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**WONDERS**

## Cresset Christian Academy Summer Camp 2010

Dear Parents,

Welcome to Cresset Christian Academy's Summer Camp 2010! We're ready to get off to a great start. With a busy, fun-filled summer! We're looking forward to a great summer with your child. You should find the following things in this packet:

- Camp Policies
- Discipline Plan
- All of the forms needed for each camper:
  - Parent Contract
  - Camper Information
  - Medical Release/Field trip Form
  - Camp Physical (if not a current student)

**Drop-off** children at the elementary building! **Building A**

Our main rooms will be in Building A.

We will also use the Gym, Art Trailer, Library, playground, and other areas on the campus.

**Pick-up** will be the gym, playground, or Building A.

**Make sure to turn in all forms on the FIRST DAY OF CAMP or BEFORE! Have a great summer!**

**Camp Hours:**

Pre-camp: 7:30-9:00  
Camp: 9:00-4:00  
Post camp: 4:00-5:30

Joshua Reynolds, Elementary Summer Camp Director  
Becky Tenaglia, Preschool Director

Contact us by calling 489-2655 ext 207

## Cresset Christian Academy Summer Day Camp Camp Policies

1. All **enrollment forms** must be completed and on file before the child may attend camp.
2. Children who are ill may not remain in camp. If the **child becomes** ill during the day, parents will be called and the child must be picked up.
3. If your child is to take any **medication**, including aspirin or other OTC drugs, you will need to fill out a medication form giving us permission and the dosage schedule to administer the medication. (All medication will be held by the camp staff.)
4. **OUR CAMP HOURS:**
  - The Camp is open from 7:30 a.m. to 5:30 p.m.
  - Pre-camp (drop-off) will be from 7:30 a.m. to 9:00 a.m.
  - Camp begins at 9:00 a.m. Post-camp (pick-up) will be from 4:00 p.m. to 5:30 p.m.
  - Camp ends promptly at 5:30 p.m. (see Fees section below).

Please inform a camp counselor or director if your child will be dropped off after 9:00 a.m. or picked up before 4:00 p.m., so that the staff may plan accordingly. Field trips or special off-site activities will not usually begin until 9:00 a.m., and we will usually complete those activities by 4:00 p.m. Parents must accompany their child(ren) into the camp to sign them in. Do not just drop them off. Parents should also sign their child(ren) out before they can leave camp.
5. **Fees Schedule**
  - Tuition is \$185 (\$145 for each additional sibling) per week
  - The discounted rate for the entire summer is \$1350 (\$1100 each additional sibling), due by June 7.
  - There is NO REDUCTION of price for absences during the week.
  - A late fee of \$1 per minute will be charged for children picked up after 5:35 p.m.
  - Tuition payments are to be turned in by Thursday in advance of the week your child is attending.
  - Tuition must be paid in full for the camper to be permitted to attend camp.
6. Children should wear washable clothing in which they are comfortable. **Modest clothing** is required. All shorts must be no shorter than 3 inches above the knee. Clothing must not be too tight or too loose. All t-shirts must have appropriate logos. We ask that no t-shirt contain words such as "brat," "spoiled brat," "angel," "angel...most of the time," etc. We ask that no campers wear shorts with letters or logos printed across the buttocks. Tank tops are not to be worn on school grounds, but may be worn over swimsuits in pool areas only. Footwear should be only tennis (athletic) shoes and socks; jellies, flip-flops, or sandals may be worn around pool areas only. Campers may wear caps outside of the buildings.

(Continued on next page)

## **Cresset Christian Academy Summer Day Camp Camp Policies (Continued)**

7. The children will have an opportunity to take various **field trips** (elementary camp only). Campers are asked to wear their camp t-shirts on field trip days (usually Thursdays). Any camper not signed in by 9:00 a.m. on most Field Trip mornings will not be permitted to attend camp that day, as campers and staff may be off-campus for a portion of the day. Campers will need to bring a bagged lunch on Field Trip days/Wednesdays. (On other days of the week, lunch will be provided for your child.)
8. **Parents are welcome** on field trips and are requested to let the Camp Director know by the Monday before the trip. They will need to arrange their own transportation and pay their own expenses.
9. Adequate materials and supplies are provided, so children will **not need to bring toys** or games with them unless asked by a camp counselor. Any toys, including electronic toys, gameboys, cd players, etc. brought without permission will be set aside until time for the parent to pick up. No cell phones allowed. If a parent needs to reach a camper, they may call the office. If a camper needs to reach a parent they may obtain permission to use the school phone
10. Children will **not need money** during the day, so we request that they not bring any with them to camp unless requested by a camp counselor or director for a special treat. If concessions or gift shops are available at field trip sites, you will be informed, and students may bring money for those occasions. We will require **bagged lunches** on field trip days.
11. On the days children will be **swimming**, they are to bring a labeled bag containing an appropriate swimsuit, towel, and flip-flops or sandals (labeled). Girls' swimsuits must be one-piece and modest. No cut-offs will be permitted.
12. Children will need to bring a **change of clothes** to have in case of emergencies. On occasion we will take part in some activities that are messy and/or include water. This change of clothes can be brought in a plastic bag (with your child's name clearly printed) on the day, or the Monday of the week they attend camp. A change of clothes could include an extra t-shirt, shorts, socks, etc.
13. Children will **need to bring** a clean water bottle, Bible, books to read, and snack DAILY! Drinks will be provided throughout the day. One snack will be provided each day for elementary camp.
14. Campers have the option of bringing their own lunch each day or **signing up for a lunch** that is provided by camp when they sign-in in the morning. Lunch will be provided on all days EXCEPT Field Trip Days (usually Thursdays) Campers may not bring lunches or snacks that require refrigeration or microwaving. Please do not send candy or sodas as part of a lunch or snack. Campers are responsible for all lunches and snacks they bring. Please label your child's lunch bag or lunch box clearly.
15. Before your child arrives at camp, make sure they have applied **sunscreen**. Send sunscreen to camp clearly marked with your child's name.

# **Cresset Christian Academy Day Camp Discipline Plan**

Cresset Christian Academy Summer Day Camp uses the following guidelines in administering discipline:

**Step 1:** The child's group leader, or whoever sees the infraction, will talk to the individual, encouraging behavior that is more positive and appropriate.

**Step 2:** The group leader has the prerogative to continue to deal with the problem as long as he/she thinks he/she can handle the situation using time-outs and missed privileges.

**Step 3:** When the group leader feels unable to communicate with the child, the group leader will take the child to the camp director, who will document the incident and behavior. A copy will be given to the parent/adult who picks up the camper, and a copy will be placed in the child's folder. The child and parent will be informed that if the behavior continues, a conference with the camper, parents, and director will be needed.

**Step 4:** Meeting of all parties involved, including a parent/guardian, camper, and director. Appropriate disciplinary action will be discussed.

**Step 5:** If the child does not adhere to the rules at this point, and the behavior continues, he/she will be dismissed from camp permanently.

- Fighting will result in automatic suspension for one camp day. The camper may not return until after a parent/camper/director conference. Fighting again will result in automatic expulsion from camp.
- The continued use of profanity will result in automatic suspension for one camp day. The camper may not return to camp until after a parent/camper/director conference. Using profanity again will result in automatic expulsion from camp.
- Disrespect shown to staff (yelling, arguing, hitting, rolling eyes, etc.) will result in an automatic parent/camper/director conference. Continual disrespect will result in expulsion from camp.
- No refunds will be given for suspension from camp.
- Physical punishment will NOT be administered by any staff, even upon parental request.

# Cresset Christian Academy Summer Day Camp - Parent Contract

I, the parent and/or legal guardian of \_\_\_\_\_ (name of camper), do hereby agree to enroll my child in the Summer Day Camp program of Cresset Christian Academy, Durham, NC.

I believe my child can enter into the activities of his group, and I delegate all responsibility for his/her care and control to the authorized staff of the camp during the hours I leave him/her with them. However, if a problem exists which cannot be resolved, I understand the camp has the right to dismiss my child.

I hereby give permission for above named child to participate fully in all Summer Camp sponsored trips in accordance with the Permission to Participate Authorization form. Every camp sponsored field trip will be supervised by camp staff at all times. Permission to attend any field trip may be revoked by providing written notice, delivered to the director at least 24 hours prior to the trip.

I understand that there are inherent risks/dangers involved with the participation in any field trip. In consideration of my child being allowed to participate in any off-campus event, I agree to assume responsibility for reasonable risks associated with the travel and activities. I further agree to limit the liability attributed to Cresset Summer Camp, its affiliated organization, employees, agents and representatives, including but not limited to volunteers and drivers, from any and all damages arising from my child's participation in the off-campus event which exceed the applicable liability insurance policy in force and effect at the time of the incident.

In case of emergency at a time when I cannot be reached, I authorize the staff to reach the persons whose names I have written on my child's information sheet.

If at any time an individual other than my self, or the one regularly designated, is to take my child away from camp, I will notify the group leader, giving the name of the individual who will call for the child and time he/she is to leave camp.

I will be responsible for paying for my child's Day Camp experience, with the understanding that my child may not attend if the weekly fee has not been paid in full by Monday morning. I understand that my child may not attend until the fee is paid. I understand that I am to pay the late fee of \$1 per minute, per child after 5:35 p.m. in the event that I am late picking up my child.

I agree to comply with the camp's dress code and understand that if my child arrives to camp with dress not in accordance with the dress code, that he/she will not be permitted to stay until he/she has changed.

I have read the Camp Procedures and Discipline Plan sheets and agree to abide by the procedures stated herein.

In case of accident, illness, or other emergency, I request that camp personnel contact me as soon as practicable. If camp personnel cannot reach a parent/guardian after conscientious effort, I give permission for camp personnel or attending adult to call paramedics or any appropriately licensed health care practitioner. I further give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical treatment which will aid the hospital and/or health care practitioner in making a diagnosis and providing emergency treatment. I agree to be financially responsible for all cost and fees incurred in the emergency treatment provided to my child, including but not limited to emergency medical transportation deemed necessary by the attending staff adult, paramedic, or health care practitioner.

I have read the above and understand its contents and fully agree to each item above. I enter into this agreement at this time without force or duress of any kind.

\_\_\_\_\_  
Father/Stepfather/Guardian's Signature and date

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

Work phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

\_\_\_\_\_  
Mother/Stepmother/Guardian's Signature and date

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

Work phone: \_\_\_\_\_

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

# Cresset Christian Academy Summer Day Camp Camper Information

To help the staff best meet the needs and interest of all campers, we ask that you share the following information:

NAME: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Church your family attends: \_\_\_\_\_

Child's interests: \_\_\_\_\_

\_\_\_\_\_

Child's Fears: \_\_\_\_\_

\_\_\_\_\_

Child's classroom friends that will be attending camp: \_\_\_\_\_

\_\_\_\_\_

Children with whom your child does NOT interact well: \_\_\_\_\_

\_\_\_\_\_

Typical Camp Foods/snacks your child does not like (or is allergic to) : \_\_\_\_\_

\_\_\_\_\_

Swimming ability: (circle all that apply) \* passed swim lessons \* not taken/passed swim lessons \*

Cannot swim \* wades with floatation devises only \* hesitant swimmer \* confident swimmer

Other information that might help us with planning and implementing safe, fun, meaningful activities for your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shirt size: (circle one) YS YM YL AS AM AL AXL

Small child sizes: S M L

# *Cresset Christian Academy*

## Summer 2010 Activities

### **FIELD TRIP/OFF CAMPUS ACTIVITY RELEASE**

I/We, hereby give permission for \_\_\_\_\_, grade \_\_\_\_\_, to participate fully in camp sponsored trips in accordance with the "Permission to Participate Authorization" form. A "Permission to Participate Authorization" will precede each off-campus trip. Every camp sponsored Field Trip or Off-campus outing will be supervised by a teacher and/or adult at all times. All parents will be given at least 48 hours notice of all trips off-campus. Permission to attend any field trip may be revoked by providing written notice, hand delivered to the camp director at least 24 hours prior to the trip. There will, however, not be any on-site care when the camp group has left campus.

It is the school's desire to provide a safe and enjoyable time for all students. We further understand that accidents can happen. I/We understand that there are inherent risks/dangers involved with the participation in any off-campus event. In consideration of my child being allowed to participate in any off-campus event, I/We agree to assume responsibility for reasonable risks associated with the travel and activities. I/We further agree to limit the liability attributed to Cresset Christian Academy, its affiliated organization, employees, agents and representatives, including but not limited to volunteers and drivers, from any and all damages arising from my child's participation in the off-campus event which exceed the applicable liability insurance policy in force and effect at the time of the incident

### **EMERGENCY MEDICAL RELEASE**

In case of accident, illness, or other emergency, I/We request that the school contact me as soon as practicable. If the school cannot reach a parent/guardian after conscientious effort, I/We give permission for school staff or attending adult to call paramedics or any appropriately licensed health care practitioner. I/We further give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/We authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical treatment which will aid the hospital and/or health care practitioner in making a diagnosis and providing emergency treatment. I/We agree to be financially responsible for all cost and fees incurred in the emergency treatment provided to my child, including but not limited to emergency medical transportation deemed necessary by the attending staff, adult, paramedic, or health care practitioner.

I/We have read the above releases, understand their contents, and fully agree to each item. I/We enter into this agreement at this time without force or duress of any kind.

\_\_\_\_\_  
Father/Stepfather/Guardian's Signature and Date

\_\_\_\_\_  
Mother/Stepmother/Guardian's Signature and Date

Name **Printed:** \_\_\_\_\_

Name **Printed:** \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell phone/pager \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell phone/pager \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**First non-parent emergency contact:** \_\_\_\_\_ Relationship \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone or pager \_\_\_\_\_

**Second non-parent emergency contact:** \_\_\_\_\_ Relationship \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone or pager \_\_\_\_\_

# STUDENT HEALTH INFORMATION

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Student Social Security Number:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Student's Medical History:** (Check giving appropriate information such as dates, etc.)

_____ Asthma	_____ Sinusitis	_____ Bronchitis
_____ Kidney Trouble	_____ Heart Trouble	_____ Diabetes
_____ Dizziness	_____ Stomach Upset	_____ Hay Fever
_____ Seizures	_____ Chicken Pox	_____ Measles
_____ Mumps	_____ Whooping Cough	_____ Other _____

List Allergies and Drug Sensitivities: \_\_\_\_\_  
 \_\_\_\_\_

List any current medications student is taking \_\_\_\_\_  
 \_\_\_\_\_

Other information we need to know: \_\_\_\_\_  
 \_\_\_\_\_

**Hospital Preferred:** \_\_\_\_\_ **Blood Type:** \_\_\_\_\_

**Insurance Co.:** \_\_\_\_\_ **Policy No.** \_\_\_\_\_ **Group:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

IMMUNIZATIONS	DATES DOSES GIVEN					Date Booster Due
Poliomyelitis						
DPT						
Measles, Mumps, & Rubella						
H.I.B.						
Hepatitis B						
Chicken Pox						

## PICK UP / DROP OFF

The following drivers have permission to pick up my child. (Child will ONLY be released to persons on this list or parents.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Daily anticipated drop-off time:** \_\_\_\_\_ **Pick-up time:** \_\_\_\_\_

# Cresset Christian Academy

3707 Garrett Rd., Durham, NC 27707  
phone: 919-489-2655 fax: 919-493-8102

## SUMMER CAMP PHYSICAL FORM

This Section must be completed only for: (1) All new students  
(2) students entering grades K5, 3, 6, 9

**(3) yearly for sports participation**

(due before 1<sup>st</sup> day of practice, i.e. **July 30** for Fall sports)

**PATIENT'S NAME** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_ **GRADE** \_\_\_\_\_

The above patient is well and free of contagious disease except for \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Urinalysis: \_\_\_\_\_ Allergies: \_\_\_\_\_

Audio: \_\_\_\_\_ Vision: L20/ \_\_\_\_\_ R20/ \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_ Date of last TB test: \_\_\_\_\_

All state required immunizations are up to date: \_\_\_\_\_ yes; rec'vd. this visit: \_\_\_\_\_

Immunizations scheduled: \_\_\_\_\_

Special needs and concerns: \_\_\_\_\_

I find no contradiction to his/her participating in (name of sport) \_\_\_\_\_

Comments:

**Date of Exam** \_\_\_\_\_ **Signature of licensed physician:** \_\_\_\_\_

**Physician's name printed:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_