

# Lancaster County Parks and Recreation

Please circle the site you will be attending.

Springdale Recreation Center  
Andrew Jackson Recreation Center  
Buford Recreation Center

Summer Day Camp 2016

**“S.T.E.A.M.”**

For K-rising 6<sup>th</sup> grades  
Enrollment Package

<u>RATES</u>	<u>RATES</u>	<u>RATES</u>	<u>RATES</u>	<u>RATES</u>	<u>RATES</u>
	<b>One</b>	<b>Two</b>	<b>Three</b>		
	<b><u>Child</u></b>	<b><u>Children</u></b>	<b><u>Children</u></b>		
Weekly	\$85/wk	\$115/wk	\$130/wk		
Daily	\$17/day	\$23/day	\$26/day		

We accept payments via MasterCard, Visa, Discover check or cash  
There is a return check fee of \$30 per check.

Registration Fee: \$40 per family PLUS \$6 per child for a summer camp t-shirt. The \$40 will be credited to your attendance fees for summer camp only. If you register and pay the \$40, then your child does not attend the camp this amount is NON-REFUNDABLE nor WILL IT BE CREDITED TO YOUR 2016-2017 AFTER SCHOOL PROGRAM

Providing quality, affordability, and fun  
summer childcare for Lancaster County

## SUMMER CAMP 2016

### LEARNING/FUN-STEAM

This year's summer camp will encompass learning and fun, incorporated in a STEAM theme. There will be a variety of classes (science, technology, engineering, art, math, and physical education games from 8:00 a.m. – 12:00 p.m. Monday through Thursday. The campers will be separated in up to four groups based on grades/ages. **Please put the grade your child will be going into next year on your registration form.** If you want your child in a different group than what he/she is assigned please let the morning supervisor know and we will work to switch them to the preferred group if possible. This is not guaranteed.

### WEEKLY TRIPS

After lunch, the campers will choose between some of the following activities: free play, crafts, and weekly trips to the movies, bowling and swimming. The weekly trips will cost an additional fee for admission ranging from \$3.00-\$7.00 per child. Children who go swimming must bring a swimsuit, towel, **shoes** to wear to the pool and **their own sunscreen.** \_\_\_\_\_(initial.)  
**These trips are NOT mandatory.**

### FRIDAY FIELD TRIPS

Fridays are field trip days to fun and exciting places like Laser tag, Discovery Place, Sky High, Marsh Tour and the Aquarium in Charleston just to name a few. We provide 1 chaperone for every 10 campers. Parents are welcome, BUT must pay the **adult** admission fee plus the bus fee if space is available on the trip. **Trips are NOT mandatory.** We will provide staff at the recreation center for those campers who do not wish to participate in the field trips.  
\_\_\_\_\_(initial.)

### \*\*\*\*FRIDAY FIELD TRIP T-SHIRTS\*\*\*\*

**All children going on a Friday field trip must wear their summer camp t-shirt.**

### MINIMUM PARTICIPATION

There must be a minimum of 40 campers per bus to go on the field trip. If less than 40 sign up, the trip will be canceled. All fees paid in advance will be credited to your account if a trip is canceled. **NOTE: This does not pertain to rental buses. Those buses must be filled to the maximum capacity.** \_\_\_\_\_(initial.)

### DAYS/HOURS OF OPERATION

The summer day camp will operate every weekday from 6:30 a.m. – 6:00 p.m. beginning on May 30, 2016. We will be closed Friday, July 4th for Independence Day. Camp ends on August 12, 2016 \_\_\_\_\_(initial)

### SNACKS

We provide a morning snack, from which children can choose a pop tart, or cereal with milk and orange juice. We also provide an afternoon snack, from which the children can choose chips, cookies, fruit cup, pudding, popcorn and Kool-Aid. **If you do not wish for your child to have this type of snack, you may pack a snack for him/her to have at this time. Please let the camp supervisor know your child will be eating his/her own snack.** \_\_\_\_\_(initial)  
**Let the camp supervisor know if your child has any food allergies.**

### LUNCH

**You must pack a lunch for your child and include a drink or money (\$1.25) for a drink from the vending machine every day of the week.** \_\_\_\_\_(initial)

<u>RATES</u>	<u>RATES</u>	<u>RATES</u>	<u>RATES</u>	<u>RATES</u>	<u>RATES</u>
	<b>One</b>	<b>Two</b>	<b>Three</b>		
	<b><u>Child</u></b>	<b><u>Children</u></b>	<b><u>Children</u></b>		
Weekly	\$85/wk	\$115/wk	\$130/wk		
Daily	\$17/day	\$23/day	\$26/day		

**We accept payments via MasterCard, Visa, Discover thru N-Court or check or cash**

**\*\*\*Weekly camp attendance fees are due on Friday of each week.\*\*\***

**Credit card payments can ONLY be accepted online at [mylancastersc.org/parks](http://mylancastersc.org/parks) \_\_\_\_\_(initial).**

**Payment:** Payment for services rendered must be paid weekly on the last day of the week your child attends the program. If you fail to pay during the current week and wait until Monday of the following week, you will be charged a **\$10 late fee**. If your child doesn't attend the program on Friday, and you have not paid for that week, it is **YOUR** responsibility to make payment by 6 p.m. on Friday **We do NOT accept biweekly or monthly payments for past payments. No excuses or exceptions.** \_\_\_\_\_(initial)

**Problems with Payment:** If you fail to make your payment with the late fee by Monday, your child **will NOT be allowed to return to the program until the amount is paid in full.** \_\_\_\_\_ (initial. )

**Insufficient Funds:** If we receive a check for insufficient funds you must pay the amount plus a \$30 returned check fee. Your child will not be allowed to attend the after school program until this amount has been paid in full. **PLUS all future payments must be made in advance with cash or money order.** If you do not pay for services in advance your child will not be allowed to return to the program. \_\_\_\_\_(initial).

**Failure to Make Payment:** If you do not return to our program and have an outstanding balance, your child will not be allowed to participate in any LCPR sports programs until the amount owed to the summer camp program is paid in full. Also you will not receive your tax statement until the amount is paid. \_\_\_\_\_(initial)

**NOTE: Swimming, bowling, movie fees are due on Monday of the current week. \_\_\_\_\_(initial)**

**NOTE: Friday Field trip fees such as skating, Sky High, etc. must be paid by the Friday before the Friday of the trip. – One Week in advance. \_\_\_\_\_(initial)**

**NOTE: If you fail to sign your child up for a Friday field trip by the required deadline, he/she can be put on a waiting list. If a child who has paid drops out then we will take the next child on the list. \_\_\_\_\_(initial)**

**All children who register for summer camp MUST prepay \$40 per family at the time of registration to reserve space in the program. This amount will be credited to your summer camp weekly attendance fees. All campers must have summer camp t-shirts, and they must be purchased at the time of registration. The t-shirts are \$6 per child.**

**\*\*\*THIS FEE IS NON-REFUNDABLE and will not be credited to your after- school program fees.\*\*\* \_\_\_\_\_(initial)**

**Late Pick-up Fee**

We realize that occasionally it may be impossible to get your child before 6:00 p.m. In the event you're running late, please call the site to let them know when to expect you. If you cannot get to the site within a reasonable timeframe, then make arrangements with someone listed on your registration form to pick your child up. A late pick-up fee will be assessed at the rate of **\$5 for every five minutes you are late. If lateness becomes a consistent problem, your child will not be allowed to return to the program.** \_\_\_\_\_(initial)

To insure the safety of all participants in the summer camp program, the Sheriff's Department will be contacted should an emergency occur which threatens the welfare of the child. Late pick-up by parents may be considered an emergency. \_\_\_\_\_(initial)

**Record of Payment**

Receipts are issued for every payment made to the program. These receipts and your canceled checks are your records for tax purposes. All receipts will have Lancaster County Parks and Recreation printed on them. If you want these included on your taxes, you MUST keep track of your receipts. The Tax I.D. number for our program is 57-6000370. Outstanding balances must be paid in full before the release of tax statements. **We do not mail statements.** \_\_\_\_\_(initial)

**Insurance**

We do not provide insurance for your child while at the program. Should your child become injured while at the program, your own medical insurance will be responsible for medical expenses. If you do not have medical insurance, you can purchase insurance through the recreation department for \$6.00 per child. This coverage is from January through December. This insurance will also cover your child when participating in all recreation department programs. \_\_\_\_\_(initial)

**Signing Out**

The person who picks up your child is required to sign them out each day and this person must be listed on the registration form. If the staff has not seen this person before, they may ask for picture identification. If they cannot verify their identity, then the parent will be called for verification. Please advise friends and family that we may ask for identification before a child is released. Do not be offended if you are asked for identification. We are only trying to protect your child. **Anyone not listed on your registration form will not be allowed to take your child from the program.** \_\_\_\_\_(initial)

In the case of separated or divorced parents, the law stipulates that we cannot determine which parents may pick up the child. We must release children to either parent, regardless of which parent has registered the child, unless the custodial, enrolling parent has a court order concerning visitations or pick-up. **In that case, we must retain a copy of the court order in our files.** \_\_\_\_\_ **(initial)**

**The parent must provide clear notification of anyone who is prohibited from picking up or seeing his or her child, even on a temporary basis.** \_\_\_\_\_ **(initial)**

### **Illness and Accidents**

We no longer keep any medications on hand other than first aid supplies. If your child needs medication, you must provide the medicine and written instructions. \_\_\_\_\_ **(initial)**

If your child becomes sick while at the program, the parent will be called and advised to pick the child up immediately. If a parent cannot be reached, we will call the people listed on the registration form until someone picks the child up. \_\_\_\_\_ **(initial)**

The staff will treat minor injuries such as cuts, scrapes, insect bites, etc. Parents will be notified of injury and treatment. If your child sustains a major injury, the staff will seek emergency medical treatment immediately. The parents will be contacted immediately. Should your child require medical treatment by a physician, we must have an Emergency Medical Treatment form signed by the parent giving permission to administer the treatment and providing medical insurance information. \_\_\_\_\_ **(initial)**

Please list any allergies or medication the child is currently taking on the registration form and the Emergency Medical Treatment form

If your child takes an oral medication that must be administered while he/she is at the program, the medication must be in the original container with written instructions and you must complete a Permission to Administer Medication form. We are not allowed to administer any type of medication without written permission. \_\_\_\_\_ **(initial)**

If a particular medication is requested to be kept on hand for emergencies such as bee stings, etc., the parent must provide written instructions. \_\_\_\_\_ **(initial)**

### **Lice**

Head lice are **not detrimental** to your child's health, but it is a very aggravating problem. For this reason, we check all children for head lice on a weekly basis. \_\_\_\_\_ **(initial)**

If we find nits or live bugs in your child's head you will be contacted immediately to pick up your child from the program. You must treat your child's head, entire bedroom including all bed linens, pillows, stuffed animals and carpet. You must vacuum your entire house, and throw the vacuum bag away. \_\_\_\_\_ **(initial)**

Your child may return to the program the next day; however he/she will be inspected for nits before entering the program. If the nits are still clinging to the hair, they are not dead and are still transmittable. If this is the case, your child will not be allowed to return to the program until there are no live nits. \_\_\_\_\_ **(initial)**

**Disciplinary Procedure**

The only method of discipline we use is time-out and written warnings to the parent. We do not incorporate corporal punishment of any kind.

Two or more timeouts in one day or a serious violation of program rules may result in a write-up to the parent. Please note that when a student receives 3 write-ups within the current 12-month period they may be suspended from the program for 1-5 days. Any child who receives a fourth write-up within the current 12-month period may be permanently expelled from the program.

If you receive a write-up on your child, the staff will make you aware of what the misconduct was and what action was taken. You are required to sign the write-up acknowledging the misconduct and stating that you have been informed that your child may be getting close to suspension or expulsion from the program. **Refusal to sign the write-up does not nullify the consequences.**

**Please note that a child can be immediately suspended or expelled regardless of previous conduct in the program for severe offenses such as:**

1. Fighting
2. Stealing
3. Physically assaulting staff
4. Racial harassment
5. Verbal or physical sexual harassment
6. Uncontrollable behavior which could lead to injury to self or others
7. Disrespecting staff

This list is merely a guideline of some of the more obvious types of misconduct, which may result in suspension or expulsion. The after school program and summer camp retains discretion to discipline each child as it sees fit. The after school program and summer camp emphasizes that the discipline to be imposed for any particular incident of misconduct rests in the sole discretion of the after school program or summer camp.

**I understand the entire disciplinary policy and procedure. \_\_\_\_\_(initial)**

**Parent Conduct: We may suspend or terminate services for any conduct by the parent or representative of the parent we believe is abusive, derogatory, or similarly unreasonable with ANY LCPR representative. We will discuss any concern you may have in a professional and calm manner. \_\_\_\_\_(initial)**

**WE RESERVE THE RIGHT TO TERMINATE PROGRAM SERVICES IF PLACEMENT IS NOT TO OUR SATISFACTION. \_\_\_\_\_(initial)**

## **FIELD TRIP REFUND/CREDIT POLICY**

---

### **SWIMMING – BOWLING – MOVIES**

Fees must be paid no later than Monday of the current week of the trips. This fee must be a separate payment from the attendance.

A Payment Form must be completed each week designating which trips the child will attend that week. Payment must accompany this form. Place the Payment Form and the payment in an envelope and deposit into the **drop box**.

Should your child not attend one of these trips for which you have already paid, then he/she will receive a credit for the following week for the **SAME** trip. We will NOT transfer the payment to a different trip. (Ex) You pay for your child to go bowling and he/she decides they don't want to go bowling. You will receive a credit for bowling for the next week. **THIS WILL NOT BE CREDITED TO SWIMMING OR MOVIES.**

If your child does not attend this particular trip again during the rest of the summer camp then he/she will receive credit toward attendance in our after school program. If your child does not attend our after school program then a refund check will be issued for the credit by the end of August. **You MUST verify your credit status with the camp supervisor prior to August 11, 2015 to request a refund.**

If you have not received your refund by the mid-September, please contact Mike Barnes at (803) 285-5545.

### **FRIDAY FIELD TRIPS**

**The schedule for these field trips is attached.**

### **PAYMENT**

**Using the attached Field Trip worksheet, you can pay for the season, pick and choose which you want to attend, or you can pay by the Friday before the trips.**

**\*\*\*\* Camp T-shirt is required for any camper participating in any Friday field trip.**

Fees must be paid no later than Friday of the previous week for which the trip is scheduled. If you fail to pay before the deadline, all we can do is put your child on a waiting list. If a child that has already paid drops out we will take the next child on the waiting list.

**NO REFUNDS ARE ISSUED for these trips because the admission is paid in advance and we cannot get a refund.**

<b>NOTE: Payments for <u>all</u> trips must be separate from attendance fee payments.</b>
---

**I understand the field trip payment/credit/refund policy. \_\_\_\_\_ (initial)**

**LANCASTER COUNTY PARKS AND RECREATION  
LANCASTER COUNTY RECREATION CENTER SUMMER CAMP**

**REGISTRATION: check interested site: \_\_\_ IL, \_\_\_ Buford, \_\_\_ Andrew Jackson, \_\_\_ Springdale**  
IS YOUR CHILD CURRENTLY ENROLLED IN OUR AFTER SCHOOL PROGRAM? \_\_\_ YES  
\_\_\_ NO. IF YES, WHICH LOCATION \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ RISING GRADE: \_\_\_\_\_

T-SHIRT SIZE: circle one: YS YM YL AS AM AL AXL

STREET ADDRESS: \_\_\_\_\_

CITY, STATE AND ZIP: \_\_\_\_\_

ATTENDS SCHOOL AT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PARENTS OR LEGAL GUARDIANS WITH WHOM CHILD RESIDES**

NAME (MALE): \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK#: \_\_\_\_\_ CELL#: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

NAME (FEMALE): \_\_\_\_\_

HOME#: \_\_\_\_\_ WORK#: \_\_\_\_\_ CELL#: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

**FAMILY STATUS:** MARRIED SINGLE SEPARATED DIVORCED

**PERSONS OTHER THAN PARENTS/LEGAL GUARDIANS AUTHORIZED TO PICK UP YOUR CHILD: (LIST IN ORDER OF WHO TO CALL WHEN YOU CANNOT BE REACHED)**

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_ CELL# \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_ CELL# \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

MEDICAL INFORMATION/ALLERGIES, ETC. \_\_\_\_\_

ALL CHILDREN ARE REQUIRED TO FOLLOW THE RULES AND INSTRUCTIONS OF THE CAREGIVERS. CHILDREN WHO CONSTANTLY MISBEHAVE WILL BE EXPELLED FROM THE PROGRAM. **FAILURE TO PAY FOR SERVICES RENDERED IN A PROMPT MANNER WILL RESULT IN CHILD BEING SUSPENDED FROM PROGRAM UNTIL AMOUNT DUE IS PAID IN FULL.**

PARENT

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT**

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member at the after school program site.

I also give permission for my child to be transported by car or ambulance to an emergency center for treatment. In the event I cannot be contacted immediately, permission for medical treatment is granted to be administered to my child in the case of an accident or emergency, as prescribed by a physician.

I agree not to hold Lancaster County Parks and Recreation or its staff liable for any injuries that may occur OR for payment for any medical treatment given to my child.

I understand that I am solely responsible for the payment of any and all medical treatment administered to my child.

My child has the following allergies, or illness; \_\_\_\_\_

\_\_\_\_\_

List any medications your child is currently taking or must have on hand: \_\_\_\_\_

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date



**TRANSPORTATION PARENTAL CONSENT FORM**

As the parent/legal guardian of \_\_\_\_\_, I give my  
(child name)  
permission to Lancaster County Parks and Recreation to transport my child to various field trips for the duration of the summer camp program.

I agree to hold harmless Lancaster County Parks and Recreation, its staff and the bus driver, should any accident occur. I also agree to mutual arbitration by an independent party should any problems arise.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**DISABILITY DECLARATION**

DOES YOUR CHILD HAVE A DISABILITY?                      YES                      NO

IF YES, WHAT IS HIS/HER

DISABILITY? \_\_\_\_\_

---

DOES YOUR CHILD ATTEND A SPECIAL EDUCATION CLASS AT SCHOOL?

YES                      NO

DOES YOUR CHILD TAKE MEDICATION FOR HIS/HER DISABILITY?

YES                      NO

IF YES, PLEASE LIST THE

MEDICATION(S): \_\_\_\_\_

---

DOES YOUR CHILD REQUIRE A SPECIAL ACCOMODATION?                      YES                      NO

IF YES, WHAT IS THE

ACCOMODATION? \_\_\_\_\_

---

---

I declare the above information is true and correct

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**LANCASTER COUNTY PARKS AND RECREATION  
"FIELD TRIP" IN CASE OF EMERGENCY CONTACT FORM**

**PARENTS OR LEGAL GUARDIANS WITH WHOM CHILD RESIDES**

NAME (MALE): \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK#: \_\_\_\_\_ CELL#: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

NAME (FEMALE): \_\_\_\_\_

HOME#: \_\_\_\_\_ WORK#: \_\_\_\_\_ CELL#: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

MEDICAL INFORMATION/ALLERGIES, ETC. \_\_\_\_\_

PARENT  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Authorization for Release of Pictures/Videotape**

I, for myself, my spouse, my child, and on behalf of my heirs, assign, personal representative, and next of kin, such participant's likeness may be photographed or videotaped, and that such image may be published in an outlet used to promote or publicize the program. \_\_\_\_\_ **(initial)**

**EMERGENCY MEDICAL TREATMENT**

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member at the after school program site.

I also give permission for my child to be transported by car or ambulance to an emergency center for treatment. In the event I cannot be contacted immediately, permission for medical treatment is granted to be administered to my child in the case of an accident or emergency, as prescribed by a physician.

I agree not to hold Lancaster County Parks and Recreation or its staff liable for any injuries that may occur OR for payment for any medical treatment given to my child.

I understand that I am solely responsible for the payment of any and all medical treatment administered to my child.

My child has the following allergies, or illness; \_\_\_\_\_

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

## **CONTACT INFORMATION**

If you have any questions, concerns, or problems please contact the following:

Christy Johnson (803) 802-7529  
Indian Land Recreation Center Summer Camp Supervisor

Anna Sims (803) 285-5545  
Springdale Recreation Center Summer Camp Supervisor

Emily Sowell & Amy Minelli (803) 475-4716  
Andrew Jackson Recreation Center Summer Camp Supervisors

Jenny Reid (803) 289-5500  
Buford Recreation Center Summer Site Supervisor

Program Supervisor  
Mike Barnes (803) 235-0421