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SUBJECT: Nondiscrimination in Services

TO: Parents

FROM: Lisa James

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual student (and /or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

Camp Neshaminy
13 Beaver St. Hulmeville, PA. 19047

Department of Human Services Bureau of Equal Opportunity Room 223, Health & Welfare Building PO Box 2675 Harrisburg, PA 17105

U.S. Department of Health and Human Services Office for Civil Rights Suite 372, Public Ledger Bldg. 150 South Independence Mall West Philadelphia, PA 19106-9111 PA Human Relations Commission
Philadelphia Regional Office 110 N. 8th Street
Suite 501
Philadelphia, PA 19107 Commonwealth of
Pennsylvania OHS Bureau of Equal
Opportunity Southeast Regional Office
801 Market Street, Suite 5034
Philadelphia, PA 19107

ENROLLMENT POLICY

Enrollment at Camp Neshaminy is open to children ages 6 -12 years old. Enrollment shall be granted without regard to a child and parent's race, color, creed, religion, national origin, gender, or disability.

Parents can apply for enrollment of their child in Camp Neshaminy by completing the application.

Initial enrollment is contingent upon receipt of the completed application, signed fee agreement, registration fee, deposit, shot record, and signed Parent Handbook.

Camp Neshaminy reserves the right to dismiss any parent or child that fails to comply with any of the Hand Book Policies or Camp Rules and Regulations

TUITION POLICY

All parents/ legal guardians are required to sign a Fee Agreement prior to enrollment of their child in Camp Neshaminy. Parents are required to indicate to whom all billing information and correspondence are to be addressed.

We accept Checks and Money Orders ONLY!

NO CASH WILL BE ACCEPTED AS PAYMENT.

Tuition payments are due in FULL on the Friday before care. Your payment is considered late on Monday at 10am.

Late tuition will be subjected to a \$25.00 late fee. All checks that are canceled or returned by the bank will be charged a \$40.00 fee. Parents are responsible for re-issuing a second check.

Non-payment of tuition is grounds for immediate dismissal from the program

MANDATED REPORTING OF SUSPECTED CHILD ABUSE AND NEGLECT

Under the Child Protective Services Act, Mandated reporters are required to report any suspicion of abuse or neglect to the appropriate authorities. The employees of Camp Neshaminy are considered mandated reporters, under this law. Employees are not required to discuss their suspicions with parents prior to reporting the matter to the appropriate authorities.

As mandated reporters, the staff of Camp Neshaminy cannot be held liable for reports made to Child Protective Services which are determined to be unfounded, provided the report was made in good faith.

Causes for reporting suspected child abuse or neglect include but are not limited to:

- Unusual bruising, marks, or cuts on the child's body.
- Severe verbal reprimands.
- Dropping off a child while under the influence of illegal drugs or alcohol.
- Dropping off or picking up a child without appropriate child restraints.

CODE OF CONDUCT POLICY

Swearing/Cursing

No parent or adult is permitted to curse or use other inappropriate language on agency property for any reason. Threatening of employees, children, and other parents will not be tolerated. In addition, all threats will be reported to the authorities.

Violation of the Safety Policy

Parents are required to follow all safety procedures at all times. These procedures are designed not as a mere inconvenience, but to protect the welfare and best interest of everyone associated with Camp Neshaminy.

MEDICAL WITHDRAW POLICY

Please bring the necessary documents needed to withdraw your child with you.

One week's written notice with a doctor's note or medical form stating the child can not return to camp is required when withdrawing a child.

If the proper notice is given, 50% of unused tuition will be refunded within 30 days of the last day of care. If the required notice is not given, parents will be charged tuition for two additional weeks.

ARRIVAL/ DROP OFF POLICY

Upon arrival at Camp Neshaminy the parents or guardian dropping or picking up child must Sign In/Out daily. Sign in/out sheets will be Located at the front gate. Children are required to be escorted by parent or adult whom is dropping off, to their designated area. Parents / Child is responsible for retrieving all items before leaving that day. All items left behind will be placed in the I ost and found located near the first aid station.

Transportation

All children transported to and from field trips are to adhere to the following bus transportation rules and regulations. These rules and regulations will be provided upon registration.

Children must stay seated. Keep arms and legs inside the bus. Also, children must not throw any objects out of windows. Please remind your children to always be on their best behavior for their own safety.

EMERGENCY CLOSING AND INCLEMENT WEATHER POLICY

In the event of an emergency closing and or inclement weather, we notify everyone through the Procare Application. We will place it on the answering machine between 6 a.m. - 8 a.m. that morning.

In case of an Emergency Evacuation, we will call each parent and state our relocation safe place for children to be picked up. Parents or emergency contact persons should report directly to the alternate location immediately.

Should Camp Neshaminy need to close for any reason, tuition will not be refunded or reduced for closures.

HEALTH & SAFETY POLICY

Each parent is required to complete a pre-enrollment packet of information. Parents must disclose any pre-existing conditions that might affect participating in daily activities at Camp Neshaminy. All children are required to have a completed camp physical form on file prior to their first day of camp.

Please have these forms filled out by a Licensed Medical Professional.

Children with severe allergies:

Parents/ Legal Guardians must provide Camp Neshaminy with any documentation of instruction on how to deal with their child's allergies. All medication must be within the expiration and be in the original package. Parents must fill out a Medication Form for their child to receive any medication.

Fire Drills:

Camp Neshaminy will conduct monthly Fire and Emergency Drills. All parents arriving/ dropping off at the time of the fire drill must wait to sign/ sign out until the drill is complete.

Alternate Safe Location

Should the location become unsafe for any reason or if emergency personnel determine Camp Neshaminy's location is unsafe and relocation is required Signs will be posted on the front gate and parents will be notified of our location by phone call once we have assembled at the new location.

Incident Reports

Should your child be involved in an incident/ accident a staff member will contact you and fill out an incident report. You will receive a copy of the incident report. Copy will be supplied to the child's file, parents, and Department of Human Services.

Release and Wavie	er of Liability for Administering En	nergency
Treatment	to Children with Severe Allergies	
Made this	day of	_ by
	Camp Neshaminy and	
	(Parents Name	<u>e</u>)
	(Child Name	
parents / legal guar to the child in em might encounter a	Neshaminy has been requested rdians to administer emergency tergency situations if, and when the allergen and is in danger of ana	reatment he child
Signature:		
Date:		

Da	te:	
Dea	ar Health Care Provider,	
	Your patient	is enrolled in
Car	mp Neshaminy. We have be	en requested to provide certain
Em	ergency care for the prever	ntion of anaphylaxis in the event
the	child encounters a certain	allergen(s) as described below.
	ase complete this form for	•
	this form.	further instructions to the back
Chi	ild's Name:	
D.C	D.B.:	
Knc	own Allergies	
	Insect:	_
	Animal:	<u> </u>
	Food Allergy:	<u> </u>
	Other:	
<u>Syn</u>	<u>nptoms</u>	
	Shortness of Breath:	
	Swelling of face or lips:	
	Vomiting:	
D D	iarrhea:	
П	Hives:	

□ Other:
<u>Procedures</u>
 □ Administer the following steps necessary in the order in which they should be taken. □ Call Emergency Medical Service □ Other (Explain)
Recreational Activities
 1. The child may participate in recreational activities □ Yes □No 2. Recreational Activity Restrictions □ Some □ None
Health Care Provider Office Information Name: Address: Number: Signature:
Date: