

2010 Summer Adventure Day Camp

*(for post-kindergarteners and
school-age children 6-14 years of age)*

Registration Packet

"I will always remember the caring and supportive ways in which each staff member {at Summer Adventure Day Camp} contributed to a special summer for my granddaughter...the great fun she had, the skills she learned and how they made her feel included, understood and loved."

- Jasmine's grandmother

tel: 303.757.3551 fax: 303.757.1717
4140 East Iliff Avenue, Denver, CO 80222
e-mail: info@iliffpreschool.com
Web site: <http://www.iliffpreschool.com>

Summer Adventure Day Campers

We are excited for you to join us this summer!

Welcome, new and returning campers! As you know, our activities are designed to strengthen and build friendships, ensure you have lots of fun, and make memories that you will remember for years to come! In order to guarantee smooth sailing, **we would like you to help us with the following:**



Pack your bags! — Weekly event calendars are posted in advance so that you will know when to bring a swim suit/towel for water activities, socks for skating and bowling, and wear insect repellent when hiking.

Be Sun Safe — Put on sunscreen before leaving home. Also bring sunscreen to camp the first day and keep it at camp so you can reapply it in the afternoon. Don't forget to put your name on it with masking tape. In addition, we are asking you to wear a long-sleeved shirt and long pants made of light-weight fabric, cover up with a hat and wear sunglasses with 100% UV protection. We are working very hard to lower the risk of skin cancer later in life!



Preparation is key — Wear athletic shoes and socks; bring a backpack, sunscreen, water container, jacket, hat, change of clothes, sunglasses, and snacks.

Make your mark — Label your belongings and leave your gum, make-up, jewelry, toys, and money at home. We have a summer reading program so bring your favorite chapter book. (We borrow popular chapter books from the library if you forget yours.) Games, cameras, and sports equipment are also welcome, but must not be left in the bus or at camp.



Don't skimp on snacks! — We supply 2 snacks per day. You may pack additional snacks or drinks to be eaten only at times designated for snacks. Don't forget...we frown on litter!

Fill out and return the end of the summer survey — We value your ideas and want to know how you felt about your experiences. We will use your surveys to plan our camp next summer.

*Remember your enthusiasm and great smiles.
This summer will be your best yet!!*

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PARENTS

Welcome to the registration process for the Summer Adventure Day Camp (For children who have completed kindergarten)

You and your camper can expect to experience a summer packed with fun and adventure. We offer weekly themes which generally apply to special guest speakers, enrichment field trips 2-3 times/week, camp shows and special events, and arts/crafts and other activity projects. In addition to the weekly themes your camper will have the opportunity to swim and participate in organized sports on a regular schedule. There might be times that we must change our schedule and we will make every attempt to notify you in advance of these changes.

- ***Tuition is \$249.00/wk (\$52.00/day)... tuition includes field trip fees, snacks, and lunch.***
- Camp hours are 7 a.m. to 6 p.m., Monday-Friday, beginning, Tuesday, June 1st. The last day of camp is Friday, August 13th. We will be closed on Monday, July 5th, in observance of the Independence Day week-end.
- For RETURNING CAMPERS: a \$40 registration fee and the first week's tuition must accompany the forms in this registration packet. A new copy of your camper's immunizations must be given to the front office every summer, prior to your camper's first day. Check with the office and update your camper's health status record if you have not done so within the last 3 years.
- For CAMPERS WHO HAVE NEVER ATTENDED: a \$60.00 registration fee (\$70.00/family) and the first week's tuition must accompany the forms in this registration packet. In addition, you will be given an enrollment packet when you and your camper tour the center. Please arrange to tour in advance of your camper's first day in order to give your child's health care provider ample time to complete the health and immunization records found in the enrollment packet. The enrollment forms and registration forms **must** be completed and turned in to the front office, prior to the first day of your camper's attendance.
- Staff members are trained in First Aid/CPR and a staff member with a Commercial Driver's License drives the bus. Each bus is equipped with a cell phone.
- Positive guidance and discipline help develop self-esteem and instill respect: parental involvement is sought to correct any problems that persist. The safety and the well being of everyone are strictly enforced: another program is recommended if behavioral or safety problems remain unresolved.
- Family involvement is encouraged. You are welcome to join your camper on any one of our many field trips. We also invite dialogue...please don't hesitate to share suggestions or concerns with us.

JUNIOR (post Kindergarten) AND SENIOR (school-age) SUMMER ADVENTURE DAY CAMP REGISTRATION

I _____ give permission for my child _____

to attend the 2010 Summer Adventure Day camp. My child may participate in all activities with the following exceptions:

_____.

If my camper has never been registered at your center, I will pay a \$60 registration fee and request and complete an enrollment packet in addition to the registration forms. The enrollment packet includes a health record and immunization record that must be completed by my child's health care provider and must be returned to your office before my child's first day of camp. I understand that the enrollment packet must be presented on the original forms and can be obtained when I visit with my camper for an orientation tour.

I have attached the registration fee and the first week's tuition to the Registration Form. I understand that the remaining payments are due IN ADVANCE at the end of every week's attendance for the following week's attendance. (Any other schedule for payment of fees must be approved by the front office). Admission will be refused if I become delinquent with my payments and all health and immunization records cannot be released until the balance due is paid in full.

I have signed and returned permission for my child, under the supervision of staff, to apply the sunscreen and insect repellent that the camp or I have provided. I have also returned the release for my child to take supervised field trips, whether on foot or in one of the vehicles owned and maintained by Iliff Preschool, Inc. In addition, I know that I must call if any of the information on the emergency form that I have returned changes, as this is the only way you are able to contact me if my child becomes ill or is injured.

I agree to have my child at camp BEFORE his/her group leaves on a field trip. I understand that I may not drop off my child or pick up my child at a field trip site. Children who have missed a field trip will be supervised in one of the other classrooms on site. Field trip information is posted one week in advance.

I understand that a doctor's permission is required in order to administer ANY MEDICATION (including aspirin, Tylenol, etc., or any other over the counter medication). Forms are available at the front office. I also understand that the medication must be given to the front office and never put into my child's backpack. In addition, I must give written permission for the center to administer the medication EACH day that the medication is to be given.

SIGNATURE _____

DATE _____/_____/_____

Please indicate the days your child will be attending by circling the dates on the calendar below. We pay in advance for field trips, and plan our budget and staff according to your needs prior to the start of camp; therefore, days will be substituted only in extreme emergencies and only if a space is available. There will be no cash reimbursements for days missed.

<u>June 2010</u>					<u>July 2010</u>					<u>August 2010</u>				
Mo	Tu	We	Th	Fr	Mo	Tu	We	Th	Fr	Mo	Tu	We	Th	Fr
X	1	2	3	4				1	2	2	3	4	5	6
7	8	9	10	11	X	6	7	8	9	9	10	11	12	13
14	15	16	17	18	12	13	14	15	16					
21	22	23	24	25	19	20	21	22	23					
28	29	30			26	27	28	29	30					

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EMERGENCY INFORMATION
(Will accompany your camper on all field trips)

Child _____ Date of Birth ____/____/____

First Middle Last

Last Grade Completed _____ **Last School Attended** _____

Pediatrician's Name _____ **Dentist's Name** _____

Address _____ Address _____

Phone _____ Phone _____

Name of Insurance Co _____ **Name of Subscriber** _____ **Policy #**- _____

Parent/Provider #1 to be contacted first (If divorced or separated, please indicate who has legal custody by circling #1 or #2)

Name _____

Address _____

Street City State Zip

Telephone _____

Home Business Mobile Other E-Mail Address

Occupation _____

Company Position

Business Address _____

Street City State Zip

Parent/Provider #2 to be contacted second

Name _____

Address _____

Street City State Zip

Telephone _____

Home Business Mobile Other E-Mail Address

Occupation _____

Company Position

Business Address _____

Street City State Zip

Emergency #1

Emergency #2

Name	Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Telephone _____ Home Business Other	Telephone _____ Home Business Other
Relationship	Relationship

Persons permitted to take child from camp: Name (Other than those listed above) Name	Phone Phone
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I, the parent or guardian having legal custody of the above-named minor, authorize Iliff Preschool, Inc. to consent to X-rays, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed physician and/or surgeon, or to consent to an X-ray examination, dentist or surgical diagnosis or treatment, and hospital care to be rendered to said minor by a licensed dentist.

I further authorize Iliff Preschool, Inc. to have the above-named minor released into the custody of its representative, should hospital care no longer be required.

Signature _____

Date ____/____/____

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MEDICATION ADMINISTRATION

Check with your Health Care Provider to see if a dosage schedule can be arranged that does not involve the hours your child is in our care.

IF YOUR CHILD REQUIRES MEDICATION WHILE AT CAMP:

- All prescription or non-prescription medications given at our center require a written authorization from your Health Care Provider, as well as your written consent. The medication authorization forms are available at the front office.
- The instructions from your Health Care Provider must include information regarding the medication, reason for the medication, the specific time of administration and the length of time the medication needs to be given. All medication must be brought in the original labeled container. Ask your pharmacist to divide your child's medication into 2 labeled containers. You can leave one at home and the other with us.

Note: Medication prepared in a bottle or "cup" may not be left with staff. Vitamins, homeopathic medication and herbal preparations are considered like any other medication. Please do not leave them with your child.

- Our staff involved in medication administration receives special training and is supervised by a nurse consultant.
- Trained staff members are not authorized to determine when an "as needed" medication is to be given. Specific instructions are necessary.
- Blanket permission forms are NOT acceptable. The authorization from your Health Care Provider must include the start and end date for the medication as well as the reason the medication is needed.
- Topical over-the-counter preparations such as sunscreen and ointments require your written authorization but do NOT require written authorization from your Health Care Provider. They may be applied as a preventive measure. If the skin is broken or bleeding, we will discontinue use, and you will be asked to provide written instructions from your Health Care Provider.
- Nebulizers and EpiPens® require a written health care plan from a Health Care Provider. They are available at the front office.
- Trained staff must count and record the quantity of controlled substances, such as Ritalin®, in the presence of the parent at the time the medication is left at the front office.
- Medication that has expired or is no longer being used at the center will be returned to you. If the medication has not been picked up within one week of the request, trained staff will dispose of it.

Please refer to these policies if your child must be given medication while at day camp

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PERMISSION TO PARTICIPATE IN PHOTOGRAPHS AND VIDEO RECORDINGS

I _____ (name) give permission for my camper,
_____ (name) to be photographed or recorded on video
for use in scrap books, bulletin boards, children's portfolios and files, or publicity purposes
and/or promotions such as brochures, newspaper articles, and our website.

The undersigned parent, in consideration for having my camper participate in student activities involving the use of cameras and video recordings, relinquish all rights, title and interest in the finished photographs, negatives and tapes.

Name _____ (PLEASE PRINT)

Home Phone _____ Work Phone _____

Signature _____

Date ____/____/____

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FIELD TRIP PERMISSION AND LIABILITY RELEASE

I _____ give permission for my camper,
_____ to attend the field trips offered by Iliff Preschool, Inc.

The undersigned parent, in consideration for having my child participate in student activities requiring transportation away from the premises of the school, voluntarily releases the Iliff Preschool, Inc., its officers, teachers, staff, employees and agents from any and all claims and liability for personal injury, death, or property damage which may occur in conjunction with this transportation.

Name _____ (PLEASE PRINT)

Home Phone _____ Work Phone _____

Signature _____ (PARENT/LEGAL GUARDIAN)

Date ____/____/____

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SUNSCREEN PERMISSION FORM

DATE ____/____/____

NAME OF CHILD _____

NAME OF SUNSCREEN AND SPF NUMBER _____

Please divide your container of sunscreen in two portions. Send your child's portion to the center in the original container marked with a permanent pen with your child's full name.

You should assist your child in putting on sunscreen BEFORE arriving at the center. We will assist with applying sunscreen to bare skin including the face, tops of ears and bare shoulder, arms, legs, and feet before afternoon outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to you. It is your responsibility to provide sunscreen with a minimum SPF of 15.

Special Instructions

- In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the school: Rocky Mountain Sunscreen *Sport* SPF 30
 - UVA
 - UVB
 - Greaseless
 - Waterproof
 - Paba-Free
 - www.rmsunscreen.com

- I do not want my child to use any other sunscreen other than the one I send to the center.

- No. For medical reasons, do not apply sunscreen to my child under any circumstances.

PARENT/GUARDIAN SIGNATURE

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INSECT REPELLENT PERMISSION FORM

DATE ____/____/____

NAME OF CHILD _____

NAME OF INSECT REPELLENT AND THE % of DEET or % SOY-BASED:

We will notify you of days that your child will need insect repellent for a field trip. We ask that the repellent be applied before arrival at the center. If you send the repellent with your child, please label it and request a counselor assist with applying it to your child's bare surfaces including the face, neck, arms, legs and feet right before the bus leaves. Insect repellent will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to you. It is your responsibility to provide insect repellent that contains either DEET or is soy-based. When using a repellent with DEET, it is recommended that a concentration containing between 10% and 30% DEET.

Special Instructions

- In the event that my child's insect repellent is not readily available, my child may use the repellent provided by the school: JASON Quit Bugging Me Natural Insect Repellant Spray (2% Soybean oil, 2% Geranium Oil)
 - Deet, PABA and Paraben free
 - Non-greasy
 - Safe for Kids
 - <http://www.jason-natural.com/>

- I do not want my child to use any other repellent other than the one I send to the center.

- No. For medical reasons, do not apply insect repellent to my child under any circumstances.

PARENT/GUARDIAN SIGNATURE

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CAMP SURVEY

(Please turn into the office your last day of camp or mail to 4140 E Iliff Ave, Denver, CO 80222)

We hope you enjoyed your experience at camp. Please take a few minutes to tell us about your experience.

Was this the first time you attended our day camp?

If no, what other camp(s) have you attended?

Did you like the camp counselors?

If no, please tell us why:

While at camp you got to do lots of different things. Tell us what your favorite things were: For example, art with Miss Vanessa, sports, swimming, field trips, guest speakers, themes, ect.

How did you or your parents hear about our camp? For example: through a newspaper, word of mouth, at school, or perhaps you or your parent found us on a website.

Did you look at our website before making your decision to attend our camp? Did you enjoy it?

What was your favorite activity at camp?

Do you have any suggestions or comments for new themes or activities at camp next year?

Thank you for taking your time to help us plan for next year...see you then!!!!!!