



2017 Summer Day Camp of the Arts

THANK YOU FOR CHOOSING YOUR COMMUNITY ARTS COUNCIL!

Enclosed you will find registration forms, policy information, camp date, emergency card (attach recent photo), costs, outlines, and parent's reference package (to be kept at home). Please return registration forms as soon as possible to the Community Arts Council of Prince George. Fees can be paid by either: cash, cheque, debit, Visa or MasterCard. Refunds will only be given with a doctor's note.

If you have any questions or concerns please call

Phone: 250-563-2880 Fax: 250-562-0436

Email: arts@studio2880.com



Summer Day Camp of the Arts
2017 REGISTRATION

*PLEASE CHECK BOX FOR YOUR CAMP CHOICE

- | | | |
|-------------------------------------------------------|-----------------------|----------------|
| <input type="checkbox"/> INTERNATIONAL BAKING WEEK | JULY 4TH – JULY 7TH | COST: \$150.00 |
| <input type="checkbox"/> GOOEY, GOOEY AND SLIMEY TOO! | JULY 10TH – JULY 14TH | COST: \$180.00 |
| <input type="checkbox"/> AMAZING RACE WEEK | JULY 17TH – JULY 21ST | COST: \$180.00 |
| <input type="checkbox"/> WIZARD'S WEEK | JULY 24TH – 28TH | COST: \$180.00 |
| <input type="checkbox"/> INTERNATIONAL BAKING WEEK | JULY 31ST – AUG 4TH | COST: \$180.00 |
| <input type="checkbox"/> CAMP RE-WIND | AUGUST 8TH – 11TH | COST: \$150.00 |

2017 SUMMER DAY CAMP OF THE ARTS

* Sibling discount! We offer \$10.00 off the second (+) child registration in the same week.

Program hours: 9:00 am – 4:00 pm. For your convenience, drop-off is between 8:30 am – 9:00 am, pick-up is by 4:00 pm. A late fee of \$10.00 will be charged after 4:00 pm each day.

CHILD'S NAME: _____ Name child responds to: _____

Child's first language: _____ Date of birth: _____ Age: _____ Sex: M F

PARENTS OR GUARDIANS

Mother: _____ Phone :(h) _____ (w) _____

Address: _____

Mailing address (if different from above): _____

Place of work: _____

Father: _____ Phone: (h) _____ (w) _____

Address: _____

Mailing address (if different from above): _____

Place of work: _____

If there is a custody agreement, please give details you wish us to be aware of:

EMERGENCY CONTACTS

Name: _____ Phone: (h) _____ (w) _____

Address: _____

Relationship: _____

_____ P

PERSONS AUTHORIZED TO PICK UP CHILD/REN: (include mother and father

1. Name: _____

Phone: (h) _____ (w) _____ Relationship: _____

2. Name: _____

Phone: (h) _____ (w) _____ Relationship: _____

3. Name: _____

Phone: (h) _____ (w) _____ Relationship: _____

4. Name: _____

Phone: (h) _____ (w) _____ Relationship: _____

NAMES AND AGES OF OTHER CHILDREN LIVING AT HOME:

1. Name: _____ Age: _____

2. Name: _____ Age: _____

3. Name: _____ Age: _____

4. Name: _____ Age: _____

5. Name: _____ Age: _____

Has your child previously attended a day camp? Y N

Name of facility: _____

MEDICAL INFORMATION: (confidential)

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Medical plan #: _____

Immunization up to date: Y N Measles: _____ Booster: _____

Illness (es) your child has had: _____

DOES YOUR CHILD HAVE?

Vision problems: Y N Speech/Language problems: Y N

Hearing problems: Y N Allergies: Y N

Require special diet: Y N Daily medications: Y N

Does your child carry an epi-pen? Y N

PLEASE SPECIFY AND COMMENT ON ANY ITEMS CIRCLES YES:

ANY OTHER MEDICAL, PHYSICAL, DEVELOPMENTAL OR EMOTIONAL CONDITIONS RELEVANT TO THE CARE OF THE CHILD THAT WE SHOULD BE AWARE OF:

Summer Day Camp of the Arts **CONSENT FORM/PARENT POLICY**

Parents please check each box to indicate you've read and understood.

PROGRAM HOURS:

9:00 am – 4:00 pm. For your convenience, drop-off is between 8:30 am – 9:00 am, pick-up is by 4:00 pm. A late fee of \$10.00 will be charged after 4:00 pm, daily.

FEES: Fees due upon registration: \$180.00 + tax for a 1 day camp

Two (2) weeks notice, prior to start of registered week, is required for cancellation or withdrawal. (Exceptions will be made for documented medical or compassionate reasons). **Fees are non-refundable after the 2 week notice deadline.**

\$30.00 will be charged for any N.S.F. checks.

MEDICAL

Any food allergies have been made known to the staff.

We authorize the staff to take any action necessary in the event that my child becomes ill or has had an accident which requires medical attention. Any fees incurred will be the responsibility of the parent/guardian.

In case of injury to my child while in the care of the Day Camp of the Arts, I hereby waive all claims against the program.

Do not send your child if he/she is ill. Please let us know if your child will not be in attendance: **563-2880 by 9:00 am (please leave a message as the office isn't open till 9:30)**

OUTINGS

I give permission for my child _____ to participate in outings/field trips that will require the use of either public transportation, private vehicles and/or by foot.

Your child should wear play clothes, as we will be doing various art and outdoor activities.

PHOTO PERMISSION

I give permission for my child _____ to be photographed by the program, or media.

I understand that these photos may be used for publicity, displays, or for use with the children.

CONFLICT RESOLUTION POLICY (see enclosed information)

I fully understand the Day Camp of the Arts policy.

EMERGENCY PROCEDURE

Fire Drill may be practiced. In the case of an emergency and we need to evacuate the building, children will be taken to the back of the Community Arts Council complex, 2820 and 2880 15th Avenue.

SICK POLICY (see enclosed information)

I fully understand the Day Camp of the Arts policy.

SNACKS

The children are requested to bring a nutritious lunch and 2 snacks from home each day. Good nutrition is emphasized at all times. We discourage sweet treats on a regular basis. We save these for special occasions. If a child in the program has any food allergies we will inform the families and ask for that particular food(s) to not be brought into the program.

Parent/Guardian (printed name)

Parent/Guardian (signature)

Date

Summer Day Camp of the Arts
PERMISSION TO ADMINISTER MEDICATION

Date: _____

I hereby give permission to the staff of the Community Arts Council Day Camp of the Arts to administer medication to my child(ren), specifically: _____

As prescribed by:

Doctor: _____

Dentist: _____

Prescription Number: _____

According to the Doctor's / Dentist's instructions as to the time and dosage printed on the prescription label

 Parent/Guardian (printed name)

 Day Camp of the Arts Staff (printed name)

 Parent/Guardian (signature)

 Day Camp of the Arts Staff (signature)

Date: _____

Date: _____



Summer Day Camp of the Arts PERMISSION FOR OUTINGS

As part of the Day Camp of the Arts program, we will be going on outings/field trips that will require the use of either public transportation, private vehicles and/or by foot.

Child(ren)s name(s): _____

1. I hereby give my permission to the staff of The Community Arts Council’s Day Camp of the Arts to take my child(ren) on outings/field trips.
2. I hereby give my permission to the staff of The Community Arts Council’s Day Camp of the Arts to use the mode of transportation most suited to the weather, and outings/field trips as part of the Day Camp of the Arts program.

EMERGENCY RELEASE AUTHORIZATION

In case of illness or accident of my child(ren) _____,
And I cannot be reached by phone, I hereby authorize the caregiver or representative to send for or have my child taken to:

Doctor: _____

Address: _____

Phone: _____

Should the above doctor not be available, I agree that the caregiver, IN AN EMERGENCY, may call upon the local hospital or ambulance.

All costs incurred are the responsibility of the parent or guardian.

Parent/Guardian (printed name)

Day Camp of the Arts Staff (printed name)

Parent/Guardian (signature)

Day Camp of the Arts Staff (signature)

Date: _____

Date: _____

Day Camp of the Arts
**PARENTS KEEP AT HOME PACKAGE:
EMERGENCY PREPAREDNESS PLAN**

Emergency location: In the back of the Community Arts Council – 2820 and 2880 15th Avenue

In an emergency, the following actions will be taken:

1. The staff of The Day Camp of the Arts will give the warning of a fire drill or fire emergency, all projects and work will stop, and children will prepare for the drill.
2. The staff will move quickly and quietly to prepare the children for evacuation.
3. With practice and orders given, the children will be safely evacuated and the staff will ensure that all children are safe. (Children will also be taught how to evacuate in the event that the caregiver is unable to assist them)
4. The children will adopt the buddy system in this instance.
5. The children will walk quickly and quietly to a designated meeting place outside of the facility. (smaller children will be assisted by the staff)
6. Roll call/attendance will be taken, 911 will be called if necessary.
7. Upon arrival of emergency personnel, the staff will inform the officers of any missing children and circumstances.
8. The Community Arts Council Executive Director is notified.
9. When emergency personnel give the ALL CLEAR, we will return to the facility.
10. If an ALL CLEAR is **not** given, we will remain **IN THE BACK OF CAC, 2820 AND 2880 15TH AVENUE**. The parents/emergency contacts will be called as soon as possible to pick up their children at the above location.
11. These procedures will be practiced during the weekly fire drills.

CONFLICT RESOLUTION POLICY

Day Camp of the Arts recognizes that conflict is a natural part of relationships between people. In order to deal with conflicts that arise between the children in our care we have adopted the following policies:

1. In the event of a dispute between the children, the staff will immediately stop the conflict and calm the involved children.
 - ❖ In the event of physical action between the children, staff shall first assess then treat any possible injuries.
 - ❖ Once the children are calm and separated, staff shall engage children in a conflict resolution process.
 - ❖ Each child will be asked, in turn, to explain the problem and their feelings about the conflict.
 - ❖ The children (and staff) will present possible solutions to the conflict and/or more effective ways to deal with a similar conflict in the future.
 - ❖ All parties will agree on a solution to the conflict and consequences if the solution is not adopted.
 - ❖ Staff will monitor the problem to ensure that the solution is adopted and conflict resolved, repeating the conflict resolution process if necessary.

2. Staff will inform parents or guardians in the event that their child is involved in a conflict that requires the implementation of the conflict resolution process.
3. Brief time outs will be used for the following behaviors when a child needs time to calm down. Some examples of behaviors would be:
 - ❖ Non-compliance, when other methods have been unsuccessful.
 - ❖ Destructiveness, when behavior has escalated to this level.
 - ❖ Aggressive behavior towards self or others.
 - ❖ Temper tantrums, when these have progressed from attention seeking to harmful.
4. Staff recognizes that not all children are suited to the program. Staff also recognizes that they may not have the expertise or resources to deal with all possible problems that may arise. As a last resource, staff reserves the right to remove the child from the center.

SICK POLICY

This facility has a goal to provide a healthy, germ free environment for our staff and children. In addition to the registration policies we have adopted the following sick child policies:

Responsibilities of Parent:

- ❖ Parents will inform this facility of a serious illness or contagious disease in the family.
- ❖ Parents will ensure that the child is free of symptoms before returning to the camp. This may require a doctor's approval in the case of communicable disease.
- ❖ All medications administered must be by doctor's prescription and require a Permission Form to Administer Medication.
- ❖ Parents will keep, or take, a child home if the child has one or more of the symptoms listed in this policy (see below).
- ❖ Parents will provide information on the care of a recuperating child when the child returns to the center, providing that the child is able to continue with the program.

Responsibilities of Day Camp of the Arts:

- ❖ Staff will report a case of communicable disease to the Public Health Nurse within 24 hours.
- ❖ Staff will notify parents immediately if a child becomes ill or injured. If a parent cannot be reached, the emergency contact person will be notified.
- ❖ If emergency contact persons cannot be reached, staff will contact a physician or ambulance if necessary. All costs incurred are the responsibility of the parents or guardian.
- ❖ Staff will provide a quiet, supervised area for a child who becomes sick while at this facility.
- ❖ Staff will maintain a valid First Aid Certificate at all times.

It is required to keep (or take) a child home when the child is suffering from one or more than the following symptoms or is not well enough to take part in the regular program of the Summer Day Camp of the Arts.

- ❖ Complaints of unexplained or undiagnosed pain.

- ❖ Acute cold with fever, runny noses and eyes, coughing and sore throat.
- ❖ Difficulty in breathing-wheezing or persistent cough.
- ❖ Acute, unexplained fever.
- ❖ Sore throat or trouble swallowing.
- ❖ Severe itching of body and scalp, infected eyes or an undiagnosed rash.
- ❖ Headache and stiff neck.
- ❖ Unexplained diarrhea or loose stool combined with nausea, vomited or abdominal cramps.
- ❖ Children with known or suspected communicable diseases.

Ultimately, the care of the child is the parent's or guardian's responsibility.