

CAMP CRAZ

2016

Parent Pack



City of Burien Parks & Recreation
(206)988-3700
14700 6th Ave SW
Burien, WA 98166
BurienParks.net

Parent's Information
Camp CRAZ
Camp Hours: 6:30 A.M. – 6:00 P.M.

Registration Guidelines/Main Contact: Only the Main Contact can make changes to a participant's account, make changes with camp registrations (withdrawals, changing weeks), and make payments.

Drop off Time: Parents can drop off their child between 6:30-9:30 AM. The child must be here no later than 9:30 A.M. Major activities and field trips start at 9:30 A.M.

Pick up Time: Parents can pick up their child between 4:00 P.M. to 6:00 P.M. Before that time campers may be on an outing. If you need to pick up your child early, please make arrangements that morning in writing when dropping off your child. **No early pick up on field trip days.**

Late Pick up Fee: A **\$1.00 per minute late fee** is assessed beginning at **6:00 P.M.** If you are late you will be required to sign the late fee book, acknowledging you were late. At that time you will receive a late slip with the amount you owe. You will not be able to sign up for the next week of camp unit all fees are paid in full.

Drop off Procedure: Please drop off your child at the Camp Craz Central, Shorewood Room

1. Must sign-in your child with your child's name, your signature and the time of drop-off.

Pick up procedure: When picking up your child, please come to Camp Craz Central, Shorewood Room. Only the people on your pick up form are authorized to pick up your child.

1. Must show I.D.
2. Must sign out your child and put down time of day.

Field Trips: The week prior to each week of camp, a flyer will be sent, informing you where the campers are going and what to bring. **Campers must wear their Camp T-shirt** on the day of the Field Trip. If your child has not yet received their camp t-shirt, they will do so on the day of the field trip.

Sack Lunch: Campers must bring a lunch to camp every day. We will be able to keep lunches cold on non-field trip days, but will not be able to heat lunches. Please write campers name on lunch.

Snacks: A morning snack will be provided at 8:30 AM. An afternoon snack will be provided after 4:30 PM. **If your child has allergies to any foods, please provide two snacks a day for your child.**

Personal items: Please, do not allow your child to bring any items/toys with them to camp. We are not responsible for lost or stolen items.

Lost and Found: There is a lost and found in the Camp Craz Central, Shorewood Room. Items will be kept for 2 weeks.

Staff To Child Supervisory Ratio: CAMP CRAZ provides 1 staff person for every 12 children. On-site staff are trained to organize and lead high-quality recreational activities, such as games, arts &

crafts, field trips, and nature exploration. Camp structure does **not** allow provision of less than a 12:1 supervisory ratio for participants. As a result, CAMP CRAZ will not be a good match for your child if he/she requires special attention or assistance.

If unsure about whether CAMP CRAZ is a match for your child, please complete our "CAMPER PROFILE" form. Following review, City staff will contact you to further discuss your child's needs relative to our program's capacity and/or other options.

Camper Profile & Medications: Please fill out the Camper Profile information sheet with as much detail as possible. The information provided will help staff better understand the needs of your child and make their experience at camp a positive one! **See Camper Profile Form.**

Medications: Staff are NOT authorized to disperse or administer medications, including prescription medications. If your child carries an epinephrine pen for severe allergic reactions, we ask that they know how to use it by themselves and keep it in a fanny-pack or back pack at all times. **See Medication Form.**

Scheduled Payments: If you are registering for 3 or more weeks and not able to pay for your child's camp in full at the time of registration, you can schedule your camp payments by completing a Pre-Authorized Charge Form. Scheduled payments must be made in person. Each week of camp requires a \$20 non-refundable non-transferable deposit, per participant, at the time of registration which will be applied towards final payment due for each week. Once camp begins, the balance of your weekly camp fee will automatically be processed on **the Monday one week prior** to your child's camp week.

Credit Card Declines: A fee of \$25 will be charged to your account if your card is declined for any reason. If the remainder of that camp weekly fee and the NSF charge isn't paid in full by 8PM on the next day one week prior to the camp week, the \$20 deposit is forfeited and the camp participant will be withdrawn from that week of camp.

Refund: Camp deposits are non-refundable non-transferable; if full fees have been paid; a refund less the \$20 deposit/pre week AND the \$5 processing fee will be issued, if notice is received by filling out a refund request form 10 or more days prior to the start of the camp week. If less than 10 days, the full fees of camp will not be refunded.

What if I want to stop Scheduled Payments? You may cancel this authorization at anytime by notifying us in **writing** at least one week prior to your next payment due date (**2 weeks prior to the week of camp your child is attending**). If your child is registered for future camps you will need to pay the remaining camp balance owed at that time of cancellation. You can pay in person at the counter or over the phone with a credit /debit card.



Hot Weather Precautions

Parents please help us in the following steps to help prevent sun exposure and dehydration.

Parents:

- Cover your child head to toe with sun block before camp
- Provide water for your child to drink throughout the day
- Campers are to bring sun block for reapplication later in the day
- Parents will provide sun block in a spray application if a parent prefers that camp staff apply the sun block to their child/children
- Hats are welcome
- Don't forget Bug repellent

Camp Craz staff:

- Prior to any outdoor activity camp staff will supervise the application of sun block
- Participants will be clothed at all times, unless in water
- Campers will be limited to 30 minute periods at a time when in water
- Immediately after a participant exits water sun block reapplication will be supervised by camp staff
- Direct exposure to sunlight will be avoided whenever possible
- When outside, campers will be supervised each hour to reapply sun block

Rules and Procedures

PARENT COPY

Dear Camp Craz Parents:

As an effort to help make Camp Craz a fun and positive environment we are asking for your help. Our mission is to provide a welcoming, safe, and fun environment where youth and teens can learn to reach their fullest potential through explorations of nature, the arts, sports, and other age-appropriate enrichment programs. The staff has established some camp rules, a good choice system, and the Green, Yellow, and Red System. These rules and procedures reviewed with the campers by staff at the beginning of camp each week. We are also requesting you to review these rules and procedures with your child.

Rules:

No foul language.
Keep your hands, feet and mouth to yourself.
Respect other campers, staff and property.
Follow all staff instructions.

The Choice System:

The choice system is designed to make the participant feel responsible for their own decisions. The power is in the participants hands to make their own and better choices. In the event of behavior problems your child will be given two choices regarding their behavior.

The Green, Yellow, and Red System:

To monitor your child's behavior throughout the day and week, we will closely observe and document their behavior. At the end of the day the participant will receive a green, yellow, or red day. These colors correlate with the performance of the participant that day.

***Green** will be given if most or all directions are followed, no camp rules are broken, and the participant is adding something positive to the camp.

***Yellow** will be given if the participant has trouble following all directions throughout the day and is asked to make a choice about their behavior.

***Red** will be given if the participant has had to be spoken to repeatedly for not following directions and is not making the better choice when asked.

1-red day: Camp director will meet with the parent/guardian and child to discuss behavior problem and a solution.

2-red days: Camp director will meet with the parent/guardian and child to discuss behavior and a letter will be sent home including all documented behavior. Camp director will let parent/guardian know that if the child receives 3 red days they will be asked not to return to camp for the rest of the week and possibly the following week as well.

3-reddays: Camp director will talk to the parent/guardian addressing the fact that the child may not return to camp for the rest of the week. It will then be determined if the camper may return to camp the following week.

All incidents will be documented. Please explain to your child that their behavior will have consequences!

**Burien Parks and Recreation Department
Camp CRAZ 2016**

EMERGENCY CONSENT AND PICK UP FORM

Child's Name: _____ Birth Date: _____ Grade: _____
(Last) (First) (Middle)

T-Shirt Size: ___YS ___YM ___YL ___AS ___AM ___AL ___AXL

Main Contact: Only the Main Contact can make changes to a participants account, make changes with camp registrations (withdrawals, changing weeks), make payments.

Mother/Guardian Information:

Name: _____ Are you the Main Contact? Yes No

Address: _____

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

Employer: _____

Father/Guardian Information:

Name: _____ Are you the Main Contact? Yes No

Address: _____

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

Employer: _____

Child lives with: Both Parents Mother Father Other _____

Emergency Contact (other than Parents)

Name: _____

Relation to child: _____ Home Phone: _____ Work Phone: _____

Address: _____ Signature: _____

For Office Use Only: COPIED _____

Other people who have permission to pick up your child(ren) from Camp

• Name: _____

Relationship to child: _____ Home #: _____ Work #: _____

Physical description: _____

• Name: _____

Relationship to child: _____ Home #: _____ Work #: _____

Physical description: _____

• Name: _____

Relationship to child: _____ Home #: _____ Work #: _____

Physical description: _____

Please read carefully. This is a contract. By signing above, you accept all terms and conditions of this agreement. **Equal Access:** The City of Burien does not discriminate against or exclude anyone from participating in any programs or services on the basis of race, color, national origin, age, sex, religion, sexual orientation or handicap. I understand that if an accommodation is needed that such requests are needed at least ten working days before the activity begins. Cancellations or **Schedule Changes:** This class schedule is for information purposes only. Burien Parks & Recreation reserves the right to make any changes in the content and provision of the class schedule without notice. **Emergency Treatment:** I consent to my child's or children's participation in the activity/program of the Burien Parks & Recreation Department, and authorize the Department and its employees or agents to provide emergency treatment for me, my child or children on my behalf. **Photo/Video Release:** I give my permission to have my photo or the photo of my children or child taken, or videotaped, during classes or program activities when these are used by the Burien Parks & Recreation Department for publicity or marketing purposes. I consent to the use of my name, likeness, image and/or voice or those of my child or children without monetary compensation in connection with any Burien Parks & Recreation Department publicity, and expressly release the Burien Parks & Recreation Department and its agents from any and all claims for damages for libel, slander, invasion of the right of privacy and any other claim arising out of any broadcast, exhibition, promotion or advertising of the Burien Parks & Recreation Department. **Limitation of Liability:** I, on behalf of myself (and my child(ren) if any such child(ren) are registering as a Participant) agree to indemnify and to hold the City of Burien, its agents, employees and officials, while acting within the scope of their duties, harmless from all lawsuits, causes of actions, demands, and claims, including costs of their defense, arising in favor of myself, my child(ren) participant (if applicable), or third parties, on account of personal injuries, death or damage to property arising out of the activities related to the above recreation program(s).

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____



Burien

Parks, Recreation & Cultural Services

Camper Profile Form

Please Check Each Slot With Appropriate Information, If It Doesn't Apply, Mark "NA"

CHILD'S HEALTH INFORMATION

Child's Physician: _____

Address: _____ Phone #: _____

Preferred Hospital: _____

Address: _____ Phone #: _____

INSURANCE INFORMATION

Do you have insurance: Yes No

Provider: _____

Member Number: _____

BEHAVIORS

Behaviors of which staff should be aware:

Types of Positive Reinforcement:

ALLERGIES

ALLERGIES: Any known allergies to medication? Yes____ No ____

Food Allergies? Yes____ NO ____

If yes, please list type of allergy:

If yes, please list reaction:

If yes, please list treatment:

****Please provide 2 snacks per day if your child has food allergies***

DISABILITY

My Child Is: Mentally Delayed____ Diabetic____ Physically Disabled____
Hearing Impaired____ Visually Impaired____ ADD____
ADHD____ LD____ Other:_____

SWIMMING

This will help us determine what group to place your child in on selected field trips.

Under adult supervision, my child:

_____ Is NOT a confident or strong swimmer

_____ Is a confident swimmer and strong (would feel comfortable on water slides)

Comments:

MEDICATION DISPENSATION POLICY

Medication Policy: The Burien Parks, Recreation & Cultural Services Department staff shall not administer medication to participants of their programs or hold on to medication for the participant. All medication taken by participant shall be self administered, and no participant on medication shall be registered in the program unless that person is capable of taking his/her own medications, or parent/guardian is available to administer the medication. Recreation staff may remind a participant to take medication at the designated time.

Please identify type, dosage, time and possible side effects for all medications your child is currently taking.

Medication: _____ Dosage: _____
Frequency: _____

Possible Side Effects:

Medication: _____ Dosage: _____
Frequency: _____

Possible Side Effects:

Medication: _____ Dosage: _____
Frequency: _____

Possible Side Effects:

I _____ have read the above statement and understand that all medication taken by participants shall be self administered and the City of Burien Parks, Recreation & Cultural Services Department will not be responsible for storing the participants medication.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature:

_____ Date: _____

Rules and Procedures

Please read through the rules with your child, then sign & return.

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I, _____, have read this over with my child,
_____, and She/he will do their best to follow all rules.