



2021

North Fayette Summer Camp



For First – Eighth Graders

NORTH FAYETTE TOWNSHIP
RECREATION DEPARTMENT
580 DONALDSON ROAD
OAKDALE, PA 15071
PHONE: 724-307-3725
WEB: www.north-fayette.com

Welcome to the North Fayette Township's Summer Camp program! We are thrilled for our 12th summer filled with an array of engaging activities! The following are valuable points of information and policies to note:

- Camp Registrations may be dropped off at the front desk of the Community Center at 580 Donaldson Road, Oakdale, PA 15071 at any time during operating hours.
- Summer Camp will begin on Monday, June 7, 2021.
- ~~Meet the Staff Ice Cream Social, Saturday, May 22nd at 11:00 AM at the North Fayette Community Center. Parents and campers will have the opportunity to meet this year's staff and to ask questions and express concerns. As a staff, we value all input to continue to make our program enjoyable. (Please do not bring registration paperwork to Meet the Staff Social.)~~ **CANCELLED**
- Camp Drop Off will be in Donaldson Park, 580 Donaldson Road, Oakdale, PA 15071. Please see our camp map for Drop Off/ Pick Up location. Campers are to arrive no earlier than 7:00 AM. Campers MUST be picked up by 6:00 PM, failure to do so will result in a late fee.
- Please PRE-REGISTER & PRE-PAY by Wednesday of the week prior for each camp week, all field trips and extra activities. Campers may not participate in Summer Camp until ALL forms have been received and initial payments received.
- CAMP T-SHIRTS are included in the registration fee and are required to be worn for all field trips, no exceptions.
- Stay Behind Services are NOT available. (There will be NO services offered at the Community Center during Field Trips or Pool Days. Campers attending camp on Wednesdays and Thursdays must participate in the scheduled trip with the additional costs paid for in advance.)
- Age Requirement – Campers must have completed kindergarten prior to attendance and may not be older than entering eighth grade in the fall.
- **Unused dates will no longer be available for future use. If your child(ren) does not attend on date paid for, all fees paid are forfeited. No carry-over visits.**

This handbook contains information regarding policies. Please read over them carefully. The forms at the back of the handbook are required to be completed, signed, and returned prior to participation in the program. We hope this handbook will be helpful in planning an exciting summer!

Contact Information:

Nicole Kreutzman (Camp Director)
Recreation Program Coordinator
724-307-3725 ext. 301
nkreutzman@north-fayette.com

Darlene Hildebrand
Parks & Recreation Director
724-307-3725 ext. 300
dhildebrand@north-fayette.com

Steve Fox
Physical Activities Coordinator
724-307-3725 ext. 305
sfox@north-fayette.com

Camp Fees

Registration Fee:

\$25 per child, non-refundable.

Daily Rates*:

- Member; \$40 per day per child
- Non-Member; \$50 per day per child

*25% Active Military Discount with valid ID.

| Payment Schedule Summer 2021 | |
|-------------------------------------|---|
| Payment Due | Week of Participation |
| June 2, 2021 | June 7-11, 2021 |
| June 9, 2021 | June 14-18, 2021 |
| June 16, 2021 | June 21-25, 2021 |
| June 23, 2021 | June 28 – July 2, 2021 |
| June 30, 2021 | July 5 – 9, 2021 (NO CAMP on Monday, 7/5/21) |
| July 7, 2021 | July 12 – 16, 2021 |
| July 14, 2021 | July 19 – 23, 2021 |
| July 21, 2021 | July 26 – 30, 2021 |
| July 28, 2021 | August 2 – 6, 2021 |
| August 4, 2021 | August 9 – 13, 2021 |
| August 11, 2021 | August 16 – 20, 2021 |

Payments are due by Wednesday of the week prior to attendance.

(For example, if your camper is going to attend camp the week of June 7th, payment is due by June 2nd, 2021.) If payment is not received by Wednesday of the previous week, your child(ren) may not participate the following week.

Payments will ONLY be accepted at the Community Center.

FIRST WEEK PAYMENT IS DUE BY June 2, 2021. If beginning later, please follow the above payment schedule.

Failure to provide payment by close of business on Wednesday, the week prior will result in the addition of a late payment fee. Payments received Thursday through Saturday will result in a \$25.00 late payment fee. Payments for the same week must be approved by the Program Coordinator or the Recreation Director and will incur a \$40.00 late payment fee.

Payments must be made in advance for the specific dates your child(ren) will attend. If your child(ren) does not attend on date paid for, all fees paid are forfeited. Unused dates will no longer be available for future use. (No carry-over visits.)

Additional Services

- **Pizza Tuesdays- \$1.50** per slice *
- **Rita Fridays- \$2** (flavor will vary each week) *
- **Field Trips and Pool Fees are listed in the Field Trip Itinerary.** *Must be paid prior to trip following the payment schedule. Camper's space is not reserved until payment has been received. Field Trip fees are non-refundable.*

***IF YOUR CHILD(REN) DO(ES) NOT ATTEND ON THE DATE AN ADDITIONAL SERVICE HAS BEEN PAID FOR, THAT FEE IS FORFEITED AND CANNOT BE REFUNDED, CARRIED, TRANSFERRED, OR APPLIED TO ANOTHER SERVICE, PROGRAM, OR DATE.**

Expectations

Campers have a responsibility to conduct themselves in a manner that is in the best interests of the camp program, all campers, and staff.

Parents/Guardians have a responsibility to review the following camper expectations with their camper(s), as we strive to make all camper experiences positive ones.

The North Fayette Township camp staff have a responsibility to support your camper in the camp setting, be a role model, and to follow all safety protocol, including behavior management.

While at North Fayette Summer Camp, campers will:

- Show respect and kindness to other campers and staff.
- Show responsibility by being helpful.
- Be honest with other campers and staff.
- Respect the property of camp and other campers.
- Respect other people's feelings and differences.
- Participate and give every activity 100% effort.
- Have fun and make it fun for others.

Qualifying Skills

Basic participation skills are required of each camper to participate in our summer camp program. Campers must be able to meet these standards with minimal assistance;

- Must be able to maintain personal care i.e. eat, clothe, and function independently
- Actively participate in planned activities during our 8-hour structured camp day
- Be able to function within a 1:10 counselor to camper ratio
- Does not require one-on-one supervision
- Able to understand, follow and accept directions
- Takes turns and shares in a cooperative manner
- Respects others and their property
- Able to stay with his/her assigned group
- Able to maintain self-control
- Not a safety risk to themselves or others
- Able to withstand the distraction of a noisy environment filled with campers (Multiple areas are utilized for camp; unfortunately, no quiet space is available.)

Inclusion Policy

North Fayette Township Recreation Department programs are inclusion-based activities. We make every effort to work with families to mainstream children with special needs into any of our programs. Based upon the request and/or type of modification being requested, participation in camp will depend on such things as the parent/guardian scheduling and/or contracting specialized staff, which could impact days/times of camp. Therefore, in order to create a successful and enjoyable environment for your child, it is preferred that your request be received **at least 14 days prior** to your child's start of the program. Any requests for modifications for your child, must be submitted with a written request and the inclusion form to the Recreation Program Coordinator. Inclusion Request Form is located in the back of this handbook.

North Fayette Summer Camp Behavior Policy

The North Fayette Summer Camp has adopted the following Behavior Management Policy for all campers. We approach discipline in a serious, yet positive manner. Desirable behavior will be rewarded with positive reinforcement. In the event a camper exhibits inappropriate or negative behavior, the staff will talk to the camper and enlist his/her input in solving the immediate problem. The following progressive discipline procedure is implemented daily and will be discussed with campers on the first day of camp.

North Fayette Behavior Management Policy

Minor Violations: These are violations that relate to behavior and do not endanger the safety of themselves or others. *Examples: Using profanity around campers or staff, not obeying counselors.*

1. Verbal Warning
2. 10-minute break and discussion with group leader
3. 15-minute break at pavilion/community center and discussion with assistant camp supervisor or program coordinator (An incident report will be completed)
4. Removal from activities (daily, pool, or field trip) - Parents will be contacted.

Major Violations: These are violations that endanger the safety or well-being of the child, other children or staff. *Examples: Pushing, shoving, hitting, throwing objects at others, theft, running off, destroying camp or others' property, and bullying.*

1. 10-minute break and discussion with group leader
 2. 15-minute break at the pavilion/community center and discussion with assistant camp supervisor or program coordinator (An incident report will be completed)
 3. Removal from activities (daily, pool, or field trip) - Parents will be contacted.
 4. Parents called to come pick up the child, suspension from the program for one day.
 - Meet with parents to discuss options.
- Repeat Behavior and incidents may lead to removal from the program. ***

Immediate Dismissal: Some violations require immediate dismissal. Examples: Violent threats to themselves or others, bringing weapons or other illegal items to camp, etc. These will be at the discretion of the Program Coordinator and the Recreation Director. Parents will be notified immediately and must pick up the camper within the hour.

*****If a camper has been involved in a serious disciplinary problem, has had a constant behavior problem, or has FIVE documented behavior incidents (reports), the privilege of attending field trips will be revoked. The program coordinator will maintain a record of misbehavior.**

What to bring to camp everyday...

To wear:

- ★ Camp/weather appropriate clothing.
- ★ Tennis Shoes are **mandatory**. *Children are not permitted to wear open-toed shoes; they must wear tennis shoes with socks. It is a safety issue and children will NOT be allowed to participate in camp activities without proper footwear.*

A backpack filled with:

- ★ 2 non-perishable snacks: 1 morning snack and 1 afternoon snack
- ★ **A water bottle filled with WATER** labeled with camper's name
Water is highly suggested as sugary drinks, such as Kool-Aid or pop, attract bees and other insects.
- ★ A lunch (Must be non-perishable, no access to a refrigerator or microwave)
- ★ **Sunscreen** (*We highly recommend SPF 30 or above*)
- ★ An extra, **labeled** change of clothes

PLEASE CLEARLY LABEL ALL BELONGINGS THAT ARE BROUGHT TO CAMP.

If your child does not bring the above items or dress appropriately, camp staff will ask you to return home to bring these necessary items to camp!

DO NOT BRING SPORTS EQUIPMENT OR BALLS TO CAMP.

In addition to your camper's backpack...

On Field Trip Days:

Disposable Lunch in a **Plastic Bag**
Disposable Water Bottle
Camp T-Shirt
Tennis Shoes

On Pool Days:

Bathing Suit
Towel
Sandals
SUNSCREEN
Floatation Device (*If necessary*)

If Your Camper Needs...

Medication, Inhaler, EpiPen, accommodations, etc.
Medical requests require a medication form and doctor's note and instructions.

Please discuss your child's needs with the program coordinator.

Nicole Kreutzman
nkreutzman@north-fayette.com
724-307-3725 ext. 301

Daily Camp Schedule

| Time | Monday | Tuesday | Wednesday | Thursday | Friday | |
|---------------|--|--|----------------------------------|--|--|-------------------------|
| 7:00 - 9:00 | Free Play | Free Play | Free Play | Free Play | Free Play | |
| 9:00 - 9:30 | Morning Mtg. (Group Mtg.) AM Snack Sunscreen + Bathrooms | Morning Mtg. (Group Mtg.) AM Snack Sunscreen + Bathrooms | Prep. + Departure | Morning Mtg. (Group Mtg.) AM Snack Sunscreen + Bathrooms | Morning Mtg. (Group Mtg.) AM Snack Sunscreen + Bathrooms | |
| 9:30 - 10:30 | ARTS | FITNESS | Field Trip/ Activity | Prepare for Pool (Lunch at 11AM) | STEM | |
| 10:30 - 11:30 | ARTS | FITNESS | | | STEM | |
| 11:30 - 12:00 | Group Choice | Group Choice | | Travel to Pool | Group Choice | |
| 12:00 - 12:30 | Lunch | Lunch | | Pool | Lunch | |
| 12:30 - 1:00 | Sunscreen + Free Play | Sunscreen + Free Play | | | Sunscreen + Free Play | |
| 1:00 - 2:00 | ARTS | FITNESS | | | STEM | |
| 2:00 - 3:00 | ARTS | FITNESS | | | STEM | |
| 3:00 - 3:15 | Bathrooms | Bathrooms | | | Change and load buses | Bathrooms |
| 3:15 - 3:30 | PM Snack + Sunscreen | PM Snack + Sunscreen | | | | PM Snack + Sunscreen |
| 3:30 - 4:00 | Group Activity | Group Activity | | Travel back to NF 4:00pm arrival | Group Activity | |
| 4:00 - 4:15 | Closing Ceremony | Closing Ceremony | Arrival/Bathroom/Snack/Sunscreen | | Closing Ceremony | |
| 4:15 - 6:00 | Free Play | Free Play | Free Play | Free Play | Free Play | |

FIELD TRIPS: Please check with camp staff **EACH** week for bus departure and return time.

Times will vary for each destination.

We will return to camp by 4:00PM at the latest following a trip.

Summer Camp Program Agreement

Name of Child(ren):

Fee Amount: Member-\$40 per day per child /
Non-Member-\$50 per day per child

Payment Due: Wednesday the week prior to
program participation and receiving services

Services: Child(ren) will participate in supervised, structured, planned North Fayette Summer Camp program activities provided by North Fayette Township Recreation Department. Program operates Monday through Friday, June 7, 2021 through August 20, 2021.

Program's Start Time:
7:00 AM

Program's Ending Time:
6:00 PM

Late Pick-up Fee: \$10 for the first 15 min. after
conclusion of the program then \$1 per minute
following the initial 15 min.

I, the parent/guardian;

_____ received complete written program information at the time of enrollment.
initial

_____ agree to update the emergency contact/parental consent form information as changes
initial occur.

LATE PICK-UP FEES

- I understand and agree to pay the late pick-up fee if I am late in picking up my child.
 - \$10 for the first 15 minutes or any portion thereof upon the conclusion of the program at 6:00 PM.
 - Additional \$1.00 per minute following the initial 15 minutes.
 - Required to be paid upon pick-up.

PAYMENT TERMS

- All camp payments are due prior to program participation. If payment is not received by Wednesday of the previous week, payments are subject to an additional late payment fee. ***Please see payment schedule in handbook and the Fees and Penalties section.***
- By signing this Agreement, the customer acknowledges that they are entering into a legally binding document and that it is solely the customer's responsibility and obligation to ensure all payments are made. Invoices will NOT be issued.
- Payments must be made in advance for the specific dates your child(ren) will attend. If your child(ren) does not attend on date paid for, all fees paid are forfeited. Unused dates will no longer be available for future use.
- If your child(ren) do not attend on the date an additional service (i.e. Field Trips, Pizza, or Rita's) was paid for, all fees are forfeited and cannot be carried, transferred, refunded, or applied to another service, program, or date.

_____ initial

PAGE MUST BE RETURNED

FEES and PENALTIES

- Failure to provide payment by close of business on Wednesday, the week prior will result in the addition of a late payment fee. Payments received Thursday through Saturday will result in a \$25.00 late payment fee. Payments for the same week must be approved by the program coordinator or the recreation director and will incur a \$40.00 late payment fee.
- A **\$25.00** fee will be charged for check or electronic check payments that are returned due to insufficient funds and the payment credited to the account shall be reversed.
- Failure to respond and/or make payment within **10 days** upon notification of insufficient funds may result in the filing of criminal charges pursuant to the Pennsylvania Criminal Code. Any check returned due to insufficient funds in excess of **\$250.00** shall result in immediate referral to the Allegheny County District Attorney's office.
- Accounts reversed as a result of a returned check shall be considered to be non-payment resulting in the immediate suspension of a child's participation in camp activities. Furthermore, any attempts at future participation in recreation programs or events shall be denied until the returned check fee and any balance owed on the program fee are paid in full.
- Account balances that remain unpaid **30 days** after receiving due notice shall continue to accrue late fees and interest and shall be turned over to a third-party collection agency for collections and be subject to additional charges incurred in the collection thereof.

PAYMENT OPTIONS

- In person – Payment by credit card, exact cash, check, money order or cashier's check to the Customer Service desk in the North Fayette Township Community Center during regular business hours.
- *Credit card transactions incur a convenience fee of 2.5% with a minimum fee of \$1.95.*

PARTICIPATION IN ACTIVITIES

- I give permission for my child to go outside the facility/walk within reasonable distance from the facility. I give permission for my child to participate in all planned activities and play.

FIRST AID & SAFETY

- I give permission for my child to receive basic first aid as deemed necessary. I understand that should my child have an accident and need immediate emergency care, that by signing this form, I give permission to transport and provide emergency care to my child until a parent/guardian may be reached.
- I agree that in case of injury to my child, I will apply my insurance toward the payment of the expense incurred and will not look to the North Fayette Township Recreation Department and North Fayette Township, for the payment of any medical costs or injury related costs.

EXPECTATIONS & BEHAVIOR PLAN

- I have read and understand the Behavior Management Policy.
- I have reviewed the camp's Expectations, Qualifying Skills, and Inclusion Policy and I agree to have my child(ren) follow the expected standards of behavior.

_____ initial

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PHOTO/VIDEO RELEASE FOR MINOR CHILDREN

- I hereby authorize North Fayette Township to publish photographs taken of me and/or the undersigned minor children, and our names, for use in North Fayette Township's printed publications and website in addition to our official Facebook, Instagram, Twitter, and other social media accounts.
- I release North Fayette Township from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the North Fayette Township to use their photographs and names.
- I acknowledge that participation in publications and website produced by the North Fayette Township confers no rights of ownership whatsoever. I release the North Fayette Township, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

FIELD TRIPS/ POOL TRIPS

- I give permission for my child to participate in the field trips and activities designated in the Field Trip Itinerary sponsored by the North Fayette Township Recreation Department during the Summer Camp program.
- I agree to indemnify and hold harmless the North Fayette Township Recreation Department and North Fayette Township, their successors and legal representatives, against any loss from any and all claims, demands and actions at law or in equity that may hereafter at time brought by my child, or anyone acting on his/her behalf, for purpose of enforcing a claim for damages because of injury (including death) to my child as a result of, or in any way related to his/her participation in the above mentioned outings, or his or her transit hereto.
- If a floatation device is provided, the device is required to be worn at all times while in the water.

TECHNOLOGY POLICY

- Devices may only be used during specified times during the camp day. Device use outside of those times will result in loss of device for the remainder of the camp day. Continued abuse of this privilege will result in loss of technology privileges. (For the purpose of this program, the word "devices" will include and is not limited to; iPods, iPads, tablets, eReaders, Nintendo DS, and/or other gaming devices, cell phones, etc.)
- **CELL PHONES ARE RESTRICTED AT CAMP.** If you need to communicate with your child, please call the camp phone at 412-812-7116 or contact the community center at 724-307-3725. Calls and texting are highly discouraged during camp participation.
- **Internet/Wireless Network Use is PROHIBITED:** Campers are not permitted to access/use the wireless network or internet or use any application or game that requires the internet.
- **Taking Photos/Videos are PROHIBITED:** Campers are not permitted to capture photographs or videos that are inappropriate or harmful to others.

_____ initial

PAGE MUST BE RETURNED

- Lost, Stolen, or Damaged Devices: Each user is responsible for his/her own device and should use it responsibly and appropriately. North Fayette Township takes no responsibility for stolen, lost, or damaged devices, including lost or corrupted data on those devices. While camp employees will help campers identify how to keep personal devices secure, campers will have the final responsibility for securing their personal devices.
- Usage Charges: North Fayette Township is not responsible for any possible device charges to your account that might be incurred during use at camp by your child(ren).
- I understand and ensure my child will abide by the above policy and guidelines. I further understand that any violation may result in the loss of device privileges as well as other disciplinary action.

GENERAL ACKNOWLEDGEMENT & RELEASE

I, as parent / guardian of _____, agree that I will abide by the rules, policies and decisions of the North Fayette Township Recreation Department. I recognize the possibility of physical injury to my child associated with his or her participation in North Fayette Township’s Summer Camp program. In consideration for the Township accepting my child as a registrant for the program, I hereby knowingly and voluntarily release North Fayette Township and all of its agents, employees and officers from and against any and all claims, losses, damage, liability or expense occurring to any of my or my child’s property or for personal injury or death which may result from my child’s participation in the North Fayette Township Summer Camp program, including injury or death that may be caused by North Fayette Township and all of its agents, employees and officers’ negligent actions. I assume, on behalf of my child, all liabilities and injury that may result because of my child’s participation in the North Fayette Township Summer Camp program. I acknowledge that I am the parent/legal guardian of _____ and that I have legal authority to bind my child to the terms of this release and waiver.

Print Name of Parent or Legal Guardian: _____

Street Address: _____

City, State, Zip: _____

Names and Ages of Minor Children:

Name: _____ Age: _____ Birthdate: _____

Name: _____ Age: _____ Birthdate: _____

Name: _____ Age: _____ Birthdate: _____

Name: _____ Age: _____ Birthdate: _____

Signature: _____ Date: _____

PAGE MUST BE RETURNED

Emergency Contact Form

| | | |
|----------------------------|----------------------|--|
| <u>Child(ren) Name(s):</u> | <u>Birthdate(s):</u> | <u>Grade(s) entering in Fall 2021:</u> |
| | | |
| | | |
| | | |

Address:

| | |
|---|--------------------------|
| <u>Mother's Name/Legal Guardian:</u> | <u>Home #:</u> |
| <u>Email:</u> | <u>License #:</u> |

| | |
|------------------------|-----------------------|
| <u>Address:</u> | <u>Cell #:</u> |
|------------------------|-----------------------|

| | |
|---------------------------------|-----------------------|
| <u>Employer Name:</u> | <u>Work #:</u> |
| <u>Employer Address:</u> | |

| | |
|---|--------------------------|
| <u>Father's Name/Legal Guardian:</u> | <u>Home #:</u> |
| <u>Email:</u> | <u>License #:</u> |
| <u>Address:</u> | <u>Cell #:</u> |

| | |
|---------------------------------|-----------------------|
| <u>Employer Name:</u> | <u>Work #:</u> |
| <u>Employer Address:</u> | |

Emergency Contact Person(s): Name, Address, Phone # (Cell, Work, Home), Driver's License #

Person(s) to whom child may be released: Name, Address, Phone #, Driver's License #

| | |
|--|------------------------|
| <u>Child's Physician/Medical Care Provider:</u> | <u>Phone #:</u> |
|--|------------------------|

Physician's Address:

Camper: _____
T-Shirt Size:
 Youth: S _ M _ L _
 Adult: S _ M _ L _
 (Check one.)

Camper: _____
T-Shirt Size:
 Youth: S _ M _ L _
 Adult: S _ M _ L _
 (Check one.)

Camper: _____
T-Shirt Size:
 Youth: S _ M _ L _
 Adult: S _ M _ L _
 (Check one.)

Camper: _____
T-Shirt Size:
 Youth: S _ M _ L _
 Adult: S _ M _ L _
 (Check one.)

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

| | | |
|--|-------------|------------------|
| CHILD'S NAME: (LAST) | (FIRST) | PARENT/GUARDIAN: |
| DATE OF BIRTH: | HOME PHONE: | ADDRESS: |
| CHILD CARE FACILITY NAME: | | |
| FACILITY PHONE: | COUNTY: | WORK PHONE: |
| <input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child. | | |
| PARENT'S SIGNATURE: | | |

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

| | | | | | | | |
|--|--|--|--|---|--|-------------|--|
| HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO | NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY. | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table> | VISION (subjective until age 3) | | HEARING (subjective until age 4) | | LEAD | |
| VISION (subjective until age 3) | | | | | | | |
| HEARING (subjective until age 4) | | | | | | | |
| LEAD | | | | | | | |

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

| IMMUNIZATIONS | DATE | DATE | DATE | DATE | DATE | COMMENTS |
|---------------|------|------|------|------|------|----------|
| HEP-B | | | | | | |
| ROTAVIRUS | | | | | | |
| DTAP/DTP/TD | | | | | | |
| HIB | | | | | | |
| PNEUMOCOCCAL | | | | | | |
| POLIO | | | | | | |
| INFLUENZA | | | | | | |
| MMR | | | | | | |
| VARICELLA | | | | | | |
| HEP-A | | | | | | |
| MENINGOCOCCAL | | | | | | |
| OTHER | | | | | | |

| | |
|------------------------|--|
| MEDICAL CARE PROVIDER: | SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT |
| ADDRESS: | TITLE: |
| PHONE: | LICENSE NUMBER: DATE FORM SIGNED: |

Parents may write immunization dates; health professional should verify and complete all data.

North Fayette Township Recreation Department

INCLUSION REQUEST FORM

If you are requesting any type of accommodation for your child, you must submit a **written request form** at least **14 days prior** to the start of the program. Once a written request is received, you will be contacted to schedule an assessment meeting to further discuss the needs of your child.

Date _____ Name of child _____ Age of child _____

Name of Parent (s) _____ Home Phone _____

Cell Phone _____ E-mail _____

Address _____ City _____ State ____ Zip _____

Program wishing to participate in: _____

Name of Program/Location of Program _____

Dates of program _____

Has your child previously participated in a Department of Parks and Recreation Program?

YES NO

Description/Definition of Child's Special Needs

- | | | | |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Asperger's | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> ADHD/ADD |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Learning | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Behavioral |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> OCD |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Emotional | <input type="checkbox"/> Oppositional Def. Disorder | <input type="checkbox"/> Other |

Additional information _____

What specific accommodations are you requesting? No accommodations requested

Form Not Applicable

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Pool Form

Camper's Name: _____ Group: _____

Swimming Level

Circle:

Non-Swimmer Beginner Intermediate Advanced

If child is a non-swimmer or a beginning swimmer, is a floatation device needed? Yes No

If yes, please describe;

**** If a floatation device is sent, the device is required to be worn at all times while in the water.***

I give my permission for my child to take the deep end test?

Circle: Yes No

Parent Signature: _____ Date: _____

Pass

Deep End Test _____

Coordinator/Counselor Initial

Wristband; Green/Yellow/Red

**Deep End Test is administered by pool employees and it is their discretion as to the requirements a camper must fulfill to be allowed into the deep areas of the pool.*

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North Fayette Township Field Trip Itinerary

Camper's Name: _____

These fees may be paid weekly but can also be paid for in advance. Must be paid prior to trip following the payment schedule. Please note that space is limited to 80 campers per trip, and they may sell out. **Camper's space is not reserved until payment has been received.*

NO REFUNDS WILL BE GIVEN FOR FIELD TRIP COSTS.

| <u>Destination</u> | <u>Cost:</u> |
|--|--------------|
| Week 1) <u>Pittsburgh Zoo (June 9)</u> | <u>\$21</u> |
| <u>Starvaggi Memorial Pool (June 10)</u> | <u>\$15</u> |
| Week 2) <u>Urban Air (June 16) *Socks & all attractions included</u> | <u>\$27</u> |
| <u>Starvaggi Memorial Pool (June 17)</u> | <u>\$15</u> |
| Week 3) <u>Pittsburgh Pirates Game (June 23)</u> | <u>\$36</u> |
| <u>Starvaggi Memorial Pool (June 24)</u> | <u>\$15</u> |
| Week 4) <u>Camp Picnic & Talent Show (June 30) *Box Lunch for camper</u> | <u>\$12</u> |
| <u>Starvaggi Memorial Pool (July 1)</u> | <u>\$15</u> |
| Week 5) <u>PENDING: Cinemark – TBA (July 7)</u> | <u>\$TBA</u> |
| <u>Starvaggi Memorial Pool (July 8)</u> | <u>\$15</u> |
| Week 6) <u>Museum of Natural History (July 14)</u> | <u>\$19</u> |
| <u>Starvaggi Memorial Pool (July 15)</u> | <u>\$15</u> |
| Week 7) <u>Fun Slides Carpet Skate Park (July 21) *Helmets Req. 8yrs and under</u> | <u>\$21</u> |
| <u>Starvaggi Memorial Pool (July 22)</u> | <u>\$15</u> |
| Week 8) <u>Meadowcroft (July 28)</u> | <u>\$17</u> |
| <u>Starvaggi Memorial Pool (July 29)</u> | <u>\$15</u> |
| Week 9) <u>Paradise Island Bowling (August 4) *2 Pizza Slices, Drink, & Shoes inc.</u> | <u>\$21</u> |
| <u>Starvaggi Memorial Pool (August 5)</u> | <u>\$15</u> |
| Week 10) <u>Fun Fore All (August 11) *\$5 game card & all attractions inc.</u> | <u>\$39</u> |
| <u>Starvaggi Memorial Pool (August 12)</u> | <u>\$15</u> |
| Week 11) <u>Roller Drome (August 18)</u> | <u>\$17</u> |
| <u>Slip-n-Slide/Foam Party (August 19) at Donaldson Park</u> | <u>\$12</u> |
| <u>Bounce Houses (August 20) at Community Center</u> | <u>\$12</u> |

Parent or Guardian's Signature _____ Date: _____

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Additional Pick-Up Information

Camper's Name: _____ Group: _____

Authorized persons for pick-up;

| Name | Relationship to Camper | Days | License # on File |
|------|------------------------|------------|-------------------|
| | | M T W TH F | Yes No |
| | | M T W TH F | Yes No |
| | | M T W TH F | Yes No |
| | | M T W TH F | Yes No |
| | | M T W TH F | Yes No |

**If license # is not on file, please provide it as soon as possible.*

Names of any person **NOT** authorized to pick up your child at camp?

Any other information regarding the custody of your child that we should be aware of:

COVID-19 NOTICE OF POTENTIAL CHANGES TO SUMMER CAMP

North Fayette summer camp shall adhere to all COVID-19 regulations of the CDC, Commonwealth of PA and Allegheny County. All regulations and guidelines of these entities are incorporated by reference and can change at any time. North Fayette Summer Camp reserves the right to amend its policies and procedures at any time to address COVID-19 related matters, whether based on changes made by the CDC, Commonwealth of PA or Allegheny County or made at the discretion of North Fayette Township to best protect the health and safety of campers, staff and/or the community.

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