

Summer Camp @ Carter's Webb

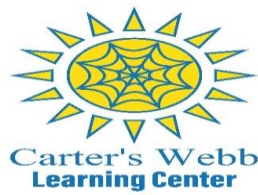
A Program for Children Kindergarten to 5th Grade- 2020

Thank you for choosing Summer Camp @ Carter's Webb! Our desire is to provide your child with a summer of memories that will last a lifetime. A Christian perspective is intentionally woven into our Summer Camp program with Bible teachings and Praise & Worship music. Activities and field trips are listed on the Summer Camp calendar, which can be found on our website. Please know that everyone on our Summer Camp staff has experience working with children and are trained in CPR, First Aid, and emergency procedures.

Summer Camp @ Carter's Webb offers flexible enrollment with the option of your child/children attending all summer or only specific weeks. The following conditions apply:

1. Summer Camp tuition is \$200.00/week.
2. To reserve your placement, you will need to provide a \$205.00 activity fee (or \$35 per week) AND a \$200.00 security deposit, which will be applied to your last week at camp. **(If you attend Carter's Webb during the school year, a security deposit is not required)**
3. Breakfast and snack are included in tuition. Please be aware that breakfast ends at 8:30 AM. Lunch must be brought to Summer Camp each day and should be brought in portable lunch boxes with ice packs. **Note that lunches are available for purchase for \$4.00 on Mondays only.**
4. Summer Camp t-shirts are required for ALL field trips. T-shirts are \$15.00 each. At least 2 shirts per child are recommended and shirts from previous years ARE acceptable.
5. Please complete all attached paperwork and return it with your activity fee and deposit PRIOR to your first session. **Please fill out the emergency form even if you are already enrolled in the school year program.** You MUST notify CWLC if your child is to be picked up by someone else.
6. Tuition can be paid in either pre-payments or installments. Please contact Trisha Webb at Trisha@carterswebb.com or (410) 414-5084 to make arrangements PRIOR to enrollment.
7. Camp activities begin at 9:00 AM and end at 4:00 PM. Before Care (6:00 AM-9:00 AM) and After Care (4:00 PM-6:00 PM) are provided at no extra charge.
8. We prohibit toys, trading cards, cell phones, and iPods. Please leave them at home.
9. When a \$\$ sign is indicated on the calendar, money may be sent on the field trip. If a \$\$ sign is not indicated, do not send money because your child will not be able to spend it. All monies are the responsibility of the camper.
10. **SUNSCREEN MUST BE APPLIED EVERYDAY BEFORE ARRIVAL AT SUMMER CAMP!**
The staff will have the children reapply sunscreen periodically throughout each day.

Trisha Webb/Shannon Carter
Director/Owners
(410) 414-5084



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Please complete a registration form for EACH camper!

Camper's Full Name _____

Birth Date ____/____/____ Sex: M F Age _____ Completed Grade _____

Parent's Names: _____

Phone: (____) _____ - _____ (____) _____ - _____

Email: _____

All contact information **must** be provided on the Emergency Form.

Choose from the following:

_____ Week 1: (June 15-19)

_____ Week 7: (July 27- 31)

_____ Week 2: (June 22-26)

_____ Week 8: (August 3-7)

_____ Week 3: (June 29 – July 3) **Closed July 3rd**

_____ Week 9: (August 10-14)

_____ Week 4: (July 6-10)

_____ Week 10: (August 17-21)

_____ Week 5: (July 13-17)

_____ Week 11: (August 24-28) **Closed Aug 28th**

_____ Week 6: (July 20-24)

Note: Summer Camp runs from 9:00 AM – 4:00 PM. Before and After Care is provided at no extra charge. CWLC hours are 6:00 AM – 6:00 PM, Monday through Friday.

Date of last tetanus shot (REQUIRED): _____

Is this camper enrolled in a Maryland school? Yes No

If yes, please provide the name of the school: _____

If no, please provide Immunization Records and Health Inventory Forms.

Do you consider your camper to be a _____ weak or _____ strong swimmer? (Please check one)

For sun sensitivity, we recommend a Rash Guard ® swim shirt.

Sunscreen Policy: I agree to apply sunscreen on my child before arrival at camp every morning understanding that the staff will have the children reapply sunscreen throughout the day.

Signature: _____ **Date:** _____

Is your child missing any immunizations for medical or religious reasons? Yes No

(If yes, please sign the Religious Objection statement below.)

Medical/Religious Objection: I am the parent/guardian of the child identified above. Because of my religious beliefs and practices OR medical reasons, I object to immunizations being given to my child.

Signature: _____ **Date:** _____

Photo Release: I grant Carter's Webb Learning Center permission to use any photograph of my child taken during camp for promotional purposes.

Signature: _____ **Date:** _____



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Parent Agreement: I hereby grant permission for my child to participate in Summer Camp @ Carter's Webb Learning Center, traveling to and from Carter's Webb, to the pool, water parks or other places included in the activities for which my child is registered. I understand that Carter's Webb may deny enrollment or dismiss at any time any student/participant whom it considers not to be participating properly in the program.

I give my child permission to participate in all swim activities. I understand that I can find a list of all activities on the Summer Camp Calendar which will be given to me upon enrollment of my child. I understand the Summer Camp Calendar can also be found on the Carter's Webb Learning Center, website: <http://www.carterswebb.com>

In the event of an emergency requiring immediate medical treatment, I understand that the staff of Carter's Webb Learning Center, Inc. will try to reach me by using the telephone numbers I provided on the camp Emergency Form. In the event that I cannot be reached, I authorize treatment by appropriate medical personnel as approved by Carter's Webb Staff.

I understand and accept the need for Carter's Webb to be fully informed as to the physical and mental health of my child. Failure to disclose such essential information at the time of enrollment or upon request of Carter's Webb may be cause for immediate dismissal. Carter's Webb pledges to respect the confidentiality of such information and use it only for professional purposes.

Signature: _____ **Date:** _____

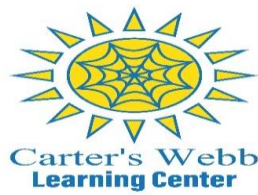
Release Statement: In consideration of acceptance of my child for enrollment in Summer Camp @ Carter's Webb Learning Center, Inc., I hereby release and discharge Carter's Webb, its agents, employees and officers from all claims, demands, actions, judgments, and executions which the undersigned as parts of the camper, ever had or now has or may have or claim to have against Carter's Webb Learning Center, Inc., its successors or assigns, for all personal injuries, known or unknown, and injuries to property real or personal, caused by or arising out of the camper's enrolment in Sumer camp at Carter's Webb Learning Center, Inc.

Signature: _____ **Date:** _____

How did you hear about Summer Camp @ Carter's Webb?

I have completed:

- Application
- Emergency Form
- Medical Alert Form
- Discipline Policy (parent & camper signatures)
- T-Shirt Order Form (if applicable)



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EMERGENCY FORM

(1) Complete all items on this side of the form. Sign and date where indicated.
(2) If your child has a medical condition which might require emergency medical care, complete page 2 of this form.
NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____ Telephone _____

Address _____

2. Name _____ Telephone _____

Address _____

3. Name _____ Telephone _____

Address _____

Child's Physician or Source of Health Care _____ Telephone _____

Address _____

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM.
Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

Child's Name _____ Birth Date _____

Home Address _____

Mother's Name _____

Employer/School _____

Home Address _____

Work Telephone _____ Cell Phone _____

Father's Name _____

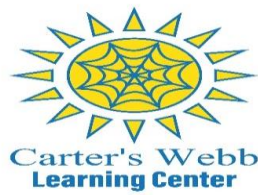
Employer/School _____

Home Address _____

Work Telephone _____ Cell Phone _____

FIRST CONTACT IN CASE OF EMERGENCY: _____

Name of Person(s) Authorized to Pick Up Child and relationship to Child (other than parents *daily*)



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MEDICAL ALERT FORM

 Child's Name

Staff awareness of allergies, health concerns or conditions is imperative to the prevention/treatment of certain types of reactions. In order for this information to be readily available, Carter's Webb Learning Center is requesting the following information.

A few examples are as follows:

- Insect bites or stings
- Medications (penicillin, etc.)
- Diabetes
- Food Allergies (milk, chocolate, strawberries, etc)
- Asthma
- Seizures

_____ To the best of my knowledge, my child does not have any allergies and is not prone to any medical condition(s).

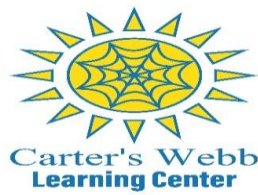
_____ My child does have an allergy and/or is prone to a medical condition(s). Some signs/symptoms may include: _____

Specific instructions for staff, should a reaction occur, are as follows:

Signature

Date

Carter's Webb staff will respond readily to any reactions that may occur and you will be notified immediately. Please update Carters Webb if any changes in allergies or medical conditions should occur.



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Discipline Policy

Summer Camp at Carter's Webb has developed the following procedures regarding discipline. Please know that the majority of our children behave wonderfully and discipline rarely becomes an issue. A certain testing of limits is expected and our counselors are adept in correcting minor behavioral problems. The goal of Summer Camp at Carter's Webb is to help the children continue to grow and learn appropriate social behavior. Therefore, our desire is to work with the children, parents, and staff to find the best solution concerning any behavioral problems.

Should it become necessary to move into formalized steps you will be advised what behavior is prompting this decision. For those children that exhibit unusually aggressive, dangerous or persistent misbehavior that is not corrected, the following steps will be implemented.

STEP ONE: For the first occurrence the counselor will discuss with the child the inappropriate behavior and the consequences should the behavior continue (steps 2, 3, and 4). Documentation and signature by all parties will be obtained.

STEP TWO: Continued inappropriate behavior will require a conference between the child, the counselor and the Director. Documentation and signature by all parties will be obtained.

STEP THREE: Child will stay behind at Carter's Webb and miss a field trip if behavior continues; parents will be notified of this action. Documentation and signature by all parties will be obtained.

STEP FOUR: The parent will be contacted. A conference will be required for the parent, child, counselor and Director to discuss the situation. Step Five will be explained to the parent and child. Documentation and signature by all parties will be obtained.

STEP FIVE: The parent will be notified and the child will be picked up immediately. This practice will continue until behavior is corrected. Documentation and signature by all parties will be obtained.

FIGHTING: If a physical altercation takes place, the children involved will be given a one day suspension. If a child has three (3) fights in one summer, he will be removed from Summer Camp.

I acknowledge receipt of a copy of the Carter's Webb Discipline Policy and agree to abide by its terms.

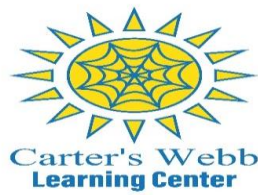
Signature of Parent

Date

I have reviewed this policy with my child (name) _____ and my child has signed this agreement.

Signature of Camper

Date



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Summer Camp Shirt Order Form

Please indicate your child's shirt size and quantity requested. T-shirts will be required for ALL field trips.

Shirts are \$15 each and payment is required **prior to shirt pickup**.

We recommend at least 2 shirts per child.

<u>Quantity</u>	<u>Size</u>
_____	Child Small (6-8)
_____	Child Medium (10-12)
_____	Child Large (14-16)
_____	Adult Medium
_____	Adult Large

Please include your shirt payment with your Activity Fee and Security Deposit.



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