

**AUGUSTA JEWISH COMMUNITY CENTER  
898 WEINBERGER WAY  
EVANS, GA 30809  
(706) 228-3636**

**SUMMER DAY CAMP 2010  
PARENT INFORMATION GUIDE**

**CAMP SESSIONS:**

The 2010 camp year consists of eleven one-week sessions. We offer a half-day camp or full day camp for 3 and 4 year olds and extended hours before and after camp for all ages.

**CAMP HOURS:**

Camp will be in session Monday through Friday, from 9:00 a.m. until 3:00 p.m. Mini-campers (ages 3-4) have the option of attending half-day program from 9:00 a.m. until 1:00 p.m.

**ARRIVAL/DEPARTURE PROCEDURES:**

Campers will be dropped off and picked up by the front door. Please be prompt in dropping off and picking up your child. Unless a camper is enrolled in our Extended Day Care Program (7:30 - 9:00 a.m. or 3:00 - 6:00 p.m.), they should not be at Camp prior to 8:45 a.m. or past 3:10 p.m. Your cooperation is needed to ensure safe and orderly transitions.

**CAMP FORMS:**

The Camp requires the attached *Camp Examination* form be filled out by you and your child's doctor prior to the start of camp. **No child will be allowed to participate unless we are in possession of this completed form.** Please also complete the attached *Liability Waiver* and *Emergency Medical* forms. We must have these on file one week prior to your child's attendance in camp.

**HEALTH AND SAFETY:**

Your child's safety and well being is our #1 priority at Camp. We will do all we can to ensure his or her safety.

The lifeguards are in charge of the pool. Any camper (or counselor) who does not mind the rules may be withheld from the swim program. Major rules include; no running on the deck, no horseplay, no dunking others, no admittance to pump house and filter room. Please review these with your child prior to Camp. Remember: the lifeguards are there for everyone's protection.

Any camper who finds it difficult to comply with established rules regarding safety, will be brought to the Camp Director for discussion of the matter and possible parent involvement.

Due to the sunny, hot weather all children are encouraged to wear a hat or cap. Also, shoes are required at all times, and we ask that children wear sneakers, not sandals or thongs.

All children are required to wear sunscreen unless medically contraindicated. Please pack sunscreen for your child.

### **LUNCH:**

Camp will provide an enriched Vitamin C drink at lunchtime and an afternoon snack. Campers will provide their own lunch each day, unless notified otherwise. We ask that lunches be brought in paper lunch bags (not lunch boxes) clearly marked with camper's first and last names and group name (each group will choose their own group name the first day of Camp). All lunches will be refrigerated.

Nutritious hot lunches may be purchased for your child. Monday and Friday we serve macaroni and cheese. Tuesday and Thursday we serve cheese pizza. Wednesday we serve kosher hot dogs. Lunches may be purchased in advance, \$20/week and \$5/day.

### **SWIMMING PROGRAM:**

Red Cross swimming instruction will be led by WSI certified instructors every morning for each age group. Free swim will take place in the afternoon.

No child will be excused from swim instruction unless he/she has a note from a parent. If a child does not participate in swim instruction, they will not be able to participate in free swim that day.

### **TYPICAL CAMP DAY:**

9:00 - 9:15	Announcements
9:15 -10:00	Group activity
10:00 -10:45	Group activity
10:45 -11:30	Instructional swim
11:30 -12:15	Group activity
12:15 -12:45	Lunch
12:45 - 1:00	Rest
1:00 - 1:45	Free swim
1:45 - 2:00	Snacks
2:00 - 2:45	Group activity
2:45 - 3:00	Announcements

Group activities will include: music, archery, arts and crafts, active and passive games, softball, soccer and gymnastics.

Please have the form below filled out and returned to the camp prior to the child's first day of camp. The doctor's office can fax a copy of the form to the Day Camp office at (706) 868-1660.

**CAMP EXAMINATION  
APPROVED BY GA CHAPTER  
AMERICAN ACADEMY OF PEDIATRICS**

Camper Name: \_\_\_\_\_

Was examined and found to be in satisfactory health and apparently free from communicable disease. There are no apparent contradictions to participating in routine camp activities.

Immunization for polio is complete: \_\_\_\_\_

Last Tetanus Immunization: \_\_\_\_\_

Special problems, allergies, etc.: \_\_\_\_\_

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

Signed \_\_\_\_\_ MD

Date of Examination \_\_\_\_\_

**AUGUSTA JEWISH COMMUNITY CENTER  
EMERGENCY MEDICAL FORM**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_ Weight \_\_\_ Sibling(s) Attending Camp ? Yes \_\_\_ No \_\_\_ Name(s) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_ Pager \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_ Pager \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician to be called in event of **EMERGENCY**

Pediatrician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Persons to be called in **EMERGENCY** if Parents are not Available:

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Which hospital emergency facilities would you prefer the AJCC Day Camp to use?

Are all immunizations up to date ? Yes \_\_\_ No \_\_\_ Last Tetanus Shot \_\_\_\_\_

Is your child allergic to any **DRUGS**, such as **Penicillin**? \_\_\_\_\_

Are there any conditions which the child is subject to that might require emergency treatment such as **ASTHMA, FAINTING SPELLS, DIABETICS, ALLERGIES, ETC.** Yes \_\_\_ No \_\_\_

If Yes, specify \_\_\_\_\_

If neither parent, physician, nor person named above are available, in an **EMERGENCY** requiring immediate medical attention, do you give permission to the **AJCC DAY CAMP** to seek treatment from a physician selected by the **AJCC DAY CAMP** ? Yes \_\_\_ No \_\_\_

## For Divorced Parents

Custodial Parent Name \_\_\_\_\_

Does Non-Custodial parent have permission to pick up child from camp?

Yes \_\_\_\_\_ Yes with prior notice \_\_\_\_\_ No \_\_\_\_\_

Does Non-Custodial Step Parent have permission to pick up child from camp?

Yes \_\_\_\_\_ Yes with prior notice \_\_\_\_\_ No \_\_\_\_\_

Are there any restrictions in regard to child and Non-Custodial parent ? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

\_\_\_\_\_

## For Legal Guardians

Are there any restrictions regarding the child and either parent ? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

## For Both Divorced Parents and Guardians

Are there any restrictions regarding the child and either parent ? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Is there any special arrangements that need to be made or special instructions in regard to the child's morning drop off or afternoon pickup that the staff needs to be aware of ?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUGUSTA JEWISH COMMUNITY CENTER SUMMER DAY CAMP  
LIABILITY WAIVER**

In consideration of the good and valuable benefits \_\_\_\_\_ (Name of Camper) derives from participating in the **Augusta Jewish Community Center (Y.M.H.A., Inc.) Summer Day Camp** program, I/WE, the undersigned, being the **Parents(s) or Legal Guardians(s)** of said camper, will not hold the **Augusta Jewish Community Center (Y.M.H.A., Inc.)** or its staff (professional or volunteer) responsible for injuries sustained by my child, and from all claims or demands, related thereto, while participating in the **Summer Day Camp** program, above that amount which is covered by the **Augusta Community Center's (Y.M.H.A., Inc.)** insurance.

\_\_\_\_\_ \_\_\_\_\_  
**Camper's Name** **Date**

\_\_\_\_\_ \_\_\_\_\_  
**Parent or Guardian Name** **Parent or Guardian Signature**  
**(Please print name)**

**AUGUSTA JEWISH COMMUNITY CENTER SUMMER DAY CAMP  
CONSENT TO TREATMENT OF MINOR AND RELEASE**

I authorize the **Executive Director** of the **Augusta Jewish Community Center (Y.M.H.A., Inc.)**, or his/her authorized agent, to consent to any medical treatment and/or hospital care which is rendered to the minor named below, under supervision of any licensed physician.

In addition to the above, I grant permission for the below named minor to participate in all activities, unless otherwise indicated in writing.

\_\_\_\_\_ \_\_\_\_\_  
**Camper's Name** **Date**

\_\_\_\_\_ \_\_\_\_\_  
**Parent or Guardian Name** **Parent or Guardian Signature**  
**(Please print name)**

Restricted Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The authorization granted herein will be used only when absolutely necessary, and after every attempt has been made to contact parent or guardian.*