

# **HIGH POINT PARKS AND RECREATION**

## **WASHINGTON TERRACE PARK**

### **SUMMER FUN CAMP**

**FOR RISING K - 5<sup>TH</sup> GRADERS**  
**Our very special summer day camp program**  
**is designed with your child in mind!**

Sure you want your children to enjoy their summer vacation, but you also want to know they are safe and secure, while having fun as they make new friends and gain new skills.

Our enrichment programs provide group and individual games and athletic activities, arts and crafts, new experiences, field trips, special events, and much more!

Most important, our counselors are chosen for their responsibility, energy, patience and concern for your child's welfare. Our skilled staff is professionally trained and eager to help your children meet their richest potential.

#### **REGISTRATION**

**Participants in 2009 Camp – March 22 – April 2**  
**Open Registration Begins – April 5**  
**During operational hours at all centers**

Registration will be taken according to the registration schedule.

The first week's fee, Immunization form and a completed application are required for registration of each SUMMER FUN CAMP member. Participation is limited.

**A waiting list will be taken for weeks that reach maximum enrollment**

## ABOUT THE SUMMER FUN CAMP FACILITY....

The program also utilizes many City parks, tennis courts, softball/soccer fields, pools and playground areas.

### WASHINGTON TERRACE PARK

101 GORDON STREET

Phone: 883-8599

Days/Time: Monday-Friday, 8:00am-5:00pm

Rising K-5<sup>th</sup> Graders

\$65.00 per week

Activity Fees Additional

**LUNCH:** Breakfast and / or a snack and Lunch are provided daily. Parents are responsible for an additional snack. Please do not bring food items requiring microwave heating or refrigeration. Snacks such as freeze pops, chips, drinks, etc., ranging from \$0.25 - \$1.25 are available. Please bring correct change.



**CLOTHING:** Members should wear clothing suitable for camp activities. *Tennis shoes are required.* Campers should not wear open-toed shoes except on swimming days. One-piece bathing suits and towels will be needed on swimming days (not everyday). SUMMER FUN CAMP members' names should be written on all items brought to camp. Do not bring valuables such as electronic games, radios, jewelry, etc. Money should be kept on person or in a secure place. High Point Parks & Recreation will not be held responsible for lost, stolen or damaged personal items. **Cell phones are not allowed**



**FEES:** One week's fee for all children will be due at time of registration. Weekly fees are due on the Friday preceding the camper's attendance. When registering, be sure of the weeks that SUMMER FUN CAMP members plan to attend. If you find that your child will be unable to attend during any week checked, you must notify the SUMMER FUN CAMP Director in writing five business days in advance. Failure to do so will result in the regular weekly charge for your child(ren). If an emergency arises and your child(ren) will not be attending SUMMER FUN CAMP as planned, you must notify the SUMMER FUN CAMP Director as soon as possible. You may be required to provide proof of any such emergency.

A \$5 late charge per child will be charged for every 15 minutes after the designated pickup time children remain at the Center. In the event of an emergency, a phone call to the SUMMER FUN CAMP Director before 5:00pm would be appreciated.

**Car Seats/Booster Seats:** North Carolina law requires all SUMMER FUN CAMP campers under the age of 8 years old and who weigh less than 80 pounds to ride in an appropriate child safety seat (car/booster seat). Each Center has booster seats available for campers to use. These seats are sanitized regularly. Please assist our staff by reinforcing to your child that it is the law. Because we care for your child's safety and we respect and obey the law, no child under the age of 8 and who weighs less than 80 pounds will be transported without a car/booster seat --- **NO EXCEPTIONS!**



# THE SUMMER FUN CAMP APPLICATION 2010 WASHINGTON TERRACE PARK



**Please check week(s) you plan to attend:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>WEEK 1:</b> <b>June 14 - 18</b><br><input type="checkbox"/> <b>WEEK 2:</b> <b>June 21 - 25</b><br><input type="checkbox"/> <b>WEEK 3:</b> <b>July 5 - 9</b><br><input type="checkbox"/> <b>WEEK 4:</b> <b>July 12 - 16</b><br><input type="checkbox"/> <b>WEEK 5:</b> <b>July 19 - 23</b> | <input type="checkbox"/> <b>WEEK 6:</b> <b>July 26 - 30</b><br><input type="checkbox"/> <b>WEEK 7:</b> <b>August 2 - 6</b><br><input type="checkbox"/> <b>WEEK 8:</b> <b>August 9 - 13</b><br><input type="checkbox"/> <b>WEEK 9:</b> <b>August 16 - 20</b> |
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**\*\*Camp will not be held the week of June 28 – July 2.\*\***

**Campers are invited to attend Camp at one of our other locations during this week.**

**Be sure the weeks you plan to attend are checked. You must notify the SUMMER FUN CAMP Director in writing at least five business days in advance to avoid the weekly charge per child.**

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Participant's Full Name	Birth Date	Age	Grade (2010-11 School Year)/School
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Home Address	City	Zip	T-Shirt size
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Mother's Name	Home Phone	Employer	Work Phone/Pager/Cell
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Father's Name	Home Phone	Employer	Work Phone/Pager/Cell
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Emergency Name (Other than Parent)	Home Phone	Work Phone/Pager/Cell
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Emergency Name (Other than Parent)	Home Phone	Work Phone/Pager/Cell
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Person(s) Authorized To Pick Up Child(ren) Other Than Parents:

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Are there any physical/emotional conditions, special needs, medications, or any other general information about which we need to be informed?     No     Yes

If yes, please explain \_\_\_\_\_

**Photographic Consent:**  I do  I do not give permission to have my child appear in any media coverage approved by the High Point Parks & Recreation Department. I understand that the Facility Director, in conjunction with the Recreation Supervisor, has been given the authority to determine appropriate requests.

I have received a copy of the **SUMMER FUN CAMP** registration packet and agree to adhere by it.

**Wavier:** I certify that my child(ren) is/are able to participate and hereby give my approval for the above-named Child(ren) to participate in any and all **SUMMER FUN CAMP** activities including swimming. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and as a condition of such participation, I hereby for myself and my heirs, executors and administrators, waive and release any and all rights and claims for personal injury and otherwise which I may have against the High Point Parks & Recreation Department, representatives, and successors, for any and all claims of liability. In the event of an emergency, if camp staff is unable to contact me I hereby release authorization for medical treatment.

Parent Signature/Date: \_\_\_\_\_  
**One Week's Fee Must Accompany Complete SUMMER FUN CAMP Application**

High Point Parks & Recreation Department  
136 Northpoint Avenue  
High Point, NC 27262  
(336) 883-3469



## General Record and Statement of Child's Health For Admission to Child Day Care Facility - 2010

**Instructions:** This form is to be completed for each child at the time of enrollment in the child day care facility and maintained on file at the facility.

General information to be completed by parent or guardian only.

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

**Name of Person(s) Responsible if parents are unavailable:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Is child currently enrolled in school?     Yes     No

Name of Family Physician or Health Resource \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

**(OVER PLEASE)**  
**(Health Information on Other Side Must Be Completed)**

**HEALTH INFORMATION: (COMPLETED BY PARENT OR GUARDIAN ONLY)**

MY CHILD HAS THE FOLLOWING HEALTH CONDITIONS SUCH AS ALLERGIES, ASTHMA, DIABETES, EPILEPSY, ETC., AND OR TAKES THE FOLLOWING MEDICATIONS ON A REGULAR BASIS.

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ADDITIONAL COMMENTS: \_\_\_\_\_

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**CERTIFICATE OF IMMUNIZATION ATTACHED:**     Yes     No

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE \_\_\_\_\_ (Name of Child) IS IN GOOD MENTAL AND PHYSICAL HEALTH AND ABLE TO PARTICIPATE IN THE CHILD CARE PROGRAM AT \_\_\_\_\_ (Name of Facility)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
PARENT(S) OR GUARDIAN(S)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
DIRECTOR/OR STAFF

**PARENTAL CONSENT FOR MEDICATION**

**To be used on an as need basis. One form for each medication.**

We, the undersigned parents/guardians of the below named child, request that the medication we have delivered to the named facility be administered in the following manner:

**The medication was delivered to the above named facility in the original container and was prescribed by:**

Physician's name: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Physician's Telephone: \_\_\_\_\_

Date Received at facility: \_\_\_\_\_

Facility: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_

Time last dose was administered by parent: \_\_\_\_\_ am or pm (circle one)

Time medication is to be administered by staff: \_\_\_\_\_  
(Be specific: Ex. Immediately following lunch, 12:00 noon, prior to outdoor activity, etc.)

Day's medication is to be given: \_\_\_\_\_

Date Administered	Staff's Name	Time Medication Given	Dosage Given