

Montpelier Recreation & Parks and Trees Departments Capital Kids Summer Day Camp & FEAST CAMP 2022

Capital Kids Day Camp

- | | | | | | |
|-------|--------|------------------|--------------------------------------|--|--|
| #1301 | Week 1 | June 20- June 24 | <input type="checkbox"/> Full Day(A) | <input type="checkbox"/> Half Day AM (B) | <input type="checkbox"/> Half Day PM (C) |
| #1302 | Week 2 | June 27-July 1 | <input type="checkbox"/> Full Day(A) | <input type="checkbox"/> Half Day AM (B) | <input type="checkbox"/> Half Day PM (C) |
| #1303 | Week 3 | July 5-July 8 | <input type="checkbox"/> Full Day(A) | <input type="checkbox"/> Half Day AM (B) | <input type="checkbox"/> Half Day PM (C) |
| #1304 | Week 4 | July 11-July 15 | <input type="checkbox"/> Full Day(A) | <input type="checkbox"/> Half Day AM (B) | <input type="checkbox"/> Half Day PM (C) |
| #1305 | Week 5 | July 18-July 22 | <input type="checkbox"/> Full Day(A) | <input type="checkbox"/> Half Day AM (B) | <input type="checkbox"/> Half Day PM (C) |
| #1306 | Week 6 | July 25-July 29 | <input type="checkbox"/> Full Day(A) | <input type="checkbox"/> Half Day AM (B) | <input type="checkbox"/> Half Day PM (C) |
| #1307 | Week 7 | Aug. 1-Aug. 5 | <input type="checkbox"/> Full Day(A) | <input type="checkbox"/> Half Day AM (B) | <input type="checkbox"/> Half Day PM (C) |
| #1308 | Week 8 | Aug. 8-12 | <input type="checkbox"/> Full Day(A) | <input type="checkbox"/> Half Day AM (B) | <input type="checkbox"/> Half Day PM (C) |
| #1309 | Week 9 | Aug. 15-19 | <input type="checkbox"/> Full Day(A) | <input type="checkbox"/> Half Day AM (B) | <input type="checkbox"/> Half Day PM (C) |

Montpelier Resident's Fee:

\$130.00 per week/1st camper
 \$115.00 per week/2nd camper
 \$ 75.00 per week/1st camper 5 half days
 \$ 65.00 per week/2nd camper 5 half days

Non-Montpelier Resident's Fee:

\$175.00 per week/1st camper
 \$160.00 per week/2nd camper
 \$108.00 per week/1st camper 5 half days
 \$ 98.00 per week/2nd camper 5 half days

NOTE: Lunch Program for 2022 is still TBA, we will inform registrants of any changes.

Vermont State Licensed Childcare Program

Day Camp Hours 7:45am-4:45pm

Half Day Morning 7:45am-12:30pm Half Day Afternoon 12pm-4:45pm

PAYMENT: Please circle below:

SUBSIDY CERTIFICATE

PAYING FEE (first week of day camp is due before starting camp)

FEAST CAMP

Camp Hours 7:45am-12pm

Limited space for each group

- | | | | | | | |
|-----------|--------|-----------------|--|--------------------------|--|--------------------------|
| #5101 A/B | Week 1 | July 11-July 15 | Grade 1 st -3 rd | <input type="checkbox"/> | Grade 4 th -6 th | <input type="checkbox"/> |
| #5102 A/B | Week 2 | July 18-July 22 | Grade 1 st -3 rd | <input type="checkbox"/> | Grade 4 th -6 th | <input type="checkbox"/> |
| #5103 A/B | Week 3 | July 25-July 29 | Grade 1 st -3 rd | <input type="checkbox"/> | Grade 4 th -6 th | <input type="checkbox"/> |
| #5104 A/B | Week 4 | Aug. 1-Aug. 5 | Grade 1 st -3 rd | <input type="checkbox"/> | Grade 4 th -6 th | <input type="checkbox"/> |
| #5105 A/B | Week 5 | Aug. 8-12 | Grade 1 st -3 rd | <input type="checkbox"/> | Grade 4 th -6 th | <input type="checkbox"/> |
| #5106 A/B | Week 6 | Aug. 15-19 | Grade 1 st -3 rd | <input type="checkbox"/> | Grade 4 th -6 th | <input type="checkbox"/> |

FEAST Camp Fee:

\$185.00 per week
 \$175.00 for 3 or more weeks

If you need afternoon camp with the Montpelier Recreation's summer camp, please fill out the above part to register for the weeks you need afternoon camp. The FEAST camp will transport campers to the Recreation Camp at the Pool Pavilion on Elm Street.

Montpelier Capital Kids Day Camp Forms Checklist:

- ____ Completed & Signed Form
- ____ Check/Payment
- ____ Immunization Records
- ____ Medication Permission Form (If Applicable)
- ____ Subsidy Information (If Applicable)

For Subsidy information or applications contact:
The Family Center of Washington County Child Support Services
383 Sherwood Drive
Montpelier VT, 05602
802-262-3292

**Completed Forms/Immunization records/Payment or Subsidy Certificate
needed before child/ren placed onto roster list for day camp.**

Deadline for Registration 5/27/22

Park & Trees FEAST CAMP

- ____ Completed & Signed Form
- ____ Check/Payment

At Feast Farm Camp we will immerse ourselves in the daily cycles of farming, helping to plant, harvest and cook our way through the farm. Together we will learn about equitable food systems and food justice. We will also explore the surrounding ecosystems and learn about the biodiversity that helps support the food we eat!

In 2022, Feast Farm Camp will be offered for six weeks July 11-August 19, Monday-Friday, 7:45am-12pm for children ages 6-12 years old or entering grades 1st – 6th. We will have two groups, Fritillaries (entering grades 1st-3rd) and Swallowtails (entering grades 4th-6th). We have room for up to 8 kids per group. If you are signing up more than one child, you will need to fill out this form for each child.

Children can be dropped off at Feast Farm (5 Home Farm Way in Montpelier) anytime 7:45am-8:30am. Children can be picked up at 12pm, or if your child is registered for a half day pm of Capital Kids Day Camp (at the Montpelier Pool Pavilion), there is an option for camp staff to transport them there. To register for afternoon camp please fill out information above FEAST Camp on first page. Please read over the FEAST Farm Camp Handbook: <https://docs.google.com/document/d/1tGfQnTzhSlgHcAbLpi9707NspyJdgzDn1hcbPvKcVE4/edit#>

Questions? Email Jacqueline at jhuettenmoser@montpelier-vt.org

Deadline for Registration 6/30/22

Capital Kids Summer Day Camp & FEAST Camp

Please submit completed form with payment or Child Care Certificate to:

**Montpelier Recreation Department
58 Barre St, Montpelier, VT 05602**

GENERAL INFORMATION

Child's Name: _____ Date of Birth: _____

Grade (fall of 2022): _____ Age: _____ Gender: _____

Parent/Guardian

Name: _____ Email: _____

Address: _____

Phone: (H): _____ (W): _____ (C): _____

Parent/Guardian

Name: _____ Email: _____

Phone: (H): _____ (W): _____ (C): _____

BACKGROUND INFORMATION *Check boxes that apply and please provide detail.*

Please fill out the attached medication administration form for medicine to be administered during camp for over the counter and prescription.

Food or other allergies: _____

Physical limitations: _____

Special dietary requirements: _____

Medication required: _____

Other special needs: _____

******PLEASE BEAWARE OF FIELD TRIP DAYS FOR HALF DAY CAMPERS******

For Campers attending the FEAST Camp or Mountaineers Camp please beware of statement below

*****For half day campers: they are invited to attend the full day with no extra fee. If you choose not to send your child on the field trip, you will need to find alternative care as there will be no counselors at the day camp site to supervise your child on field trip days.**

EMERGENCY INFORMATION

Child's Dentist: _____ Phone: _____

Child's Physician: _____ Phone: _____

In an emergency, do you give permission for us to contact your physician/dentist or to seek emergency medical care?

I DO /DO NOT gives permission (sign) _____

The following people have permission to pick up my child:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Emergency Contact #1

Name: _____ Phone :(H) _____ (W) _____

Address: _____ Relation: _____

Emergency Contact #2

Name: _____ Phone :(H) _____ (W) _____

Address: _____ Relation: _____

PERMISSION FORM

FIELD TRIPS: TBA Field Trips are in the process of being scheduled.

*****For half day campers they are invited to attend the full day with no extra fee. If you choose not to send your child on the field trip, you will need to find alternative care as there will be no counselors at the day camp site to supervise your child on field trip days.**

I DO/ DO NOT give permission for my child to participate in all field trips that are part of the Camp Program.

I DO/ DO NOT give permission for my child to participate in any photo or video session that may be part of the Camp Program.

I DO/ DO NOT give permission for the Camp staff to contact my child's school personnel including principal, guidance counselor, teacher or special educator.

I DO/ DO NOT give permission for my child to participate in swimming activities.

I DO/DO NOT give permission for staff to apply sunscreen during the camp day.

Occasionally, an activity may include showing a movie. Licensing regulations require permission from parents for students to view a PG movie. This section gives your permission for your child to view a PG movie.

I DO/DO NOT give permission for my child _____ to watch a PG movie that may be part of an activity.

Additionally, all staff members of Montpelier Recreation Department are mandatory reporters. I understand that Vermont law mandates that all Montpelier Recreation Department staff report any suspected child abuse or neglect to the Department for Children and Families.

YES, I understand _____ *(please initial to indicate your understanding)*

SIGN: _____ DATE: _____

For more information visit: <https://www.montpelier-vt.org/838/Montpelier-Recreation> or call (802)-225-8699

Camper Code of Conduct:

In order to maintain a safe and peaceful camp environment we require parents and campers to read and comprehend the importance of abiding by the following code of conduct.

I will follow the camp schedule. I will bring only the listed items to camp (no weapons, electronic items etc.) I will respect counselors, directors, and other campers by not using foul language, name calling, or fighting. I will follow all safety rules set forth by the camp staff.

Camper Signature

Date

I agree to help my child abide by this code of conduct

Parent/Guardian Signature

Date

Montpelier Recreation Day Camp Disciplinary Policy:

Day Camp is meant to be a fun, educational, and recreational activity. For the benefit of all campers, it is important that children behave appropriately within the day camp. If it becomes necessary to take disciplinary action against a student the steps that will be followed are outlined below:

1st Incident: The camper will receive a verbal warning and an explanation as to why the behavior is inappropriate (whenever possible, this will be done in a one-on-one setting removed from other campers).

2nd Incident: Staff will determine an appropriate consequence for the camper's actions (examples may include a "time out" or exclusion from participation in an activity). The camper's parents/guardians will be notified of their child's behavior when they arrive for pick up.

3rd Incident: Child will be removed from camp without a tuition refund

Immunization Records: Fax: 262-6285

We need a copy of your child's immunization records on file or a signed statement that your child is not immunized because of the child or family's moral or religious rights prior to admission into our program.

Authorization of Treatment: I hereby give my permission to the medical personnel selected by the Camp Director to order treatment and necessary transportation of my child. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment for my child.

Initials

Liability Waiver:

I assume all risks and hazards incidental to such participant, including transportation to and from the After School Program, and I hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Montpelier, the Montpelier Recreation Department and the Montpelier Public School System, their officials, employees, and volunteers, the organizers, sponsors, supervisors, and participants for any claim arising out of an injury to my child or myself.

Parent/Guardian Signature

Date

You are responsible for payment if you do not attend program. You must cancel at least two weeks prior to the start to be refunded minus a \$20 Administrative fee. If you are a no show for the program with no cancellation for that week you are still responsible for that week's payment and your child will be removed from future weeks. Attached to the back of this registration packet you will find cancellation forms. (Please remove and keep for your convenience for cancellations)



Capital Kids Summer Camp 2022 Medication Administration Packet

Authorization to Give Medication

Childs Information

Name of Program _____ Todays Date _____

Name of Child (First and Last) _____ Date of Birth _____

Name of Medication _____

Reason Medication is needed during program hours _____

Dose _____ Route _____

Time of administration of the medicine _____

Does the medicine need to refrigerated _____ ?

Additional instructions _____

Date to start medicine ____/____/____ Stop date ____/____/____

Known side effects of medicine _____

Plan of management of side effects _____

Child allergies _____

Prescriber's Information

Prescribing Health Professionals Name _____

Prescriber's signature _____

Phone Number _____

Name of Pharmacy _____

Pharmacy number _____

Permission to Give Medicine

I hereby give permission for the camp program to administer medicine as prescribed above: **I also give permission for the caregiver/teacher to contact the prescribing health professional about the administration of this medicine. I have administered at least one dose of medicine to my child without adverse effects.**

Parent or Guardian Name (Print) _____

Parent or Guardian Signature _____

Address _____

Home Phone _____ Cell _____ Work _____

- **Please note that medication cannot be administered until the above information is filled out**



Montpelier Recreation Department's Cancellation and Refund Request

Program Name: _____ **Program Date:** _____

Participant Information:

First Name: _____ **Last Name:** _____

Date Requested: _____

Reason for Cancellation/Refund:

Person Requesting Refund:

First Name: _____ **Last Name:** _____

Street or P.O. Box Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone (H) _____ **(W)** _____ **(C)** _____

Please Check One: Credit on Household Account: Check by mail Credit Card

Signature (Person Requesting Refund)

Date

Office Use Only

Program Cost: _____ **Surcharge Amount:** _____ **Amount Refunded:** _____

Date Processed: _____ **Family Called? Y__ N__**

Approved by:

Programmer's Name: _____ **Signature** _____

Submitted to: Accounts Payable Yes No

Charge Account # List amount to be refunded

\$ _____ (Account Number) _____

\$ _____ (Account Number) _____

\$ _____ (Account Number) _____