

2017 Summer Recreation Half-Day Camps



Sports and Athletics Section
 Department of Community Services
 77 Reads Way • New Castle DE 19720
 (302) 395-5654 (office) (302) 395-5892 (fax)
ncde.org/camps



Matthew Meyers
 County Executive

For children Ages 5-12
 \$35 per week

REGISTRATION:

Pre-registration is required. **Payment is due in full at time of registration.** Registrations are accepted on a first-come, first-served basis. Space is limited.

BREAKFAST/LUNCH:

Nutritious breakfast & lunch provided daily in the cafeteria by Christina School District Summer Nutrition Program. Battery Park Camp Healthy lunch provided daily by Colonial School District Summer Feeding Program.

CAMP FORMAT:

Half Day Camps run from 8:30am–12:30pm, Monday through Thursday

ACTIVITIES:

Daily camp programming includes arts/crafts, weekly themes, fitness and nature activities, sports games, fresh-air time, and recreational & educational programming.

LATE PICKUP:

A late pickup fee of \$15 will be charged for each child picked up after the program closes 12:30 p.m. An additional \$15 fee is charged for each 15-minute interval, or part thereof, as we do not prorate this fee by the minute. Parents/guardians that arrive late will be asked to sign a late pickup form and payment is due at time of pickup. Child cannot return to camp until the late pickup fee is paid.

TEN WEEKLY SESSIONS - \$35 per session

Session I: June 19 - 22 **Session II:** June 26 - 29 **Session III (BATTERY PARK ONLY):** July 3 - 6 (CLOSED 4th)
Session IV: July 10 - 13 **Session V:** July 17 - 20 **Session VI:** July 24 - 27
Session VII: July 31- Aug 3 **Session VIII:** Aug 7-10
Session IX (BATTERY PARK ONLY): August 14 - 17 **Session X (BATTERY PARK ONLY):** August 21 - 24

MORNING HALF DAY CAMP LOCATIONS

Brookside Elementary School (BE) - 800 Marrows Road, Newark
Thurgood Marshall Elementary School (TM) - 101 Barrett Run Drive,
Battery Park (BP) - Old New Castle, New Castle

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Do not detach. Please read, fill out, and sign both forms on reverse side.

Name		Birth Date		Sex	Home Phone	
Address			City, State, Zip Code		Email Address	
Mother / Guardian 1		Cell Phone		Father / Guardian 2		Cell Phone
Select Camp:	Brookside		Marshall		Battery Park	
Session (circle all desired):	Jun 19-22	Jun 26 - 29	Jul 3 - 6 (BP) CLOSED Jul 3 & 4		Jul 10 - 13	Jul 17 - 20
	Jul 24 - 27	Jul 31 - Aug 3	Aug 7 - 10		Aug 14 - 17 (BP)	Aug 21 - 24 (BP)

Checks / money orders only (no cash) should be made payable to New Castle County and MUST accompany this registration form.
 Mail to: New Castle County • ATTN: Camp Registration • 77 Reads Way • New Castle, DE 19720

CHECK HERE to pay with a credit card. Camp staff will contact you by phone for credit card payment.

BEHAVIOR MANAGEMENT GUIDELINES & PROCEDURES - SUMMER CAMP 2017

It is our goal to provide a healthy, safe, and secure environment for all day camp participants. Children who attend the program are expected to follow the behavior guidelines and to interact appropriately in a group setting.

Our behavior guidelines are as follows:

- All campers will treat staff, the camp environment, and their fellow campers with respect.
- Campers will follow any posted rules.
- All staff and campers will promote a positive attitude for a fun camp experience.

When a camper does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the camper to more appropriate behavior.
2. The camper will be reminded of the behavior guidelines and day camp rules, and a discussion will take place.
3. If the behavior persists, a parent will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action taken.
5. Staff may schedule a conference with the parent to determine the appropriate action that will be taken.
6. Staff may schedule a progress check or a follow-up conference.
7. If the problems still persist, staff will schedule a conference that includes the parent, camper, staff, and program director. The program director will have all documentation and the notes from the previous conferences for review. If subsequent conferences have to be scheduled, a counselor may also be present.
8. If a child's behavior at any time threatens the immediate safety of that child, other children, or staff, the parent may be notified and expected to pick up the child immediately.
9. If a problem persists and a child continues to disrupt the day camp program, New Castle County reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.

The following behaviors are not acceptable and may result in the immediate suspension of a camper for the remainder of the current day and the next day:

- Endangering the health and safety of children and/or staff, members, and volunteers
- Stealing or damaging camp or personal property
- Leaving the day camp program without permission
- Continuing to disrupt the program
- Refusing to follow the behavior guidelines or day camp rules
- Using profanity, vulgarity, or obscenity frequently
- Acting in a lewd manner

If any of these behaviors persists, staff may suspend the camper a second time before expulsion. Immediate expulsion may occur if a camper is in possession of and/or using tobacco, alcohol, drugs, firecrackers, firearms, or explosives.

Parent/Guardian Signature Required:

I have reviewed with my child the Behavior Management Procedures. I understand and agree to all of the terms presented in this document.

Parent/Guardian Signature _____

Date _____

Camper Signature _____

Date _____

YOUTH WAIVER AGREEMENT:

I give permission for my child to participate in a Recreation Program sponsored by New Castle County that he/she is currently registering for with the Department of Community Services. I agree that my child will abide by all rules and regulations adopted and published by New Castle County relating to the operation and conduct of the program and the use of the facilities provided for the program. I understand that the failure of my child to observe these rules and regulations may result in his/her being excluded from participation in the program.

I represent that my child is physically able to participate in the program. I fully understand that his/her participation may entail the risk of physical injury. I agree to waive any claim of any kind whatsoever, whether resulting from an injury or otherwise, and further agree to release, indemnify, and hold harmless the program, New Castle County, and their respective directors, officers, employees, agents and/or representatives from any and all liability occurring as a result of his/her participation in the program.

I will be personally responsible for any financial costs incurred as a result of his/her participation in the program, including, without limitation, transportation and/or medical expenses incurred as a result of any injury. Furthermore, I understand that New Castle County assumes no liability for lost, misplaced, stolen, and/or damaged property and I hereby agree to release New Castle County from such liability.

The undersigned has read & voluntarily signed this waiver slip.

List Any Physical Limitations, medical conditions, allergies or dietary restrictions

Mother/Guardian 1
Signature _____

Father/Guardian
Signature _____

Date _____