## RP SUMMER CAMP PARENT PACKET 2020

Welcome to the Ridgefield Park Summer Camp!

#### Here at RP Summer Camp, we pride ourselves in providing programs that are high in quality and fits your child’s needs and interests. We look forward to having your child at camp where he or she will gain new friends and a lifetime of memories.

Please read through this information carefully as it will help answer many of your general camp questions; however, please feel free to notify the camp office should you have any further questions.

In order to provide you and your child with the best experience, it is important that the following documents be filled out and returned prior to the start of your child’s camp session.

* **Camper Medical Information Sheet**: This form provides medical information required by the State of NJ, in addition to your signature which is an authorization to medically treat if necessary.

If you have any questions or concerns, please call me. Thanks for choosing RP Summer Camp!

See you this summer!

Bob Kilmurray

Camp Director 201-870-1202

[rpafterschoolprogram@gmail.com](mailto:msullivan@ymcagbc.org)

**CAMP GENERAL INFORMATION**

**MEDICAL PACKET**

All campers must have their completed packet submitted prior to the start of their camp session. It is important for us to understand your child’s medical and behavioral needs. We want our staff as prepared as possible to ensure your child’s safety and to provide the best possible camp experience. The State of NJ requires this form be completed each year.

##### No child will be allowed in camp without a completed current medical packet.

The medical packet will be kept at camp so it is important that all information is provided as accurately as possible to ensure the Camp Health Director and Camp Administration can easily access information as quickly as possible. For example: emergency contact information.

### BEFORE AND AFTER CARE

If you need to drop-off your child earlier than 9:00 a.m. or pick them up later than 4:30 p.m., you may register for before and after-care prior to the first day of camp. Drop-off time is 7:30 a.m. and pick-up is at 6:30 p.m.

### DISCIPLINE POLICY

It is the policy of the RP Summer Camp to utilize positive discipline with children. Clear and consistent guidelines are present to the children so that they are aware of their responsibilities and can be accountable for their behavior.

Examples of unacceptable behavior include: Physical aggression, use of foul language, disrespect to staff or other children, leaving the program area without permission.

Should there be an infraction of the rules, the following steps would take place.

1. Verbal warning- We ask the child to cease behavior and explain why this behavior is inappropriate.
2. Second Verbal warning-Child is redirected to another activity to permit a cool-off period.
3. Written Note- Child writes a note to parent/guardian explaining the behavior. This allows the child a change to separate from the problem and review the situation from beginning to end. The child will give the note to the parent/guardian in the presence of the staff.
4. Early dismissal-parents are called and asked to immediately pick up the child. This happens in rare cases when a child’s actions are detracting from the safety of the group.
5. Conference-If a child’s behavior reaches step four, the parent and child must meet with the director in order to return to the program. Should the behavior continue, the child may be suspended for a period of time or asked to leave the program permanently

### ITEMS TO BRING TO SUMMER CAMP

* Bathing Suit and Towel - It is suggested that children wear their bathing suit underneath their clothes to minimize the amount of time required to change for the first swim period.
* Shoes – Sneakers are recommended for every camper.
* Water – Children should come to camp with a filled water bottle. There are water fountains available for refilling the water bottles.
* Sunscreen – Children should arrive already lathered up with sunscreen. Counselors will give “sunscreen” breaks to allow children to reapply. Children are not allowed to share sunscreen due to allergy concerns.
* Insect Repellent – For the comfort of your child you may want to send your child with bug repellent. Please do not send aerosol sprays.
* Snack for red group, lunch if you are providing it, or you may order lunch though the camp.
* Change of clothes.

PLEASE NOTE: ALL items brought to camp should be labeled with camper name on it. This helps us return it when it gets lost

### ITEMS TO NOT BRING TO CAMP

Campers should not bring trading cards, video games, cell phones, I pods or other items that could be lost, misplaced, or stolen.

### CAMP T-SHIRT

Each camper receives a summer camp T-shirt. The T-shirt is a gift. Your child does not have to wear this everyday to camp.

### CLOTHING

Please send your child to camp in clothing appropriate for playing, painting, and participation in outdoor activities. Dresses, skirts, or clothing that restricts movement and/or is delicate is not appropriate clothing for camp. Sneakers and socks are recommended for all activities except swimming.

**MEALS**

Children entering kindergarten and first grade are required to bring a snack everyday. Everyone is welcome to pack lunch for their child, or they can order lunch when they arrive at camp. We have a deal with a local pizzeria for lunch.

**SNACK STORE**

Camp provides a snack store for the campers each day. The store opens after lunch and when campers return from the pool. Snacks vary from ice cream, candy, and chips. If your child would like to purchase snacks we use a credit system. Parents pay in advance and camp staff will deduct money as the camper makes a purchase. Please speak with camp administration for further information.

### LOST AND FOUND

Please allow time to check your camper’s belongings on their return. We do our best to locate and return items that are left behind. Marking items with your child’s name will help this process.

### GOODIES FROM HOME

Due to the high number of food allergies, please check with your child’s counselor before sending treats to camp.

### HEALTH DIRECTOR

The health director is available to campers at the camp site. Should you have any questions regarding your child’s medical needs, please speak with the Camp Director to arrange a meeting with the health director.

If it is necessary for your child to visit the camp health director for serious conditions or incidents, the Camp Director will speak with you directly.

Please help us keep camp healthy:

* Do not send your child to camp if he/she is not feeling well.
* Advise the camp of any contact with contagious disease.
* Notify the camp office of any and all allergies.
* Inform the camp if your child has recently been taken off medication that he/she has been taking for an extended period of time.

### SWIMMING

We swim everyday at the Ridgefield Park town pool. Counselors are in the water at all times with the children, and they will help teach your child how to swim if they are unable. Please provide your child with a change of clothes for after they get out of the pool. We do not shower after the pool; therefore, please do not send your child with soap or shampoo.

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### RAINY DAYS

We have special schedules to follow and activities that we do not normally do on sunny days. The type of rain we have determines what will happen at camp. If it is just a light drizzle, we may decide to stay outdoors and continue our scheduled activities.

**AUTHORIZATION TO RELEASE POLICY**

For the safety of your child, we ask that you help us with the following pick-up procedures:

-You will be asked to sign your child out everyday when you come to pick them up.

-If you plan on picking your child up early, please inform your child’s counselor of the time.

-If you are picking your child up from the pool, make sure you inform Ms. Sinclair who you are there to pick up and she will bring you to your child.

-If someone other than the child’s parent is picking them up, please send a note with the person’s name and relation to the child.

**PLEASE FILL OUT THE INFORMATION BELOW, AND BRING IT WITH YOU ON THE FIRST DAY OF CAMP ALONG WITH THE FULL PAYMENT FOR SESSION 1.**

RP Summer Camp

Please Print Clearly.

**PERSONAL HISTORY** – Camper Information

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

TOWN/STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAME 1:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAME 2:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT:**

NAME 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH INSURANCE INFORMATION:**

INSURANCE COMPANY: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF POLICY HOLDER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH HISTORY:**

**ALLERGIES:** Please check all that apply if your child reacts to any of the following:

\_\_\_\_\_\_\_\_\_\_ POISON IVY

\_\_\_\_\_\_\_\_\_\_ INSECT BITES

\_\_\_\_\_\_\_\_\_\_ PENICILLIN

\_\_\_\_\_\_\_\_\_\_ FOODS (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ OTHERS (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medical issues, including emotional and/or behavior issues your child may have:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any special dietary needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any operations, injuries requiring medical care, and chronic recurring illness your child has experienced that may affect your child’s experience at camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are there any activities your child should be restricted from for medical reasons? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Inhaler sent to camp?** YesNo

**Epipen?** Yes No

**SUNSCREEN/INSECT REPELLANT PERMISSION:** I give permission for my child to self-apply sunscreen/insect repellant that I provide. **YES NO**

I give permission for camp staff to assist my child with applying sunscreen/insect repellant that I have provided to my child. **YES NO**

**DATE OF LAST PHYSICAL EXAM: ­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Exam must be performed within a 12 month period before start of camp session)

Print PHYSICIAN NAME: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**PARENT AUTHORIZATION:** I hereby give my son/daughter permission to be transported to the pool and park by bus. I give my child permission to walk to activities in Ridgefield Park. I also give my son/daughter permission to participate in all supervised camp activities, off-site trips, and expeditions.

This health history is correct so far as I know and the person herein described has permission to engage in all camp activities, except as noted by me and the examining physician.

By signing this form, I give the camp permission to take photographs and use photographs for marketing purposes.

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_