weeks or more are missed without payment, a \$15.00 re-enrollment fee must also be paid.
Sick/vacation time: Two weeks may be taken as optional sick/vacation time without charge; they must be taken as an entire week only and cannot be used on a daily basis.
Late Payment Fees: If payment is not received on the first day of the week your child attends the program, a \$5.00 **per day late fee** will be added to the weekly fee, until payment is made or child is terminated from the program.
 2. **Daily: \$60.00 per day** - paid upon attendance for students coming on an as-needed basis; full time rate does not apply even if the student attends for an entire week.
 3. **Weekly/ Flex: \$100.00 per week** - week(s) to be attended must be selected and **paid for in full at time of enrollment.** (Example: will attend weeks 2, 4, 8 & 10 - \$400 plus the \$15 registration fee is due upon enrollment.)
- **Rates:**

<u>Full Time or Weekly/Flex</u>	<u>Part-Time</u>
\$100.00 for 1 child/per week	\$60.00 per day
\$190.00 for 2 children (same family)/ per week	\$110.00 per day
\$280.00 for 3 children (same family)/per week	\$160.00 per day

Late Pick up Fees will be charged as follows if parents pick up children after 6:00 PM:

5-15 minutes	\$ 5.00
16-44 minutes late	\$10.00
45 + minutes late	If parent or emergency contacts cannot be reached, law enforcement and/or social services will be notified.

SUMMER CAMP STAFF

All staff has been carefully selected for their maturity, character and experience with children, special talents and creativity. All staff has been thoroughly screened with a complete background check. Children are placed in age appropriate groups and for every 15 children there will be one counselor. All staff receives training in camp programming, age appropriate activities, behavior management and emergency procedures.

GETTING READY FOR CAMP

Camp Hours: **7:00 a.m. until 6:00 p.m. - Monday-Friday**

Camp Begins: June 14, 2010

Camp Ends: August 20, 2010

ON SITE ACTIVITY SCHEDULE

7:00 a.m. Wake up Time, Movie or Quiet Games	12:30 p.m. Movie Time
8:00 a.m. Unity Time – Discussion of Activities	1:30 p.m. Bathroom Break
8:30 a.m. Bathroom Break and Snack Time	1:45 p.m. Activity Time
9:00 a.m. Activity Time	2:30 p.m. Bathroom Break
9:45 a.m. Bathroom Break	2:45 p.m. Reading Time
10:00 a.m. Outside/Center Time	3:15 p.m. Bathroom Break
10:45 a.m. Bathroom Break	3:30 p.m. Outside/Center Time
11:00 a.m. Reading Time	4:30 p.m. Bathroom Break
11:30 a.m. Bathroom Break	4:45 p.m. Reflections on Day
11:45 a.m. Lunch	5:30 p.m. Clean Up Time

Schedule may vary according to weather and fieldtrip activities.

ITEMS NEEDED FOR CAMP

Listed below are items your child will need for camp every day. **LABEL ALL ITEMS WITH CAMPER'S NAME AND AGE.** This information will allow us to return found items to the correct owner.

- One lunch, two drinks and one snack: Campers will need a non-perishable sack lunch each day, as well as, a snack for the morning. There is no refrigerator or microwave available. Due to hot weather and the possibility of dehydration, please avoid sending soft drinks.
- A water bottle: A labeled water bottle for those hot days.
- Appropriate clothing: No sandals or open-toe shoes. Tennis shoes and socks must be worn. A jacket or sweater may be needed on cool mornings. Camp activities are held both indoors and out. Dress to get messy!
- Sunscreens and insect repellants: Must be applied before coming to camp.
- A Great Attitude: Campers need to be prepared to have an active day. A good night's sleep and breakfast are essential for a healthy camper. Sports, games, songs, arts & crafts and much more will be offered during a regular camp day. Our goal is to keep everyone active and busy throughout the day.

ITEMS NOT TO BRING TO CAMP

The following items are not allowed at camp: knives or weapons of any kind (including chains); alcohol, drugs or tobacco products; expensive jewelry; personal video games; toys or card games; radio, tape or CD players; money (unless it is specifically allowed for field trips or special events). Please help us maintain a safe environment by not allowing your child to bring any of these items to the program. **Communities In Schools is not responsible for items brought to camp that are lost, stolen or broken.**

TELEPHONE POLICY

Emergency calls to campers should be done through the site manager. Typically, campers are not allowed to make calls from camp. In the cases where consultation is required with a parent or guardian, a site manager will accompany the camper to the phone where a call will be placed. On occasion, the site manager may call to discuss behavior or special circumstances.

CHILD PICK -UP PROCEDURE

The person picking up the child must sign the child out before the child will be released. Students will not be released to any person other than the individual(s) listed on the child's registration form.

Daily room clean up is part of our programming. Consistency, cooperation and your support are needed in the clean up. When picking up your child, please urge them to clean up, put things away and return games, supplies and equipment to their proper place before leaving.

We provide a variety of activities during the Brunswick County Summer Camp. If the program is away from the regular activity area at pick up time, a notice will be posted,

If a child is not picked up by the closing time of the program, the site manager will call the parent/guardian's home and/or work numbers. If a parent cannot be reached, the emergency contacts listed on the registration form will be called. If neither the parents/guardians nor emergency contacts can be reached within 45 minutes after closing time, law enforcement and/or social services will be notified. The site manager will notify the After School Operations Coordinator and the After School Director of the situation and remain with the child until the authorities arrive. Late pick up fees will apply and parents will be responsible for all costs incurred in emergencies.

EMERGENCY / ACCIDENT PROCEDURES

Parents are responsible for medical care in case of an accident involving a student, as Communities In Schools does not carry medical insurance on students in the After School program. Please contact school administration for more information on student accident insurance.

Parents of all children in the program are required to sign a medical release giving the After School Site Manager/Staff permission to seek medical attention for the child in case of an emergency. In case of an accident, the following procedures will be used:

- **A staff member will carry out immediate first aid for minor accidents and will notify parents when child is picked up that day.**
- In case of serious accidents, a staff member will notify the parents immediately.
- If the parent or designated person cannot be reached, the After School Site Manager/Staff will call the local emergency unit for treatment and/or to transport the child to the hospital for treatment. A staff member will remain at the hospital with the child until the parent or guardian arrives. Parents will be responsible for all costs incurred in emergencies.
- In case of family emergencies or change in scheduling (such as inclement weather, etc.) during the Summer Camp program, please notify the site manager.

HEALTH POLICY

Brunswick Summer Camps are equipped to care only for children who are in good health. Children may NOT attend the program if they exhibit any of the following symptoms:

- Vomiting or diarrhea
- Severe nasal or eye discharge
- An unidentified rash
- Contagious disease (chicken pox, measles, lice)

If a child is prescribed antibiotics, the child must be on the medication for at least 24 hours before returning to the camp program. If your child has a communicable disease, please notify the camp director as soon as possible.

Your child can return to camp when:

- A temperature is steadily below 100 degrees for 24 hours without medication. An infection has been diagnosed and the child has been on antibiotics for 24 hours or it has been 24 hours since the 3 last episode of vomiting or diarrhea.
- Nasal discharge is not thick, yellow or green.
- A rash has subsided, or a physician has determined that it is not contagious.
- Head lice/nits have been treated and there is no sign of them.

CODE OF CONDUCT

The After School program prohibits the following activities and violation may result in immediate dismissal from the program and or penalty imposed by Brunswick County Schools.

- Possession and/or use of alcoholic beverages and/or illegal drugs or being present where drug activity is occurring
- Possession and/or use of tobacco products or being present where individuals are using tobacco products
- Possession of weapons or firearms
- Vulgar language, fighting or any violent actions toward fellow students, program staff members, guest speakers, or volunteers and tutors
- Running away from the program
- Public display of affection
- Vandalism or destruction of Brunswick County School/Communities In Schools property or property of others.

DISCIPLINE PLAN

The program's philosophy of discipline is based on respect for the child's self-esteem, setting reasonable limits and consequences, and encouraging increased self-discipline. Only constructive methods of discipline shall be used to promote good behavior. The staff will work with the child and strive to cooperate with parents to resolve any problems that may arise.

However, if a child's behavior consistently disrupts the flow of the program, physically or emotionally harms others, or otherwise conflicts with the program rules and guidelines, parents will be notified. After reports to the parents, one oral and one written, the child may be **SUSPENDED** from the program for a designated length of time.

In cases of severe behavior problems, parents may be called to pick up their child immediately and the child may be suspended at that time. **NOTE: NO FEES WILL BE REFUNDED UPON SUSPENSION OR DISMISSAL.** Staff will not be responsible for enforcing punishments placed on a child by parents for misbehavior at home.

SIGNATURE SECTION

**(The forms in this section must be completed and returned to the
After School /Summer Site Manager in order to be admitted to the program)**

2010

Student Name: _____ (please print)

Living Arrangements: (check one):

- | | | | |
|---------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother & Stepfather | <input type="checkbox"/> Father & Stepmother | <input type="checkbox"/> Mother Only |
| <input type="checkbox"/> Father Only | <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Other Relative(s) | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Institution | <input type="checkbox"/> Secure Detention | <input type="checkbox"/> Other _____ |

Parent Information:

Mother: _____ Father: _____

Guardian: _____

Mother's Employer: _____ Work Phone: _____

Mother's Home Phone: _____ Mother's Cell: _____

Father's Employer: _____ Work Phone: _____

Father's Home Phone: _____ Father's Cell: _____

Email Address: _____

Emergency Information:

Person to be notified in case of an emergency: _____

Relationship: _____

Phone 1: _____ Phone 2: _____ Phone 3: _____

Release Information:

Name and telephone numbers of individual(s) **ALLOWED** to pick-up your child:

Please list anyone **NOT ALLOWED** to Pick Up Your Child:

Student Medical Information:

Allergies/Physical Conditions: _____

Current Medication: _____

Doctor's Name: _____ **Phone:** _____

Student Insurance Information:

Medicaid #: _____

My child has insurance: Yes OR No (check one)

If yes - Insurance Company: _____

Phone #: _____ Policy #: _____

Policy Holder's Name: _____

IF NO - I understand that I am financially responsible for any expenses for medical care and/ or transportation incurred on my child's behalf while participating in the Brunswick County Summer Camp Summer program.

If you are interested in information about Health Check/Health Choice (free or low cost medical insurance for children) you may contact Brunswick County Health Department at 253-2268 - Mrs. Ann Bolen.

Does your child receive services through DSS of Brunswick County? If so, please list services below:
(This information will only be used to seek and apply for more county and grant funds. Your child's name will not be used.)

Student Name: _____

Parent/Guardian Signature: _____

Print Parent/Guardian Name: _____ **Date:** _____

Brunswick County Summer Camp Program

STUDENT/PARENT HANDBOOK ACKNOWLEDGEMENT FORM

I, _____, parent/guardian of
(Print Parent/Guardian Name)

_____, who attends the
(Print Student Name)

Communities In Schools/Brunswick County Parks and Recreation Summer program at

(Print Name of School/Site)

acknowledge that I have received a copy of the summer program student/parent handbook.

I have read it and I am willing to abide by the policies set forth therein.

Handbook Includes: Brunswick County Summer Camp Mission, Contact Numbers, Camp Locations, Financial Procedures, Summer Camp Staff, Hours of Camp Operation, Activity Schedule, Items Needed For Camp, Items Not To Bring To Camp, Telephone Policy, Child Pick-Up Procedures, Emergency/Accident Procedures, Health Policy, Code of Conduct, Discipline Plan, Registration and Permission Forms

Parent/Guardian Signature: _____ **Date:** _____

PARENTAL PERMISSION

In order for my child to receive the full benefits of this program, I grant my permission for the following:

- My child may attend fieldtrips with the Brunswick County Summer Camp program, operated by Communities In Schools and Brunswick County Parks and Recreation. I understand that my child may be traveling or walking to various sites within the community which may require him/her to be transported by a Brunswick County School vehicle, county vehicle or rental vehicle. I also understand that if my child is unable to attend a fieldtrip, I will notify the staff in writing or by phone in advance.
- My child may participate in physical activities without restrictions.
- My child may participate in the enriching and challenging activities provided by CIS and other partnership agencies.
- Communities In Schools/ Brunswick County Parks and Recreation may take pictures, videotapes and/or record my child for publicity/promotional purposes.
- Communities In Schools may receive information about my child's grades, assignments, student eligibility for free/reduced lunch status, social security number, medical condition, End of Grade (EOG) scores and percentile, test grades, school records, report cards and classroom behavior.
- My child may access the Internet in adherence to the Brunswick County Schools Internet Policy.

Parent/Guardian Signature: _____ **Date:** _____

Student Name: _____

School (Site): _____

Brunswick County Summer Camp Program

Photo Release

The National Inclusion Project Release Form

The undersigned, hereby irrevocably grants to THE **National Inclusion Project**, and its affiliates, assignees and successors (collectively, the “Foundation”), with respect to the still, video, audio, and/or audio-visual recordings (collectively, the “Footage”), taken of me, by or on behalf of the Foundation, while I attend or participate in the Brunswick County Summer Camp offered by Communities In Schools and Brunswick County Parks & Recreation, the unrestricted, irrevocable, perpetual right and license, but not the obligation, throughout the universe, **SOLELY IN CONNECTION WITH MARKETING, PROMOTING, OR UTILIZING THE BENEFITS, PURPOSES, OR FUNDRAISING ACTIVITIES OF THE FOUNDATION**, to all of the following:

(a) to use, reproduce, copy, modify, edit, mix, synchronize, create derivatives, or otherwise use or re-use the Footage, including the right to use and publish my name*, voice, likeness, image, photographs, and activities, in whole or in part, alone, in combination with or as a composite of other matter, in any manner whatsoever and at any time, by any and all means, and

(b) to publish, display, perform, exhibit, distribute, transmit or broadcast the Footage and all derivations thereof in all forms of medium, whether utilizing technology now known or hereafter devised, without my prior review or approval and without further remuneration or payment to me.

I hereby release, discharge and agree to hold harmless the Foundation from any and all claims, demands, liabilities and expenses (including, without limitation, reasonable attorneys’ fees and costs) arising from or related to the production, distribution, use, broadcast, and/or publication of the Footage, including any and all claims of invasion of privacy, infringement of my right of publicity, defamation (including libel and slander) and any other personal and/or property rights, and I agree that I shall not now or in the future assert or maintain any claim against the Foundation.

The consideration to me for the rights granted herein includes the goodwill I receive for assisting the Foundation with its charitable objectives.

*** For a child under 18, the Foundation has a policy of not using or publishing a child’s name. In any stories that we use, we will change the child’s name for his/her protection.**

CHILD’S NAME: _____

ADDRESS: _____

DATE: _____

PHONE: _____

APPROVED ON CHILD’S BEHALF:

PARENT OR GUARDIAN: _____

(PRINT NAME)

SIGNATURE: _____

**BRUNSWICK COUNTY SCHOOLS/CIS
Non-School Foods Permission and Release**

From time to time throughout the school year, classes may plan parties and special events that involve food brought in from outside sources. These items are not being provided by, and are not regulated by, the strict safety guidelines exercised by the Brunswick County Schools Child Nutrition Program. Because of growing concern over children's food allergies and overall student safety, we want to make sure we have your permission for your child to participate in these and similar events.

Commercially prepared and sealed products may be served at special events, but parents and relatives often wish to bring items from home. Items prepared by parents and others working at home and in private kitchens not regulated by the Health Department, however, may not always meet the same sanitation standards required by commercial food preparers. For that reason, we ask that you approve or deny permission for your child to be served food that is brought in from private and non-regulated kitchens.

Please fill in the information below and sign, indicating your permission. Thank you for your continued support of Brunswick County Schools and CIS.

Student: _____

School: _____ Teacher: _____

I, the undersigned parent (or legal guardian) of the student named above, give permission for him/her to be served non-commercial food prepared by parents or relatives of classmates in non-regulated kitchens as indicated below. I release the Brunswick County Schools/Communities In Schools and all BCS/CIS employees from liability as a result of illness or injury thereto.

<u>Events</u>	<u>Yes</u>	<u>No</u>
Seasonal parties and special events (Thanksgiving, Christmas, Easter, Halloween, etc.)	_____	_____
Class members' birthday parties	_____	_____
Class cultural events involving food	_____	_____
Other parties and special events of the class	_____	_____

Please list any food allergies or foods this student cannot eat: _____

Parent/Guardian Signature

Date

BRUNSWICK COUNTY SCHOOLS/CIS/P&R
Program/ Field Trip Medical Treatment Consent Form

I, _____, the parent/guardian (*circle one*) of
(Please print your name)
_____, hereby give permission for my child to attend
(Please print child's name)

_____ *ALL COMMUNITIES IN SCHOOLS TRIPS* _____ *(teacher, grade & school)*
_____ *ALL* _____, on _____ *ALL* _____
(destination) *(date of trip)*

The trip's educational purposes include: _____ *ALL* _____

PERMISSION TO GIVE MEDICAL ASSISTANCE:

Should any medical emergency arise during the above field trip or while attending the program, I give my permission to the supervising teacher(s) to seek medical assistance for my child.

WAIVER OF LIABILITY FOR FIELD TRIP:

In addition, I affirm that the aforementioned student is covered by a student accident or other appropriate insurance policy, or if the aforementioned student is not so covered, I understand that he/she may not be covered by any applicable insurance policy during his/her time in the program or on field trip.

_____ *(Date)* _____ *(Signature of parent/guardian)*

MEDICATION FORMS

Parents: Return the following forms if your child will need medication during camp hours

Brunswick County Schools & NC School Health Program Manual
Request for Medication Administration in School

To be completed by physician:

Student Name: _____ School: _____ Fax: _____

Medication: _____ Dosage: _____

Time(s) medication is to be given: a.m. ___ p.m. ___ To be given from: (dates) _____ to _____

Significant Information (include side effects, toxic reactions and omission reactions): _____

Contraindications for Administration _____

If an emergency situation occurs during the school day or if the student becomes ill, school officials are to:

A. Contact me at my office _____ Telephone _____ Fax _____

B. Take child immediately to the emergency room at _____

FOR SELF-ADMINISTRATION ___ Yes ___ No

Student has demonstrated understanding of and ability to self-administer asthma medication, diabetes medication, or medicine for anaphylactic reactions and may carry and self-administer as prescribed.

[Asthma/allergic reaction MDI (*Medication Dose inhaler) MDI with spacer *Epi-Pen diabetes-insulin]

*Parent/guardian must provide an extra inhaler to be kept at school in case of emergency.

A written statement, treatment plan and written emergency protocol developed by the student's health care provider must accompany this authorization form in accordance with requirements stated in G.S. 115C-375.2

Student must have a self-medication treatment contract.

All medication for use at school will be furnished by parent or guardian in a container properly labeled by a pharmacist with identifying information, (e.g., name of child, medication dispensed, dosage prescribed, and the time it is to be given or taken).

Physician's Signature *Date* *Physician's Stamp Here*

PARENT'S PERMISSION

I hereby give my permission for my child (named above) to receive medication during school hours. This medication has been prescribed by a licensed physician. I hereby release the School Board, their agents, and employees from all liability that may result from my child taking the prescribed medication. This consent is good for the school year, unless revoked.

Parent or Guardian's Signature *Telephone Number* *Date*

(School Use Only)

Name and title of person to administer medication (unless self-administered)

Approved by _____ Reviewed by _____
Principal's Signature *Date* *School Nurse's Signature* *Date*

Brunswick County Schools & NC School Health Program Manual
Student Agreement for Self-Carried Medication

Student: _____ Grade: _____ School: _____

Parent Signature: _____ Telephone Number: _____

Licensed Health Care Provider: _____ Telephone Number: _____

Medication: _____ Dose and Time: _____

Medication is permitted in accord with state laws and district policy. Both student's health care provider and parent/guardian must complete Medication Authorization Form. Student's name must appear on inhaler/container.

RESPONSIBILITIES

I plan to keep my inhaler, equipment, and/or Epi-Pen with me at school.

I agree to use my inhaler, equipment, and/or Epi-Pen in a responsible manner, in accordance with my licensed health care provider's orders.

I will notify the school staff (i.e., teacher, nurse) if I am having more difficulty than usual with my health condition.

I will not allow any other person to use my inhaler, equipment, and/or Epi-Pen. If I use the medication in a manner other than as prescribed, the school may impose disciplinary action according to the school's disciplinary policy.

Student's signature: _____ Date: _____

____ Written statement, treatment plan and emergency action plan completed by the health care provider and on file at a location that is easily accessible.

____ Demonstrates correct use/administration.

____ Recognizes proper and prescribed timing for medication.

____ Agrees to carry medication.

____ Knows health condition well.

____ Keeps a second labeled container in health office or main office per G.S 115C-375.2

____ Will not share medication or equipment with others.

Comments: _____

School Nurse Signature: _____ Date: _____

Principal Signature: _____ Date: _____