# Savin Rock Community Summer Camp 2019

Registration Packet due Monday June 24<sup>th</sup>



West Haven Housing Authority
35B Glade St.
West Haven, CT 06516
Reginas Jones- Summer Camp Coordinator
(203) 200-8343
(203) 934-8671

### Dear Parents/Guardians,

Thank you for signing up your child(ren) for this year's summer camp! Please legibly fill out the requested information in this packet and drop it off with your payment at either the Section 8 office or at the Community Room (35B.)

All payments must be by check or money order. Receipts are available upon request. Please make all checks out to "West Haven Housing Authority DBA SRC"

Fees:

1<sup>st</sup> Child- \$90.00 2<sup>nd</sup> Child- \$45.00 3<sup>rd</sup> Child- \$45.00 4<sup>th</sup>-Child- \$45.00

All registration packets are due by June 24<sup>th</sup>, no exceptions!

All fees are due by June 24<sup>th</sup>, but the earlier the better!!

### **CAMP EXPECTATIONS**

- -SAFETY OF ALL CAMPERS IS OUR #1 PRIORITY
- -We do not condone the use of inappropriate language
- -Inappropriate physical behavior will not be tolerated at camp. Physical confrontations are a safety issue and will be handled with the 3-strikes system.
- -1<sup>st</sup> strike: Parents are called, and children are spoken to.
- -2<sup>nd</sup> strike: Parents are called; children are spoken to and sent home for the rest of the day.
- 3<sup>rd</sup> strike: Parents are called, and children are removed from camp for the rest of the summer.
- -All campers should be dropped off no earlier than 8:45 AM and picked up no later than 2:15 PM. Camp runs 9am-2pm. We are not a day care facility. We do not have the supervision capabilities outside camp hours to accommodate campers.
- -All campers must be able to use the bathroom independently
- -All campers must be able to dress themselves; trouble with buttons, zippers or laces is acceptable. However, we cannot fully dress your child.
- -If your child is sick, please keep them at home until they are better!

#### **Information for Parents and Campers**

The camp will run Monday through Friday 9am-2pm (with the exception of the first week which starts on a Thursday.) The camp will begin Monday July 1<sup>st</sup> and conclude on Friday August 16<sup>th</sup>.

Every day we will begin with breakfast, which will be provided for every camper and then we'll move right into our first activity.

Most days we will have a couple different activities to choose from, for example basketball or arts and craft

After our morning activity we'll have lunch, which will be provided for every camper. We encourage campers to bring their favorite snacks for lunchtime if they would like to!

We will have water every day to drink, but we also encourage campers to bring their own reusable water bottles!

After lunch we'll get right into our afternoon activity, which will take us to the end of the day at 2 pm. Sandals, flipflops, open toe shoes are not allowed.

**SNEAKERS ARE TO BE WORN EVERY DAY!** 

Please apply your child sunscreen, bug spray, hats, etc. to bring with them each day because we will be outside every day that it is not raining. On rainy days we will be closed.

Nothing will be available at the camp.

## **ONLY RETURN LAST 5 PAGES OF PACKET!!!!**

### **Parent/ Guardian of Minor Waiver Form:**

I,, being the parent or legal guardian of	
, understand and acknowledge that there are	
inherent risks of physical injury in participating in sports or recreational	1
activities or programs.	
I hereby release the West Haven Housing Authority DBA SRC, its	
employees, officials, and agents from any and all liability or loss or	
damage to personal property or any injuries that my child or I may	
experience in connection with activities sponsored by the West Haven	
Housing Authority DBA SRC.	
I hereby consent to emergency medical procedures deemed advisable to	for
my child in the event I cannot be reached, and my child has sustained as	1
injury. I understand that the West Haven Housing Authority DBA SRC is	
not required to provide accident or hospital insurance for participants of	)f
its programs. All participants are advised to have adequate personal	
health insurance coverage. Please consider participant's own health,	
experience, and tolerance for risk before participating in any program a	ınd
advise us in writing of any illnesses, conditions or allergies that will	_
restrict activities. In recognition of all the above, and in consideration of	
my child's use of facilities or programs offered by the West Haven Hous	ıng
Authority DBA SRC, I hereby assume all risk of injury for my child and	••
discharge the West Haven Housing Authority DBA SRC and its employed from any liability resulting from injuries suffered from his/her use, property	
or improper, of the programs or facilities at the West Haven Housing	;1
Authority DBA SRC. I understand that by signing this waiver I voluntarily	,
waive valuable legal rights, on behalf of my child, to bring legal action	,
against the West Haven Housing authority DBA SRC, its agents or	
employees for any cause related to the negligence of the West Haven	
Housing Authority DBA SRC, its agents or employees.	
riousing riamority 22/1 orto, its agonts of employees.	
Parent/Guardian Signature	
Today's Date	
Please print your child's	
name:	

Your Child's Information:	
First Name:	_MI
Last Name:	
Nickname(s):	
Date of Birth://Age:	_
Sex: M F (circle one)	
Parent/Guardian Information	:
First Name:N	11
Last Name:	
Address:	
Relation to Child:	
Best Phone Number to Call:	
Alternate Phone:	

Emergency Contact Information:	
First Name:	MI
Last Name:	
Address:	
Relation to child:	
Best Phone Number to Call:	
Alternate Phone:	
Please list any allergies your chi	ld has:
Please list any daily medication	your child takes:

T Shirt size: XS S M L XL (circl	e one)
Please check one box below.	
I give my child permission to walk h camp is over at 2 PM.	ome after
I DO NOT give my child permission home after camp is over at 2 PM. (I another guardian will pick them up day.)	or
Guardian (other than myself) who may child:	pick up my
First Name:	MI
First Name:	MI
	MI
Last Name:	_ MI
Last Name:	_ MI
Last Name:Address:	_
Last Name: Address: Phone:	

# **Field Trip Dates:**

July 1<sup>st</sup> – Field Day West Haven, CT

July 17<sup>th</sup> – Amistad New Haven, CT

July 24<sup>th</sup> – Urban Air Orange, CT

August 30<sup>th</sup> – Bounce Town USA Milford, CT

August 7<sup>th</sup> – Maritime Aquarium Norwalk, CT

The West Haven Housing Authority will cover all field trip expenses.

As field trips get closer parents will receive more information/details about them.

## **Field Trip Dates/Times**

West Haven Library	Pick up / Drop off
Thursday July 18th	9:45 am-11:00 am
Thursday July 25 <sup>th</sup>	9:45 am-11:00 am
Thursday Aug 1st	9:45 am-11:00 am
Thursday Aug 8th	9:45 am-11:00 am

### **Field Trips**

### Pick up/Drop off

<b>Friday July 1<sup>st</sup> Field Day</b> West Haven Ct.	9:45 am-12:45 pm
<b>Wednesday July 17<sup>th</sup> Amistad Boat Tour</b> New Haven, CT.	9:45 am-12:45pm
<b>Wednesday July 24th (TBD) Urban Air</b> West Haven, CT.	9:45 am-12:45 pm

Tuesday July 30th Bounce Town 9:45 am-12:45 pm Milford CT.

Wednesday Aug 7th (TBD) **Maritime Aquarium** 9:45 am-12:45 pm Norwalk CT.

**Attention Parents:** 

Please save this for your records

### **Permission Slip**

This is the permission slip for the fantastic field trips planned for the 2019 summer season. All trips take place every Tuesday, Wednesday, and Friday of each week for six weeks. We will be leaving for each trip at approximately (9:45 am and returning in the afternoon near lunch time 11:00am please keep in mind some trips may take a little longer due to unforeseen traffic because of construction. In the event your child will not be attending the trip, please make alternative arrangements as staff will not be available to care for your child(ren) at the community center. Please send your child(ren) with their camp shirt on for All Field Trips as well as a change of clothes and a swim suit for hot days so the children may cool off. If you would like to know more regarding trips, please contact Ms. Jones (203)200.8343

Parent Name: .	
Childs Name: _	