

PRESCHOOL CAMP

Welcome to Summer 2020! The preschool camp calendar is on our website and you will also receive a copy on your child's first day so that you will be able to plan accordingly. **There is a mandatory parent meeting on Tuesday, June 23 from 7:15– 8:00 pm at the Webster Recreation Center.** Please fill out all of the attached forms and bring them to this meeting. We realize that this may be your preschooler's first structured experience and we will strive to make it a positive one. **Participants may not receive outside services during camp hours.**

ARRIVAL AND DISMISSAL

We ask that you please be prompt in bringing your child to camp and picking them up. The driver must walk the child to the designated camp area and sign the child in with their counselor at the start of camp. You will also need to sign your child out at the end of the day and at that time the counselor will ask to see your photo I.D. Please make sure you bring your license with you. After a couple of weeks, the counselor may not ask to see your I.D. anymore because they will recognize you.

DRESSED TO PLAY

We encourage you to send your child to camp in clothes that they can run, play, paint, and have fun in without worrying about keeping neat and clean. For camp safety reasons proper footwear is important; children should come to camp each day in sneakers ONLY. Please mark your child's name on clothing items. The camp schedule will also list when there is a water day and that day the kids can wear water shoes, flip flops or sport sandals.

WHAT SHOULD MY CHILD BRING TO CAMP EVERYDAY?

- Water bottle and an extra change of clothes
- Make sure your child is wearing sunscreen before they come to camp. Counselors can not apply sunscreen to your child.
- **DO NOT** bring toys from home (unless okayed by the Director for theme days). If your child arrives with toys from home, we will hold them in a safe place until the end of the day. However, we are not responsible for lost and/or damaged items.

REMINDERS:

- **Children must be completely potty-trained!**
- Please label everything! (Clothes, water bottles, etc...)
- We ask that you please refrain from bringing in snacks in respect to our campers with allergies. The only time we may have a snack is on the last day of camp.

LAST DAY OF CAMP

We will end camp with a special theme day in which family members can come during the last half hour to an enjoy song and dances with your children.

Camp Supervisor:
Kristen Rieger
krieger@ci.webster.ny.us
872-7103 ext. 7100



Webster Parks and Recreation

Car Pooling and Alternate Pick Up Form

To ensure the safety of your child(ren), we need to be informed if anyone other than a parent is picking up your child(ren). Step parents, grandparents, neighbors, uncles, older siblings, etc ... need to be included on this form. Please provide the information below and return to the camp director at the parent meeting. Again these forms must be turned in before camp starts! Please note that individuals picking up and signing campers out at the end of the day will be asked to show a drivers license for identification.

Camp Child is Attending: Preschool_____ K-5 Full Day Camp_____ 6-8Trip_____

Child's Name _____

Camp Week Attending _____

Friend(s) your child would like to be grouped with _____

ALL person(s) allowed to drop off/pick up children MUST be listed below. This includes parent(s)/guardian(s) names as well. Children will ONLY be released to person(s) listed below:

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list days of week/dates that you expect to carpool:

***If there is a person you are concerned about that may pick up your child that does not have your permission to do so, please inform the camp director or supervisor.**

Parent/Guardian's Name (print) _____

Parent/Guardian's Signature _____

Date _____

WAIVER FOR PARTICIPATION

I hereby acknowledge, agree and understand that the use of Webster Recreation Center programs, facilities, services, equipment or premises, involves risk of injury to my person and property, as well as to that of a minor for who I have guardianship and have requested entrance and use of the programs, facilities or services. By engaging in such use, or permitting the use by such a minor, I assume full responsibility for such risks. Therefore, on behalf of myself, my heirs (including minors whom I have requested to be allowed to use the community center), personal representative or assigns, I do hereby release, waive, hold harmless, and covenant not to sue Town of Webster from any liability and all claims arising from my (or minor for whom I am guardian) use of the center/facilities, programs, services, equipment or premises. The waiver of all claims included, but is not limited to, personal injury (including death) from accidents or illness, as well as any and all claims resulting from damage to, loss of, or theft of property. I understand that I am releasing the Town of Webster from all liability to me, my heirs, minor children for whom I am responsible and our assigns, for any loss or damage to me or the child, and forever give up any claims therefore on account of injury to person or property whether caused by the active or passive negligence of the Town of Webster.

****By signing, you agree that you and/or your children maybe in a group photo that may be used by Parks and Recreation for promotional purposes.**

SIGNATURE: DATE _____

SIGNATURE OF PARENT/AND OR LEGAL GUARDIAN DATE _____
If participant is less than 18 years of age

PRINT NAME of CAMPER

Camp Child is Attending:

Preschool _____ K-5 Full Day Camp _____ 6-8 Trip _____

SUMMER CAMP FORMS

Emergency Contact Information

(Please bring all completed forms to parent meeting! For some camps, the parent meeting is the first day of camp. If registered for multiple sessions, only one set of forms is needed).

It is important that we know how to reach someone during the hours of camp in case of an emergency. Please neatly complete the following information. If this information is not provided we will be unable to accept your child into camp due to strict safety guidelines. We appreciate your cooperation. It is our goal to ensure a safe, enjoyable summer for all of our campers and staff.

Camp Child is Attending: Preschool _____ K-5 Full Day Camp _____ 6-8 Trip _____

Child's Name: _____ , _____
(Last) (First)

Parent Name _____ Email _____

Home phone # _____ Work phone # _____ Cell phone # _____

Parent Name _____ Work Phone# _____

Home phone #: _____ Cell phone # _____

Alternate contact person name other than parents: _____

Relationship to child: _____

Alternate person's phone # during camp hours: _____

Allergies: _____

Medical Concerns: _____

Comments/concerns (for the younger ones please list some interests they have or concerns such as being very shy, have a nickname, please group with sister, etc...): _____

Medication Form

Participant Name _____ , _____ Date of Birth _____
(Last) (First)

Camp Child is Attending Preschool _____ K-5 Full Day _____ 6-8 Trip _____

THIS FORM MUST BE COMPLETED BEFORE ANY MEDICATION IS BROUGHT TO PROGRAM

PARENT/GUARDIAN: All medications whether prescribed or over the counter must be in the original container and clearly labeled with participant name. All medications must be presented immediately to Recreation Director along with this form. Medication will be kept in a locked bag with the Director. **All medication must be accompanied by physician's permission including over the counter medications, such as Tylenol, Advil and Benadryl, etc.**

HEALTH CARE PROVIDER Permission for Self-Administration

1. Medication _____ 2. Medication _____

Dosage _____ Dosage _____

Form _____ Form _____

Time/Frequency _____ Time/Frequency _____

Diagnosis/Reason _____ Diagnosis/Reason _____

Parent/Guardian Permission for Self-Administration

By signing below I understand that my child must be able to self-administer his/her medication and I give him/her permission to do so. Self administering includes your child keeping track of dosing and timing of medication.

Failure to notify Director of medication being on site will result in dismissal from program until appropriate forms are filled out.

Parent/Guardian Printed Name _____

Emergency Phone # _____