



Summer Day Camp

Parent Information Packet

* Please print and complete the following forms before your child attends camp:

_____ Child Emergency Form

_____ Health History

_____ Agreement Waiver Release

_____ COVID-19 Informed Consent Acknowledgment of Risk and Waiver

All forms need to be completed before your child can be signed into camp.



Summer Day Camp

Our campers will enjoy a variety of activities during the day including art, nature activities, team building games, relays, and more! Our goal is to provide a fun safe summer experience for your child/children and our Summer Day Camps follow all CDC and county guidelines. Our camp will be broken up into cohorts based on the CDC guidelines and each cohort will operate independently of one other.

Camp Dates and Times:

Camp will run for two-week sessions

Dates: Monday – Friday (closed Monday July 5th)

Times: 8:00am – 5:00pm

Ages: 6-13 years old

Registration: Priority registration will be given to participants in the previous session and once priority registration ends, online registration will be and will be first come first serve.

For questions regarding registration please email mzimmerling@carmichaelpark.com

Sessions:

Session 1	June 14 th – June 25 th	\$360 (R) \$380 (NR)
Session 2	June 28 th – July 9 th * Closed 7/5	\$325 (R) \$345 (NR)
Session 3	July 12 th – July 23 rd	\$360 (R) \$380 (NR)
Session 4	July 26 th – August 6 th	\$360 (R) \$380 (NR)

Contact Information:

Camp Phone (916) 919-3950

La Sierra Community Center Office (916) 483-7826

Telly – Camp Director (916) 483-2991
telly@carmichaelpark.com

Matthew – Program Supervisor (916) 483-7826 ext 26
mzimmerling@carmichaelpark.com

Camp Location:

Camp will be at the La Sierra Community Center (5325 Engle Rd, Carmichael, 95608) in the John Smith Hall. There will be a welcome/sign in table located near the entrance to the building for parents to sign their children in and out of the program.

Daily Check-In Procedure:

Parents are required to walk their child to our welcome table. Parents and Children are required to wear a face covering while waiting in line and during the check in process. While waiting in line please ensure you are practicing proper social distancing. A staff will be stationed at the table starting at 8:00am every morning. If you arrive after the staff has left the welcome table, please call the Camp Phone (916) 919-3950 and a staff member will meet you at the welcome table to assist you with signing in and to perform the health assessment. Please speak to Telly, our camp director, if you have questions or for more information.

Health Screenings (please read carefully)

- Staff will be checking participant's temperature and asking parents health questions during the check-in process prior to admission into camp.
 - Participants and parents are required to wear face coverings during the screening process.
 - Participants will have their temperature checked before they can enter the program. If the child has a fever of 100.4 degrees or higher, they will be given a second test within 5 minutes of the first test. If the participant still tests at or above 100.4 degrees, they will not be allowed to return to the program until they have 3 days with no fever, **and** improvement of any respiratory symptoms, **and** 10 days since symptoms first appeared, **or** they provide a clearance not from their doctor.
 - Families will also be asked the following questions:
 - Have you or anyone in your household had a fever or experienced the following symptoms in the last 24 hours: cough, shortness of breath, chest tightness, sore throat, nasal congestion/runny nose, body aches, loss of taste or smell, diarrhea, nausea, vomiting, fever/chills/seats?
 - If the answer is yes, the child will need to stay home until the following are met: 3 days with no fever, **and** improvement of any respiratory symptoms, **and** 10 days since symptoms first appeared, **or** they provide a clearance note from their doctor.
 - Have you had any close contact in the last 14 days with someone with a diagnosis of COVID-19?
 - If the answer is yes, the child must stay home for 14 days after their last contact with the person who was diagnosed with COVID-19.
 - Have you traveled outside of the country in the last 10 days?
 - If the answer is yes, the child must stay home for 10 days after they arrived back from the trip.
- Each family will have their own folder with their child/children's sign in and out sheets. Parents are asked to bring their own pen to use for sign in and out.
- If for any reason your child has had a known exposure to COVID-19 please notify the camp supervisor, Matthew Zimmerling
Office: (916) 483-7826 ext 26
Cell: (916) 295-9872
Email: mzimmerling@carmichaelpark.com
- All program staff will also receive daily Health Screenings including temperature and symptom checks prior to entering the facility.

Daily Check-Out Procedure:

Upon arrival, parents should call the camp phone number: (916) 919-3950. A staff member will bring your child and all their belongings to our welcome table and assist you with signing your child out. All campers must be signed out by an adult listed on their Child Emergency Form Authorized List. Our staff will ask for your photo identification. Once our staff begins to recognize you, you will no longer be asked to show your ID. Parents can add or delete any names on their child's authorized list at any time. Please speak to our camp director to adjust the necessary form. Campers are not allowed to sign themselves out of camp without the collaboration of staff and parents. Please speak to your camp director if you have questions or for more information. Our camp closes at 5pm!

Cohorts:

Campers will be divided into three cohorts with up to 14 children in each cohort. Each cohort will remain its own unit at camp and different cohorts will not interact together. Children and staff from one cohort will not participate or interact with children from other cohorts. Cohort sizes and interaction rules may change as CDC and CDPH guidelines change. Family members and participants from the same households will be placed in the same cohort. If you want to request your child be placed in a cohort with another child please email Matthew, mzimmerling@carmichaelpark.com your request. If possible, we will do our best to accommodate requests.

Please understand that Once a session begins cohorts will remain the same for the entire session.

If Your Child Becomes Sick at Camp:

If a child becomes sick at camp, a staff member will contact a parent/guardian, or someone listed on the Child Emergency Form Authorized List. To reduce the risk of exposure a staff member will accompany the sick child to a separate room away from the other children while they wait to be picked up, Please make sure your child is picked up within an hour of notification. Your child may only return to camp when the following are met; 3 days with no fever, **and** improvement of any respiratory symptoms, **and** 10 days since symptoms first appeared, **or** with a clearance note from their doctor.

Camp Attire:

Campers should wear comfortable clothes that will allow them free range of motion to participate in recreational and athletic activities. Campers must wear tennis shoes every day. Please keep in mind that activities may include materials such as paint, glitter, glue, water, oil, etc. and that participants should wear clothing they do not mind getting messy.

All participants are required to wear face coverings while entering the facility, while inside the facility, and outside when physical distancing cannot occur. All staff are required to wear face coverings as well.

* If your child cannot wear a mask due to a medical condition please provide a doctor's note to the Recreation Supervisor or Camp Director

Lunch and Snacks:

We have two snack periods and one lunch period. We do not provide any food. Please remember to pack enough food for your child to eat throughout the day. Each camper will store their snacks and lunches in their own bags.

We do not have the use of a refrigerator or microwave for snacks or lunches.

Each child will need to have their own water bottle labeled with their name on the bottle. The drinking fountains will not be operational, and children will need to use their water bottles to drink from. Staff will assist with re-filling water bottles as needed from our sanitized sinks.

Lost and Found:

We ask that you label all your child's belongings so that we can do our best to return lost items to the right person. Parents/guardians will not be permitted to enter the childcare area; therefore, lost and found bins will not be available to check. Staff will remind children at the end of the day to collect all their belongings and remind them to please take everything home each day. All items not returned to children by the end of each session will be donated.

Reward System:

At camp, we believe in positive reinforcements and rewards. If you would like to know how your child's behavior has been, we encourage you to check with the staff each day when you sign your child out. Our daily system encourages and rewards positive behavior. Your child will have a clothes pin with his/her name on it. The clothes pin is attached to a chart similar to the diagram. All campers start the day at three stars and have the ability to move up to a maximum of five stars or down to a minimum of one star. If your child has good behavior or does a good deed, your child will be asked by one of our staff members to move their pin up a star. When your child receives 5 stars in a day they will be given a rhinestone to attach to their clothes pin, when the pin is full they can retire it to the "Hall of Fame". At the end of each day, our staff will record how many stars your child received. At the end of the week, the campers who have at least 15 stars (average of 3 each day) will receive a star party treat. These star party treats include things like popsicles, ice cream, or other fun items. We encourage parents to be involved with this system and ask your child about their pin and how many stars they earned each day.



Movies:

Movies are shown once a week at camp. We view movies that are rated G and PG. The titles of the movies are posted by the parent welcome table. If you do not wish your child to view a particular movie, please let us know and we will have them participate in an alternate activity.

Allergies:

All allergies must be listed on the Health History Form. In cases of severe allergies, please contact our coordinator at Telly@carmichaelpark.com to schedule a meeting.

Medications:

Please contact our program coordinator at Telly@carmichapark.com if your child requires any type of medication that must be self-administered while attending our program. Our program coordinator can review our medication policy with you and help determine the best course of action for you and your child.

Discipline Policy:

Every week staff will review the camp rules with everyone. When a camper breaks a rule or is disrespectful, that camper will be asked to move their pin down a number. When a camper reaches the second star, he/she will be asked to take a five-minute breather from the activity. A staff member will talk to the camper and try to work through what occurred and how he/she can work together to make it not happen again. If a camper reaches a one star, he/she will take a five-minute breather and do a Think Sheet. This sheet asks him/her questions about what happened, who was involved, and what he/she could do differently next time. Staff will help campers with this form and work together to resolve situations. Parents will be notified of any continued behavior situations and a meeting will be scheduled with the camp director.

Any type of physical behavior demonstrated by a camper will result in an automatic and immediate suspension from camp for the remainder of the week. Campers may come back to camp the following week but, if any further physical behavior continues, that camper will be suspended from camp for the remainder of the summer.

Refunds and Credits:

All children must be registered for the full session. No daily, weekly, or half day registration for this program is available. No refunds or credits will be issued for days/weeks that are missed.

Changing Guidelines:

As the County of Sacramento, CDC, and the State of California change guidelines, we will also be updating and revising our parent information packet. If at any time you have questions, please feel free to contact the Recreation Supervisor, Matthew Zimmerling, mzimmerling@carmichaelpark.com (916) 483-7826 ext. 26 or the Camp Director.

CHILD EMERGENCY FORM:

This form will remain at your child's camp and referred to by our Camp Directors. Only individuals named on this sheet are allowed to pick up your child and must show photo I.D. to our staff members. Any changes to this form can be made at any time. Please talk to your child's Camp Director to do so.

Child's Name: _____ Sex: M F Birth Date: _____ Age: _____

Mother: _____ Father: _____ Guardian: _____

Address: _____ City: _____ Zip: _____

EMERGENCY CONTACTS:

Parent/Guardian's Name: _____ Parent/Guardian's Name: _____

Home Phone Number: _____ Home Phone Number: _____

Work Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

Email: _____ Email: _____

Alternative Contact: _____ Alternative Contact: _____

Home Phone Number: _____ Home Phone Number: _____

Work Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

EMERGENCY INFORMATION:

Consent for Medical Treatment: As the parent/legal guardian, I hereby give consent to the Carmichael Recreation and Park District to obtain all emergency medical or dental care deemed necessary by a duly licensed physician (M.D.) or dentist (D.D.S.) for (child's name) _____. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent/Guardian Signature: _____ Date: _____

Medical Conditions: _____ Physician: _____

Allergies: _____ Address: _____

Current Medications: _____ Phone Number: _____

Dentist: _____ Hospital Desired: _____

Phone Number: _____ Insurance Company: _____

AUTHORIZED INDIVIDUALS TO BRING AND TAKE YOUR CHILD TO AND FROM THE FACILITY:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

HEALTH HISTORY:

Our Camp Directors refer to this sheet prior to your child attendance in our camps. This helps our Directors familiarize themselves with your child and any accommodations that may need to be made.

1. Past Illnesses: Mark illnesses that your child has had and approximate dates.

YES	NO	ILLNESS	DATE
		Asthma	
		Diabetes	
		Chicken Pox	
		Epilepsy	
		Hay Fever	
		Measles (3 days)	

YES	NO	ILLNESS	DATE
		Measles (10 days)	
		Mumps	
		Poliomyelitis	
		Rheumatic Fever	
		Whooping Cough	

2. Infectious Diseases? No ___ Yes ___ (If yes, please explain)

3. Other Serious/Severe Illness/Accidents? No ___ Yes ___ (If yes, please explain)

4. Does your child have any diet/food restrictions? No ___ Yes ___ (If yes, please explain)

5. Is your child diabetic and/or require special medical attention? No ___ Yes ___ (If yes, please explain)

6. What is your overall evaluation of your child's health?

7. All children must be able to use the bathroom without assistance to attend the program. Does your child have any difficulties using the bathroom? No ___ Yes ___ (If yes, please explain)

8. Does your child tire easily? No ___ Yes ___ (If yes, please explain)

9. How does your child get along with parents, siblings, and other children?

10. How does your child handle group experiences?

11. Does your child have any special needs? No ___ Yes ___ (If yes, please explain)

12. What is your overall evaluation of your child's personality?

13. Is there anything else you would like us to know about your child that could help them succeed at camp?

**Carmichael Recreation and Park District
Distance Learning Camps 2021 – January 4th – June 6th**

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the District to participate in the above-referenced activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity.

Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

PHOTOGRAPHIC RELEASE: I understand that photographs may be taken during this activity and hereby grant the District permission to use any such photo(s) for advertising or in promotional materials.

PARENTAL/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if Participant is under 18 years of age.)

I hereby consent that my son/daughter, _____, participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor's participation in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

Signature

Name (Printed)

Date