

Summer Camp

All campers must have completed Kindergarten

Ages: 5-12

Dear Parents:

This year's camp will look vastly different than previous years. My main goal each and every day is to keep your children safe, while still allowing them to have fun! All these policies and procedures are being implemented to provide a healthy and safe environment for your child in regards to the current health climate.

New this year, we are going to have a password protected Summer Camp page at highlandparks.org. You will be able to login and view our parent video which will cover staff introductions, drop-off/pick-up procedures, behavior issues, emergency situations, camp/trip schedules, etc. **It will be required that you watch the video prior to the start of camp.** There will be no daily camp option offered this year, due to the fact we need to keep the kids separated in small groups for the entire day/week. Feel free to contact me for further clarification if need be.

Camp will be filled with educational, social, cultural, environmental, and physical activities that will make lasting memories. I look forward to your child's participation. If you have any questions, please contact me at 838-0114 or avandrunen@highland.in.gov.

Thank you,
Alyce Van Drunen
Recreation Supervisor

Weekly Camp
8:30 am – 5:00 pm
1-week \$105 R / \$130 NR

Before Care for Entire Week
7:30am – 8:30 am
\$30 R / \$35 NR
NEW: Late Pick-up Fee: \$10 every 15 minutes past 5:00p.m.

Camp Dates: June 8-August 9
Camp Hours: 8:30am-5:00pm

Before Care: 7:30-8:30am
Lunch: Must Bring Own

Camper Application

Camper Name: _____ Birthdate: _____ Grade Completed: _____

Address: _____ Phone: _____

T-Shirt Size: YS (6-8) YM (10-12) YL (14-16) AS, AM, AL, AXL

Estimated hours your child will be at camp (i.e. 8:30-4:30): _____

Your child may be photographed for local media coverage. Your signature below indicates permission for your child to be included in photos, which may be displayed in advertisements used for promotion, and/or shown in media coverage.

All Payments/Scheduling due the **Thursday** before the following week.

Space **WILL NOT** be held **WITHOUT** payment.

Checks Made Payable to: Highland Parks and Recreation

2450 Lincoln Street, Highland, IN 46322

Office Use Only:

Receipt #: _____

Health Form: _____

Anti-Bully Form: _____

COVID19 Waiver: _____

Health Form, COVID-19 Waiver & Anti-Bully Form Must Accompany Application with Payment

Parent Name: _____ Date: _____

Parent Signature: _____ Parent Email Address: _____

**Highland Parks & Recreation
Anti-Bullying Policy, Behavior Management Plan,
& Receipt Acknowledgment**

Statement of Intent:

Bullying is any act of aggression causing embarrassment, pain, or discomfort to another person.
it can take a number of forms: physical, verbal, gesture, extortion or exclusion
it is an abuse of power
individuals or groups may be involved

Rights and Responsibilities:

of Campers:

to enjoy the benefits of a safe and bully free environment
to be observant of signs of distress or suspected incidents of bullying
to refrain from physical and verbal acts of aggression
to report any acts of bullying against themselves or another camper

of Parents:

to be observant of signs of distress or suspected incidents of bullying
to report any suspected incidences of bullying

of Staff:

to be role models in words and actions
to be observant of signs of distress or suspected incidents of bullying
to report and record all incidences of bullying
to handle all acts of bullying with compassion and objectivity

Consequences:

Time-out/Loss of field trip privileges
mediation between Camp Director and involved parties
mediation between Recreation Supervisor, Camp Director and involved parties
dismissal/removal from camp

Behavior Management Plan:

Campers agree to:

follow all camp rules
treat campers, staff and parents with respect
show respect for camp equipment and the property of others
Not use foul or inappropriate language
follow the standards set forth in the anti-bullying policy above
Not show continuous disruptive behavior

HPRD Day Camp operates on a three-strike policy. The first infraction of the behavior management plan will result in a verbal warning between staff and camper. The second infraction will result in a time-out/loss of field trip privilege and notification of parent at the end of the camp day. A third infraction will result in a conference between the camper(s), parent(s) and Day Camp Director and/or Recreation Director. Any subsequent infraction will result in removal from the Day Camp Program.

Refunds are not given for any camper who is sent home/removed from camp for disciplinary reasons!

Campers may be removed from HPRD Summer Camp if they are involved in an egregious incident or if they cause ongoing behavioral-related disruptions in the Summer Camp environment . As a guardian, you will be responsible for picking up your camper within one hour of the summer camp director's decision to dismiss your child from camp. Depending on the act, your child may not be able to return to camp for the remainder of the summer. By signing below, I am stating that I have read, and agree to abide by, all policies contained within the anti-bullying policy, behavior management plan and the parent/camper handbook. Furthermore, I certify that I have discussed all the policies and their meanings and consequences with my child.

Parent Name/Signature

Camper Name/Signature

Date

Summer Camp Health Form

This form will be used for emergency purposes and will accompany staff at all times.

Camper Name: _____
Last First MI

Date of Birth: ____/____/____ Sex: ____ Age: ____

Grade: ____ School Child Attends: _____

Address: _____

City, State, Zip: _____

Parent/ Guardian Name: _____

Home Phone # _____ Work Phone # _____

Parent/ Guardian Name: _____

Home Phone # _____ Work Phone # _____

Name of two alternatives who may be contacted in an emergency when neither parent (nor guardian) can be reached:

Name: _____ Phone # _____

Relationship to camper: _____

Name: _____ Phone # _____

Relationship to camper: _____

Name of family physician: _____ Phone #: _____

Authorized Pick-Up

Please list four people you authorize to pick up your child from summer camp. Please remember to include carpool drivers, neighbors, co-workers, and relatives. Authorized persons:

1. _____ 2. _____

3. _____ 4. _____

Allergies/Infections/Diseases (please describe severity)

Hay fever _____ Asthma _____ Bee stings _____

Ear Infections _____ Poison ivy _____ Hepatitis _____

Penicillin _____ HIV Positive _____ Foods _____

Animals _____ Other Diseases _____ Other Allergies _____

Other Foods _____

Year of last immunization or booster for Tetanus shot. _____

Please describe any known physical, mental, social difficulties or other special information which may affect participation and/or for which special consideration should be given.

Any specific activities to be discouraged or limited by physician's advice?

Medication Authorization

Name of Medication: _____

The above medication should be given: Days (M, Tu, W, Th, F): _____

Time(s): _____ Dosage: _____

Although we encourage medication to be given to your child before or after camp, we understand there might be a need for your child to receive medication during camp hours. A procedure has been established for medications to be administered by staff. In order for medication to be administered by our staff, it must be brought to camp in its original container with clearly written directions for usage.

I hereby give my consent for the Day Camp staff to administer medications as prescribed according to the above instructions.

I also understand that my child may be photographed or videotaped during his/her participation in the Day Camp and I consent to reproduction of such media for advertising and publicity purposes. I give permission for my child to attend any field trips as part of this summer camp.

I recognize that because of the potentially hazardous nature of this activity, that an injury may be sustained. In the event of such an injury to my child, and I or my spouse cannot be contacted, I have given alternate contacts to give permission to the attending physician to render such treatment as needed. I now release the Town of Highland, The Highland Parks and Recreation Department employees, agents and assigns, for any personal injuries or damages to property caused by or having any relation to this activity. I understand that this release applies to any present or future injuries and that it binds my spouse, my heirs, executors and administrators, or any guardians.

I have read this release as well as the rest of the packet and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Signature of parent/guardian

Date