



## **Open Arms Developmental Agency (OADA)**

### **Eagle's Nest Policies and Procedures**

Must be completed prior to camp, either in-person, online. Applications must be completed and turned in with all required information two weeks prior to the start of camp. Please allow a week for processing.

#### **What to Bring or Wear**

Bring a lunch, snack, jacket, water bottle, closed-toe shoes, swimsuit, sunscreen and towel. All electronic devices are not allowed at camp.

#### **Cancellations & Refund Policy**

Before camp starts, we pay our vendors, purchase our admission tickets and supplies and hire our staff according to enrollment.

Cancellations: Camp cancellation requests submitted before the start of the camp will receive a 100-percent refund. Requests received on the Tuesday of the camp week will not be refunded.

There will be no refunds for missed or sick days of camp.

Refunds: If Open Arms Developmental Agency cancels camp, you have the option to accept a refund.

#### **Extended Hours**

Due to staff scheduling and labor laws during these hours we will provide traditional camp type programming and your camper may have different counselors than they have from 8:30 a.m. to 4 p.m. Children will be supervised playing low-impact games and activities. If you would like to speak directly with your camp's Unit Leader their hours are 8:30 a.m. to 5 p.m.



### **Late Pick-Ups**

Children not picked up at the end of the camp day will be supervised by OADA staff. A fee of \$1 per minute will be charged when your camp ends. For example, most camps end at 6:00 p.m., and if a child is picked up at 6:55 p.m., there will be a charge of \$25. Every attempt will be made to contact parents. If by 7:30 p.m. the parents are not reachable, and the child has not been picked up, Child Protective Services will be contacted.

### **Sign In/Out Procedures**

Open Arms Developmental Agency requires that all children are properly signed in by an adult and turned over to an OADA staff person. This helps ensure the safety of your child. We require children to be signed out by an authorized adult, even if they are participating in other OADA programs immediately following camp. PLEASE NOTE: It is our responsibility to see that your child leaves with the appropriate person each day. We will ask for identification daily. Please do not be offended. This is done with the child's safety in mind. When filling out your paperwork make certain that the names of the authorized adults are the same as they appear on their photo IDs. If you are going to be late, please call the OADA immediately.

### **Authorized Adults for Pick-up**

Your child's authorized adults were designated by you on their medical/liability release waiver. You may change pick-up information at the front desk with a written request and a photo I.D.

### **Teen Sign In/Sign Out**

Participants of the camp program will not be allowed to sign themselves in and out of the program. An authorized adult must sign in and out if camper is under 18 years old.



### **Drop-Off/Pick-Up Procedures**

Our staff members do their best to accommodate late arrivals and early departures. Buses typically leave the OADA at 9 a.m. so, be prepared to meet the camp off-site if they are traveling that day. Please, be sure you communicate with your child's camp counselor in person during the drop-off or pick-up at least a day in advance to know where to meet the camp for either a late drop-off or early pick-up.

### **Transportation Facts**

Though we try our best to keep a consistent schedule and accomplish all of our planned activities, departure times, arrival times, and the field trips themselves are subject to change without notice. Transportation schedules are available at 3 p.m. the day before our trips.

15 passenger vans are designed for safety. According to the National Safety Council, 15 passenger vans are 172 times safer than your family automobile! This is why the OADA only leases certified 15 passenger vans to transport our campers in this non-school related program.

As with all OADA staff, a background check is completed on each driver and they are CPR and First Aid certified.

Each driver completes drug and alcohol testing and is subject to random testing. Each driver is required to perform a daily pre-trip inspection of their vehicle, including the air-brake systems.



### **Camp Staff**

We feel assured that we have the greatest staff around! Our staff is as diverse as our campers. Many members of our staff team are enrolled in teaching credential programs, are college students, or are full time teachers. Our staff members are at least 16 years old, have been fingerprinted. Additionally, three references are checked for each staff member.

### **Camp Ratios**

We operate on the following ratios, which are recommended by the American Camping Association. For camps with a wide age range, we use a 1/10 (staff per child) ratio.

Ages 6 to 7: 1/8 ratio

Ages 8 to 12: 1/10 ratio

Ages 13 to 16: 1/12 ratio

### **Babysitting Policy**

Although our Camp staff work well with children, our policy states that our staff are not permitted to have additional contact with children or babysit for families involved in our OADA programs.

### **Gratuities**

Although our staff members work long, challenging hours, our policy states that employees are not to accept gratuities. If you wish, we would encourage you to make a donation to our Annual Campaign to help children who otherwise wouldn't be able to go to camp. Contact Sebrena Tuggle , [sebrenatuggle@oadagency.com](mailto:sebrenatuggle@oadagency.com) at the OADA (470) 231-6232 for more information.



## **Disciplinary Issues at Camp**

Our camp staff is trained and is expected to resolve behavior problems in a positive manner. Our staff member will speak with the child, allow him/her to take time out to think about the problem, discuss the problem/solution with the child, then let the child return to the activity. In more severe cases, the child will be kept out of the activity and the parent will be asked to pick up the child. Together, parents and OADA staff will work out a custom-designed behavior modification method depending on the severity of the problem. In the event the problems persist, the child may be suspended or expelled from the program. Some acts may result in immediate suspension or expulsion including but not limited to: fighting, intentionally harming others, theft, and possession of weapons or drugs. Our policies do not grant refunds or credits for missed program days due to behavior problems.



# Eagles Nest Registration

## Child's Basic Information

Child Name			
Birthdate	School	Age	Gender
Home Address		Email Address	
City/State/Zip		Home Phone	
Parent/Guardian		Cell Phone	
Place of Business		Work Phone	
Parent/Guardian		Cell Phone	
Place of Business		Work Phone	
Child in Custody of: ___ Both Parents ___ Mother ___ Father ___ Guardian ___ Other _____			
Child Lives With : ___ Both Parents ___ Mother ___ Father ___ Guardian ___ Other _____			

## Child Release Authorization /Emergency Contact Information

Additional Persons Authorized to Pick Up Child from Facility

Name	Relationship	Phone	Pickup Y/N	Emergency Y/N
1.				
2.				
3.				

## Persons Unauthorized To Pick Up Child

1.
2.



**Health History**

<b>Is the child currently taking medication?    __Yes __No</b> <b>Medications administered during camp require a completed MEDICATION RELEASE FORM</b>					
<b>List any conditions requiring special consideration, accommodations or restrictions while at camp:</b>					
<b>List any past medical treatment that may affect participation in camp:</b>					
<b>List any activities for which the camper should be exempted for health reasons:</b>					
<b>ARE YOUR CHILD IMMUNIZATION CURRENT/UP TO DATE ?</b>		<b>IF EXEMPT, PLEASE SUBMIT COPY OF WAIVER</b>		<b>___YES</b>	<b>___NO</b>
				<b>DATE OF LAST TETNUS SHOT</b> / /	
<b>ALLERGIES /DIETARY RESTRICTION (check all that apply)</b>			<b>CONDITIONS REQUIRING CONSIDERATION ( check all that apply)</b>		
<input type="checkbox"/> Insect Sting	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Peanuts	<input type="checkbox"/> ADHD	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bleeding Disorder
<input type="checkbox"/> Penicillin	<input type="checkbox"/> Gluten	<input type="checkbox"/> Other:	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures	<input type="checkbox"/> Other:

**Child Medical Information**

<b>Name of Health Insurance Company</b>	<b>Member/Participant</b> <small>(Optional): This voluntary information will be used for statistical purposes in order to enable our YMCA to provide quality services to our community members.</small>
<b>Policy Number</b>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Two or More Races <input type="checkbox"/> Other _____
<b>Family Doctor Name</b>	<b>PRIMARY LANGUAGE</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Phone Number</b>	
<b>Dentist/Orthodontist Name</b>	<b>Phone Number</b>



## OADA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR MINORS

Name of Minor(s) \_\_\_\_\_

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all OADA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter any branch of the OADA of Dekalb and Fulton County ("OADA") for observation, use of facilities and/or equipment, or participation of the above in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby: 1. Acknowledge that (i) I have read this document, (ii) I have inspected the OADA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document. 2. Except for OADA's gross negligence or willful misconduct I release the OADA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me or the above said minor, for any loss or damage to property or injury or death to person, whether said damage or injury results from conditions arising upon the OADA facilities or arising out of or in connection with OADA programs or activities. OADA shall not be liable for any damages arising from any act or neglect of any other member, occupant or user of the OADA premises or participant in OADA programs or activities. I agree that the above said minor assumes full responsibility for, and risk of, bodily injury, death or property damage except caused or due to the gross negligence or willful misconduct of the OADA. 3. I agree not to sue Releasees for any loss, damage, injury or death described above and except for OADA's gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless the OADA and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with, the OADA membership, use of OADA facilities and/or participation in OADA programs by me, the above said minor or any other person. If any action or proceeding is brought against OADA by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to OADA and OADA shall cooperate with me in such defense. OADA need not have first paid any such claim in order to be defended or indemnified. 4. I do hereby authorize the OADA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the Georgia Medical Practice Act on the medical staff of any hospital,





whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the OADA is not responsible for costs incurred for medical care. I intend this document to be as broad and inclusive as is permitted by the laws of the State of Georgia; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect. The Eagles Nest is responsible for physical injury during sports or recreation activities. Open Arms is not a license program under Bright from the start and is not required to have a license.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

PHOTOGRAPHIC WAIVER/CONSENT I, \_\_\_\_\_ give my permission to the OADA of Dekalb County (OADA) to use my picture or other likeness, or a picture or other likeness of any of my children, specifically, \_\_\_\_\_, in the OADA's general publicity and campaign materials.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**2018 Summer Camp Registration Form (Please complete one form per camper)**

**Phone: 404-594-2513 Phone: 470-231-(OADA) 6232**

**ID #:** \_\_\_\_\_

**Camper's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **Parent's Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Week/Session**

- May 30 - June 1, 2018**
- June 4 - June 8, 2018**
- June 11 - June 15, 2018**
- June 18 - June 22, 2018**
- June 25 - June 29, 2018**
- July 2 - July 6, 2018**
- July 9 - July 13, 2018**
- July 16 - July 20, 2018**
- July 23 - July 27, 2018**
- July 30 - August 3, 2018**

**Payment Method:** Cash    Check Enclosed    Visa    MC    Discover    American Express

**Credit card #:** \_\_\_\_\_ **Exp:** \_\_\_\_\_

**Name on card:** \_\_\_\_\_

**I authorize full payment of \$ \_\_\_\_\_ I authorize a deposit of \$ \_\_\_\_\_ (If applicable)**



**\$25 per week deposit required in order to reserve your spot.**

**I have received and read the Parent Handbook and understand the policies and procedures, including those regarding deposits, payments, refunds, and transfers. I understand the terms and agree to abide by the terms and conditions of the OADA. I understand that this camp is not a licensed Bright From The Start program but recognized under the exemption status of Bright From The Start.**

**Parent Signature \_\_\_\_\_ Date \_\_\_\_\_**