

# Concordia Christian Day School

## School Age Summer Day Camp 2018

February 2, 2018

Dear Prospective Summer Day Camp Parent(s):

Thank you for your interest in our School Age Summer Day Camp program here at Concordia. This camp is for any child in the community starting 1st grade in the fall through age 12. Our program this year is an 6 week program, beginning on Monday, June 18 and ending Friday, August 3. We will be closed the week of the 4<sup>th</sup> of July (July 2 – July 6). The main activities are set for the summer by the days of the week. On Mondays and Fridays the group goes swimming at the Conover Pool and enjoy visiting the splash pad at the Conover Park. Tuesday is the “big field trip” day, when the group go to places like Tweetsie Railroad, Wet-n-Wild, Zootastic and several other places in the area. This day will be an additional cost per event location. On Wednesdays the camp goes to Carolina Theater for an age appropriate movie, and walk over to the Conover Library, if they have a library card and desire to check out books. Thursdays alternates between bowling at Pin Station and a local park.

In order to better accommodate our parents and their busy schedules and other activities that our students are involved in, we are allowing parents to decide the weeks they need our camp services. You will be responsible to pay for the weeks you commit to even if you do not attend, except in the case of an emergency; then payment will be discussed with and determined by the Director. In providing us with this information, not only will it help us in accommodating more children, but will also help us with planning the number of staff needed for the summer.



There is a non-refundable camp registration fee of \$60.00 per child. The registration fee must accompany your application, or your application WILL NOT be accepted. We WILL NOT accept applications unless weeks are specified at the time the application is submitted. We need a definite commitment from you in order to reserve a place for your child.

We give a discounted rate for families with more than one child in either age camp. The discount goes to the oldest child enrolled. We also give a discount if you sign up for ALL 6 WEEKS and pay in full in advance. Please refer to the information sheet for more details. If you have any questions, please call the school office at 464-3011.

We look forward to another fun filled summer!

In His Service,

*Mrs. Taylor Dyar*

School Age Summer Day Camp Director

215 5<sup>th</sup> Avenue SE  
Conover, NC 28613

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School.ConcordiaNC.Org  
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# Concordia Christian Day School

## School Age Summer Day Camp 2018

### Information Sheet

**WHO MAY COME:** Any children in the community starting 1st grade in the Fall through age 12.

**DATES:** The program is an 6 week program. The camp will officially begin on Monday, June 18. We will be CLOSED the week of July 4<sup>th</sup> (July 2 – July 6). The camp will end Friday, August 3.

**HOURS:** Monday through Friday, from 7:00 am to 6:00 pm.

**COST:** Registration Fee \$60.00 per child. This includes a camp T-shirt and is non-refundable. You pick which days of the week your child will attend for the summer. Your weekly fee includes all activities except field trips costing more than \$5.00. There are no one day or four day prices. *(If you come one day you pay the two day price – four days you pay the five day price)*

5 Day Program: \$140.00 per week

3 Day Program: \$110.00 per week

2 Day Program: \$80.00 per week

**EXTRA COST:** There will be an extra cost for big field trips costing more than \$5.00.

**DISCOUNTS:** We give a discount rate for families with more than one child in either camps. The discount goes to the oldest enrolled. The 2<sup>nd</sup> child or any additional will receive the following:

5 Day Program: \$10.00 off per week

3 Day Program: \$ 5.00 off per week

2 Day Program: \$ 5.00 off per week

We also give an overall discount if all 8 weeks are paid in full in advance.

5 Day Program: \$50.00 off per child overall

3 Day Program: \$30.00 off per child overall

2 Day Program: \$20.00 off per child overall

**FOOD:** Each family provides a nutritional lunch and drink for their child. We provide a morning and afternoon snack.

**STAFF:** Our workers are Concordia staff members along with college students. They all enjoy working with children. Mrs. Taylor Dyar is the director of the program.

**FACILITIES:** The camp uses the school's cafeteria, gym, computer lab, classrooms, youth area, and playground for their daily activities on campus. For any off campus field trips transportation is provided on the school's buses.

**SCHEDULE:** The specific daily schedule is not completed at this time; however, a typical day would look similar to this:

7:00 - 9:30 am	Arrival/Board Games	1:00 - 3:00 pm	Small Group Activities
9:30 - Noon	Main Activity	3:00 - 3:30 pm	Afternoon Snack
Noon - 1:00 pm	Lunch/Devotion	3:30 - 6:00 pm	Outdoor Play/Bd. Games/Movie

**ADDITIONAL ACTIVITIES:** May include crafts, swimming, bowling, bingo, movies, and field trips.

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### Application Form

CHILD'S NAME: \_\_\_\_\_  
                                    LAST                                    FIRST                                    MIDDLE                                    NICKNAME

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE ENTERING IN FALL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                                    ADDRESS                                    CITY                                    STATE                                    ZIP CODE

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MOTHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*(If different from above)* ADDRESS CITY STATE ZIP CODE

MOTHER'S EMPLOYMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

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FATHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*(If different from above)* ADDRESS CITY STATE ZIP CODE

FATHER'S EMPLOYMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

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EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERSONS PERMITTED TO REMOVE CHILD: \_\_\_\_\_  
\_\_\_\_\_

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CHILD'S DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S HOSPITAL: \_\_\_\_\_ PHONE: \_\_\_\_\_

PLEASE LIST ANY HEALTH CONDITIONS OR ALLERGIES (FOOD, DRUG):  
\_\_\_\_\_

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**WHAT SIZE T-SHIRT WILL YOUR CHILD WEAR:** *(Please circle one)*

Youth:    Small        Medium        Large                      Adult:    Small        Medium        Large        X-Large

**PLEASE INDICATE WHICH PROGRAM YOUR CHILD WILL ATTEND:**

5 Day Program                       3 Day Program                       2 Day Program

**PLEASE INDICATE WHICH DAYS OF THE WEEK:**

Monday                       Tuesday                       Wednesday                       Thursday                       Friday

**PLEASE CHECK THE WEEKS YOUR CHILD WILL BE ATTENDING:** *(Helps plan our child/staff ratio)*

\_\_\_\_\_ June 18 – June 16                      \_\_\_\_\_ July 16 – July 20  
\_\_\_\_\_ June 25 – June 29                      \_\_\_\_\_ July 23 – July 27  
\_\_\_\_\_ July 9 – July 13                      \_\_\_\_\_ July 30 – Aug. 3

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### **STUDENT PHOTO RELEASE**

Concordia Summer Day Camp makes every effort to maintain security and recognizes a child and parent/guardian's right to privacy. Please indicate below whether or not you wish to have your child excluded from any or all photographs used for publicity purposes.

\_\_\_\_\_ **YES**, you **MAY PUBLISH** my child's photo in any way that the school feels is appropriate

\_\_\_\_\_ **NO**, you **MAY NOT PUBLISH** my child's photo for any purpose

### **INTERNET POLICY**

Concordia Summer Day Camp allows children access to the Internet under the supervision of a counselor. Parents need to realize that while Concordia has internet filtering in place, students sometimes encounter information that is potentially offensive or defamatory. Parents must give permission for their children to use the internet. I grant my child permission to use school computers and to access the internet.

### **MEDICATION POLICY**

Since possibility exists to harm your child with inappropriate medication and the subsequent liability issues, Concordia Summer Day Camp does not dispense non-prescriptive oral medicines to students. The only medicine we will dispense is medication prescribed by a doctor. Parents may come to school and dispense non-prescription medication to their child. It continues to be against policy for students to bring medication to school to give to themselves. For the Summer Camp Staff to dispense prescription medicine a Medication Request Form must be completed by parent/guardian. The medication must be in a prescription container with student name and dosage information clearly labeled. If the doctor has prescribed an over the counter medicine, we must have a copy of the doctor's prescription that clearly states the medicine, number of milligrams and the dosage. Emergency items, such as allergy medications/inhalers, will be kept with the counselor at times. All other medications will be kept with the Director. Dispensing of medications will take place by the staff when required.

### **IMMUNIZATION RECORDS POLICY**

Children not attending Concordia Christian Day School must provide a copy of current immunizations as required by State Law (Act 12, Public Acts 1960). Immunizations against diphtheria, tetanus, pertussis, poliomyelitis, rubella, mumps, and measles are required. After a child's fourth birthday, booster doses of DTP and poliomyelitis are necessary. A tuberculin test must also have been given. The HEP B vaccine is required for all students born on or after July 1, 1994. The state rules that a booster dose of Tdap (tetanus, diphtheria, pertussis) vaccine is required for all students entering the 6th grade on or after August 1, 2008. If five years or more have passed since their last dose of tetanus/diphtheria toxoid.

I herewith request enrollment for my child. I SUBMIT this application and AGREE to ABIDE by the AGREEMENTS and POLICIES as stated in the Concordia School Age Summer Day Camp Parent Information Packet. I understand that if I change my mind and enroll my child elsewhere, the REGISTRATION FEE I paid is non-refundable.

**PARENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE RETURN TO THE SCHOOL OFFICE**

# Concordia Christian Day School

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### Policy Agreement

1. I agree I have made a **DEFINITE COMMITMENT** for weeks noted on my child's Summer Camp Application for my child to attend Concordia's School Age Summer Day Camp Program.
2. I understand I am responsible for payment of the week's commitment, even if my child does not attend camp. I agree to pay the charges according to the programs current rates for the Program.
3. I agree I have made a definite commitment to a 2 Day, 3 Day, or 5 Day Program noted on my child's Summer Day Camp Application. There are **NO** 1 Day or 4 Day prices. If my child comes only 1 day, I will pay the 2 Day price. If my child comes 4 Days, I will pay the 5 Day price.
4. I understand the program closes at 6:00 pm. If I am late picking up my child, I will be charged \$1.00 for every 1 minute after 6:00 p.m. Time will be charged by the school clock.
5. I understand that **ALL PAYMENTS** are **DUE** on **MONDAY** of each week. For example, the first week's payment is due on Monday, June 18. All balances not paid by the close of camp on Monday of each week, will be charged a **\$20.00 LATE FEE!**
6. I understand if I pay with a credit card there is a 5% convenience fee. I understand if a check is returned, I must pay in cash a \$30.00 return check fee in addition to the amount of the returned check.
7. I understand that if my child attends Concordia Christian Day School, all school account balances must be paid in full before being able to attend camp.
8. I understand that if my child's balance is more than two weeks behind and I have not made arrangements with the Camp Director, my child cannot return to camp until the balance is paid.
9. I agree when dropping off pick up of my child, my child will be **signed in** and **out daily** by whoever is bringing them or picking them up. The Concordia Summer Day Camp **staff must have written authorization** from a parent for any person other than the parent to pick up the child. This also applies to those children riding in a carpool.
10. I agree that the operator may authorize the physician of their choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.
11. I authorize the staff to apply over-the-counter, topical ointments, creams, lotions and powders, such as sunscreen and hand lotion.
12. I understand that if my child has head lice and nits they must be kept out of camp until after application of an effective pediculicide. All lice and nits must be completely removed to prevent reindentation. Staff members who are trained in identification of head lice will determine the student is lice and nit free. A letter will be sent home to parents of child with head lice and to all parents in the camp after three concurrent cases are identified. Trained staff members must make a check of all other children in the camp and of the any siblings attending Summer Day Camp Programs.
13. I understand any children exhibiting any signs or occurrences of Nausea, Diarrhea, Vomiting and/or Fever over 100 degrees should be excluded from camp at least 24 hours after last occurrence of symptom.

I understand by signing this document, I am acknowledging that I have read and understand the policies, rules, and regulations of the church and school and agree to abide by them.

**PARENT SIGATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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## School Age Summer Day Camp 2018

### Field Trip Permission

Dear Parents,

Please complete this field trip permission/emergency contact form for all field trips for the Concordia School Age Summer Day Camp Program.

I hereby give my permission for my child, \_\_\_\_\_ to go on field trips with Concordia's School Age Summer Day Camp Program. This also allows staff members to take my child to Conover Park or Conover Library, and across the street from the school.

If I cannot be reached in an emergency and, if in the judgment of the school authorities immediate medical and/or hospital attention is indicated, I authorize responsible school authorities to send my child (properly accompanied) to an available hospital or physician and I further authorize the treatment by a qualified and licensed medical doctor of the minor named above in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort had been made to reach me.

**Please provide all information indicated:**

_____ <b>Parent or Guardian Signature</b>	_____ <b>Date</b>
_____ <b>Child's Date of Birth</b>	_____ <b>Child's Social Security Number</b>
_____ <b>Mother's Name</b>	_____ <b>Primary Contact Number</b>
_____ <b>Father's Name</b>	_____ <b>Primary Contact Number</b>
_____ <b>Other Emergency Contact Name</b>	_____ <b>Primary Contact Number</b>
_____ <b>Primary Doctor</b>	_____ <b>Phone Number</b>

Special Health Conditions or Allergies (Food, Drugs):

**PLEASE RETURN TO THE SCHOOL OFFICE**