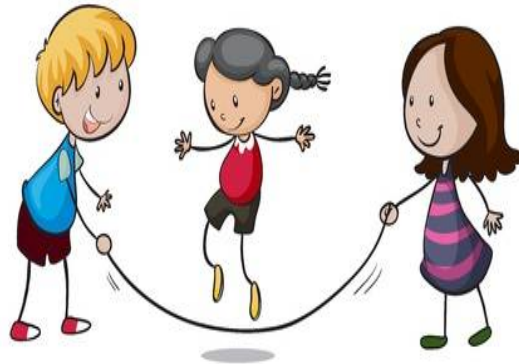


Fieldhouse Summer Camp

Fieldhouse Summer Camp



PARENT MANUAL

Salina Parks & Recreation Department
300 W. Ash, Rm. #100
Salina, KS 67401
(785) 309-5765
www.salinaparks.com



FIELDHOUSE SUMMER CAMP REGISTRATION FORM

Parent's Name _____ Phone (wk) _____

Address _____ Phone (hm) _____

City _____ Zip _____ E-mail _____

Child(ren) Name _____ Age ___ Grade Completed _____

_____ Age ___ Grade Completed _____

_____ Age ___ Grade Completed _____

_____ Age ___ Grade Completed _____

Camp Fee: \$100 per child

The first week of camp must be paid upon registration. The Camp Fee for each week will be due on the Thursday at 5:00pm prior to the start of each week.

Session	Dates	Date Paid	Amount Paid
Week 1	May 31 st – June 3 rd		
Week 2	June 6 th – 10 th		
Week 3	June 13 th – 17 th		
Week 4	June 20 th – 24 th		
Week 5	June 27 th – July 1 st		
Week 6	July 5 th – July 8 th		
Week 7	July 11 th – 15 th		
Week 8	July 18 th – 22 nd		

INTRODUCTION

Thank you for choosing Salina Parks and Recreation Department Fieldhouse Summer Camp program. We look forward to an exciting and adventurous summer of fun. The Fieldhouse Summer Camp Program will provide your child with many fun filled days of planned activities and special events. Our camp staff will work with your child to develop new skills and interests and create a positive and enjoyable experience in a day camp atmosphere. If after reading our Parent Manual you find you still have questions, do not hesitate to contact our Program Director.

GENERAL DEPARTMENT PHILOSOPHY

The Salina Parks & Recreation Department is dedicated to provide a wide variety of leisure time opportunities and activities to enhance the quality of life for our citizens in our community.

PURPOSE

The purpose of Fieldhouse Summer Camp is to provide children with a fun, educational, and stimulating program in a safe environment. Fieldhouse Summer Camp is licensed by the Kansas Department of Health and Environment as a school-age program. We accept children who have completed kindergarten by the first day of camp and are not older than have completed 6th grade.

HOURS OF OPERATION

The hours of operation will be from 7:30 a.m. to 5:30 p.m., Monday through Friday. Camp will not officially begin until 8:30 a.m. and will conclude at 4:30 p.m.

CHILD DROP OFF/PICK UP PROCEDURES

We maintain a daily attendance record that includes each child's name, arrival time and departure time. Parents must enter the facility to sign their children in and out **everyday**.

MEDICINE

If medication is to be administered during camp the following conditions must be met:

- We must obtain written permission from the child's parent or guardian.
- Nonprescription medication must be in the original container and labeled with the child's name.
- Prescription medication must be in the original container labeled with the following information: child's name, fill date, physician's name, expiration date and specific instructions for administration.

SUSPECTED ABUSE AND NEGLECT REPORTING POLICY AND PROCEDURE

In accordance with the procedures set forth by the Kansas Department of Health and Environment, any camp staff having reasonable cause to believe that a child in their care may be an abused or neglected child shall immediately report the matter to the Program Director. The Program Director will notify the secretary of the Department of Social and Rehabilitation Services.

REFUND POLICY

If you're not satisfied, neither are we. If after attending the first week of camp you are dissatisfied, speak to the Program Director about your refund and credit options. No refunds will be given after camp ends. Refunds are not given for vacations or individual days missed.

COMPLAINTS/PROBLEM/IDEAS

Your opinions and concerns are important to us. Please address your concerns to the Program Director. The Program Director will be happy to address your concerns over the phone or in person by scheduling a meeting with you and other involved camp staff. If the Program Director is unable to address your concerns, please contact the Recreation Program Supervisor. Questions regarding fees or payments should be addressed to the Program Director.

BEHAVIOR AND DISCIPLINE

It is the parent's obligation and responsibility to inform the Program Director if their child has any behavior, mental, or physical needs that require special accommodations. This should be noted on your child's registration forms. Our discipline policy includes the following steps:

1. Verbal warning. Explanation of consequences for second offense.
2. The child will be placed in a designated Time Out area for 5 to 10 minutes.
3. Written warning, parent called.
4. Meeting with Program Director and/or Recreation Program Supervisor and parents. Automatic suspension of the following day's activities and following program date (s) as determined by the Program Director.
5. One-week suspension.
6. Expulsion from the Fieldhouse Summer Camp.

Individual circumstances may require that we move through these steps more quickly. These steps are implemented for your child's safety and the safety of others.

FIRST AID AND EMERGENCY PROCEDURES

Appropriate measures will be taken to safeguard the health and safety of all camp participants. The information provided on the Health History and the Authorization for Emergency Medical Care forms is very important in helping us provide adequate care in the event of an emergency. A first aid kit and cellular phone will be on hand at all times. Camp staff will administer any immediate treatment for minor injuries. If a more serious injury occurs, emergency medical services will be called and transportation to the nearest hospital will be provided. In the event of an emergency, parents will be notified as soon as possible. Do not send a sick child to camp. In the event a child gets sick at camp, the parents will be notified and asked to pick him/her up immediately.

REGISTRATION

- Fieldhouse Summer Camp is open to boys and girls who have completed kindergarten by the first day of camp and are not older than have completed 6th grade.
- Registration is limited to 60 children per week.
- Pre-registration is required. Campers and their siblings may begin registering Tuesday, April 26th.
- Registration is taken at the Salina Parks & Recreation Department from 8:00 a.m. to 5:00 p.m., Monday through Friday.
- Registration is due Thursday at 5:00 p.m. prior to the week camp begins.
- You may register your child for any and all weeks of camp.
- Registration packets are available at the Recreation Office during regular business hours. This packet includes Kansas Department of Health and Environment forms that must be completed prior to the first day of camp.

CAMP FEES

- The weekly fee is \$100 per child.
- The first week of camp must be paid in full upon registration.
- The Camp Fee for each week will be due by Thursday, 5:00 p.m. prior to the start of each week.
- Your child will not be allowed to attend camp until fees are paid.
- Once camp fee is paid, no refunds will be allowed.

LATE PICK-UP FEES

Parents are responsible for picking up their children by 5:30 p.m. A late fee of \$5 per child will be charged per fifteen minutes. Your child will not be permitted to attend camp until late fees are paid.

ABSENCE

Please notify us if your child is ill or will be absent. If your child will not be attending a week of camp that they have registered for, please notify the Parks & Recreation Department as soon as possible so that we can attempt to fill the opening.

CAMP SCHEDULE

Camp will begin on Tuesday May 31st and conclude on Friday, July 22nd. No Camp will be held Monday, July 4th.

DAILY ACTIVITIES

A variety of activities are offered each day. Activities typically begin at 8:30 a.m. and conclude at 4:30 p.m. Activities include sports, active games, playground visits, bowling, library, movies, swimming, board games, recreational activities and more. All activities are included in the weekly fee.

FIELD TRIPS

Field Trips may include visits to water parks, museums, zoos, and more. Your child may need a sack lunch on field trip day. Our weekly schedule will list other items needed for field trips as well as a departure time and expected return time.

LUNCH AND SNACKS

Our lunches are provided by USD 305 Food Service. If you choose to send a sack lunch with your child, please adhere to the following guidelines:

- The lunch should be labeled with the name of your child
- Perishable foods and drinks shall be in an insulated sack or box with a coolant.

On field trip days all children may be required to bring a sack lunch. We provide a morning and afternoon snack *each* day. We strive to provide a nutritious snack.

TRANSPORTATION

Transportation will be provided by Durham Bus Service and Salina Parks & Recreation Department van or bus.

STAFF

We maintain a ratio of 1 staff member to 15 campers. We complete a criminal history and child abuse registry background check on all staff and regular volunteers. Our staff maintains current certification in first aid and child CPR.

CAMP ATTIRE

Please send your child to camp in comfortable clothes, sturdy shoes and socks. Please send a water bottle with your child's name on it each day. We also encourage you to send a hat or visor for sun protection and a jacket when the weather is bad. Your child should bring a swimming suit and towel on swimming days which will be posted on the weekly schedule. Also, on swimming days we encourage a pair of flip flops to be worn to pool. Clearly mark any items brought to camp with your child's name. We will not be responsible for things brought from home.



FOR OFFICE USE ONLY
Date Received: _____

FIELDHOUSE SUMMER CAMP
APPLICATION FOR ADMISSION

PLEASE COMPLETE AND SIGN. ALL INFORMATION IS CONFIDENTIAL.

1. Child's Name: _____

Child's Name: _____

Address: _____

Male _____ Female _____ Birthdate _____ Home Phone _____

Male _____ Female _____ Birthdate _____ Cell Phone _____

2. Mother's Name: _____

3. Father's Name: _____

4. Child will be released only to the following persons in addition to parent/guardian:

Name	Address	Relationship	Phone
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a. _____

b. _____

5. Does your child have any food allergies or dietary restrictions? _____

6. Does your child have any special fears? _____

7. What is your child's favorite indoor/outdoor activities? _____

8. Does your child have a bicycle and safety helmet? _____

9. Does your child have a family or individual membership to Kenwood Cove? _____

Write below any further information about your child or your family which you believe might be helpful to us in understanding your child. _____



PERMISSION FORM

My child(ren), _____, _____,
has permission to participate in the Fieldhouse Summer Camp program at the Salina Fieldhouse.

I am familiar with the mode of transportation, the camp rules and regulations, the camp leadership and activities of the program. I permit my child to actively participate in all routine activities of the camp, including all field trips.

I understand that I will be held responsible for any repair cost that may result from my child being destructive.

In the event of an illness or accident, I authorize the calling of a doctor and/or providing other necessary first aid and medical services. I understand that appropriate measures will be taken and that I will be notified as soon as possible in the event of an emergency.

I understand that Camp Hours are 8:00 a.m. to 5:00 p.m. I also understand that the earliest my child may arrive to camp is 7:30 a.m. and the latest I can pick my child up is 5:30 p.m. If I arrive later than 5:30 p.m. I will be charged \$5.00 per child, per fifteen minutes and my child (ren) will not be allowed back to camp until this fee is paid. Fee must be paid within one business day at the Parks & Recreation Department office.

Parents must enter the facility to sign their children in and out EVERYDAY.

I understand that if my child continually disobeys, that I will be called and my child will have to be picked up as soon as possible. Uncooperative behavior will not be tolerated.

By signing this Application for Admission form I agree to abide by ALL the rules and regulations mentioned above and acknowledge receipt of the Camp Salina Parent Manual.

SIGNATURE OF PARENT/GUARDIAN

DATE



HEALTH HISTORY FOR CHILDREN AND YOUTH ATTENDING SCHOOL AGE PROGRAMS

As required by K.A.R. 28-4-590(d) (1), each operator shall obtain a health history for each child or youth, on a form supplied by the department or approved by the secretary. Each health history is to be maintained in the child's or youth's file on the premises. As required by K.A.R. 28-4-590(d)(2), each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.

Complete one form for each child or youth attending the School Age Program.

First and Last Name of the Child or Youth	Gender (M or F)	Date of Birth (MM/DD/YYYY)	First day at this program: (MM/DD/YYYY)
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First and Last Name of the Child's or Youth's Mother or Guardian

Mother/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Mother/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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First and Last Name of the Child's or Youth's Father or Guardian

Father/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Father/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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Names and ages of other children in the Child or Youth's Family (Attach additional page if needed.)
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Person(s) authorized to pick up the Child or Youth in case of emergency. Include first and last name and Street Address. Attach additional page if needed.	City	Zip Code	Phone Number (during program hours):
1.			
2.			
3.			

First and Last Name of Physician & Street Address	City	Zip Code	Phone Number ()
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Name of Hospital Preference in case of emergency.
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Yes	No	N/A	Complete the following information about medications for this child or youth.
			Will this child or youth need to take any nonprescription or prescription medication during their time at the program?
			If yes above, is there signed permission on file?

Circle any of the following conditions or difficulties that affect this child or youth.			
Allergies	Frequent sore throats/ colds	Ear Infections or Aches	Heart or Lung Conditions
Skin Problems	Asthma	Headaches	Diabetes
Vision	Speech/Communication	Hearing	Emotion/Behavior
Other: Please describe.			

If you circled any of the above conditions, please provide additional information that will help the staff members meet the child's or youth's needs while attending the program. (Attach additional page, if needed.)

Provide additional information about your child or youth that might affect him/her while at the School Age Program including any special needs, restrictions to activities, major changes at home or special instructions. (Attach additional page, if needed.)

Complete the following information about this child's or youth's immunization status.

Yes	No	
		Did this child or youth attend a public or accredited non-public school in Kansas, Missouri or Oklahoma the previous year?
		If yes, are this child's or youth's immunizations current?
X	X	If yes to both of these questions, you do NOT need to complete the immunization history below. If no to either of the above questions, you must complete the immunization history below for this child or youth or attach a copy of the child's or youth's immunization history.

Please give dates in the space below for ALL immunization series completed by this child or youth. Record MM/DD/YYYY.

		1	2	3	4	5
	DPT, DT*, TD (*DT only if child is allergic to DTP)	/ /	/ /	/ /	/ /	/ /
	POLIO	/ /	/ /	/ /	/ /	
	MMR	/ /	/ /			
Single Dose Only	RUBEOLA (MEASLES)	/ /	/ /			
	MUMPS	/ /	/ /			
	RUBELLA (GERMAN MEASLES)	/ /	/ /			
	HIB (Hemophilus Infl. B) *RECOMMENDED	/ /	/ /	/ /	/ /	
	HBV (Hepatitis B Vaccine) *RECOMMENDED	/ /	/ /	/ /		
	VAR (Varicella-Chicken Pox) *RECOMMENDED	/ /				

Print the First and Last Name of the Person Completing this Health History form	Relationship to the Child/Youth	Date Completed
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If the Health History form was completed by a person other than a Parent/Guardian, who provided you with this information?	What is that person's relationship to the child/youth?
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I attest, under penalty of perjury, that to the best of my knowledge, the information provided on this form is true and correct.	
Signature of person completing this form	Date Signed

