

Camp BCC Day Camp 2024 The Barre Congregational Church

Camp BCC Day Camp Forms Checklist:

Childs Name: _____

___ Completed & Signed Form

*Registration Form, Emergency Contacts, & Medical/Liability Releases,
Behavior Agreement, Sunscreen and Medication Constant*

___ Immunization Records

___ Allergy and Daily Medications Form

Camp BCC 2024 Dates and Daily Itineraries:

| | | | |
|-----------|---|--|------------------|
| Session 1 | Monday - Friday August 5 th , - August 16 th | Drop off: 8:30-9:00am Pickup: 4:45-5:30 | Check here _____ |
|-----------|---|--|------------------|

Outline of each 2-week course:

| | | | | |
|-------------------|-------------|------------------------------------|-------------|-----------------------------|
| First Day | Regular Day | Field Trip to Historical Museum | Regular Day | Picnic @ Playground 2000 |
| Haven Meal Day | Regular Day | Regular Day | Regular Day | Group Project Day |

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General Information:

Parent Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone(Home): _____ Work: _____ Cell: _____

Primary Email: _____

Campers Name: _____ Date of Birth: _____

Grade (Fall of 2025) _____ Age: _____

Gender: Check one: Female Male Non-binary Transgender Other

Preferred Pronouns: _____

Immunization Records:

I have attached a copy of the most recent immunization records.

We need a copy of your child's immunization records on file or a signed statement that your child is not immunized because of the child or family's moral or religious rights prior to admission into our program. Email: Bcuccuoffice@gmail.com

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Emergency Contact Form:

Participants Name: _____ Date of Birth: _____

Parent/guardian

Name: _____ Email: _____

Phone(Home): _____ Work _____

Cell: _____

Parent/guardian

Name: _____ Email: _____

Phone(Home): _____ Work: _____

Cell: _____

Emergency Contact #1(Not in household)

Name: _____ Phone: _____ Relation: _____

Emergency Contact #2(Not in household)

Name: _____ Phone: _____ Relation: _____

The following people have permission to pick-up my child:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Health information: Check boxes that apply:

Food or other allergies: _____

Physical Limitations: _____

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___ Special dietary requirements: _____

Other special needs: _____

___ Medication required daily _____

**Please also fill out the medication administration form for medicines
to be administered during camp for over the counter and
prescriptions.**

Medical contacts:

Primary Dentist: _____ Phone: _____

Primary Doctor: _____ Phone: _____

Health Care Carrier: _____ Policy# _____

Release of Liability & Medical Release:

Release of Liability & Medical Release: I assume all risks and hazards incidental to such participant, including transportation to and from the Summer Camp Program, and I hereby waive, release, absolve, indemnify, and agree to hold harmless the Barre Congregational Church, the City of Barre, their officials, employees, and volunteers, the organizers, sponsors, supervisors, and participants for any claim arising out of an injury to my child or myself.

I agree to be financially responsible for any damage of property my child cause during an activity.

In case of emergency. I hereby give my permission to the medical personnel selected by the Camp Director to order treatment and necessary transportation of my child. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment for my child.

Parent/Guardian Signature

Date

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Walking Field Trips and Special Events: Summer Day Camp activities will take place at The Barre Congregational Church property located at 35 Church Street, Barre, VT 05641 and other various community locations such as currier park, playground 2000, the Historical Museum, and City Hall Park. Parents / Guardians will be verbally notified of weekly trips and schedule changes as well as all changes will be emailed to parents / guardians.

Initials: _____

Media Release: I hereby give the Barre Congregational Church 'Camp BCC' Staff permission to publish and / or use my child's photographic portraits or pictures for the purpose of advertising, summer programs in The Barre Congregational Church's publications, social media, websites and/or in local newspapers.

Initials: _____

Mandatory Reporters: All staff members of The Barre Congregational Church's 'Camp BCC' are mandatory reporters. I understand that Vermont law mandates that all 'Camp BCC' staff report any suspected child abuse or neglect to the Department of Child and Family Services.

Initials: _____

Sunscreen Consent:

Sunscreen Consent: As the parent/guardian, I give permission for the City of Montpelier summer staff to apply sunscreen to my child prior to outdoor play according to the criteria below. I further understand that sunscreen will be applied to exposed skin, including the face, ears, nose, shoulder, arms, and legs.

___ Staff may apply sunscreen to my child as described above.

___ I have provided sunscreen for my child, to be applied as described above by the staff. I have labeled the bottle with my child's first and last name.

___ No. Staff may not apply sunscreen to my child. I have provided sunscreen that is labeled with my child's name. my child will apply their own sunscreen before heading outdoors.

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On Site Movies: Occasionally, an activity may include showing a movie. Licensing regulations require permission from parents for students to view a PG movie. This section gives your permission for your child to view a PG movie.

I give permission for my child to watch a PG movie that may be part of an activity

I do not give permission for my child to watch a PG movie at camp.

SUMMER CAMP BEHAVIOR AGREEMENT 2024

Parents: Please take a moment to review the following agreement with your camper. Signify that you both understand and agree to each statement by checking off the box. This form must be returned to camp the first day your child attends camp.

I will arrive and remain at camp with a positive attitude, open to meeting new people and trying new activities.

I will work with my counselors and fellow campers towards creating an environment that is safe and welcoming for each of us.

I understand that doing intentional harm or bullying another camper, either physically or emotionally is grounds for dismissal from camp

I understand that although I may be able to solve some conflicts on my own, the counselors are always ready to listen and assist if there is a problem.

I understand that my counselors and all the camp staff need and want to help but can only do so if I am willing to share any concerns that I have with them.

I will remain with my counselor and partake in the activities of my session as required.

I will use appropriate language and understand that the use of excessive, deliberate, profane language will not be accepted.

I will leave my cell phone in my backpack, pocket, and out of sight. It can be used in a case of emergency but I understand in the case of an emergency counselors will take care of me.

I will be respectful of the property and personal space of other campers and camp staff.

I will not possess smoking materials, lighters, matches, illegal drugs, alcohol, or weapons of any kind on Camp property or on any camp excursions.

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Camp BCC Day Camp Disciplinary Policy

Day Camp is meant to be a fun, educational, and recreational activity. For the benefit of all campers, it is important that children behave appropriately within the day camp. If it becomes necessary to take disciplinary action against a participant, the steps that will be followed are outlined below:

Camp BCC operates on a three-strike policy. The first infraction of the behavior management will result in a verbal warning between staff and camper(s) and notification to the parent at the end of the camp day. The second infraction will result in being sent home for the day and a conference between the camper(s), parent(s), and Camp Director and Assistant Recreation Director. A third infraction will result in a conference between the camper(s), parent(s), and the Director of Recreation. This third infraction will include a behavior contract and can result in the removal from the camp program if contract is broken by camper.

Refunds are not given for any camper who is sent home/removed from the program for disciplinary reasons. A zero tolerance policy is enforced regarding Physical Aggression. Any camper who commits an act of physical aggression against another camper, staff member, or anyone else will be removed from camp. As a parent, you will be responsible for picking-up your camper within one hour of the decision to dismiss your child from camp. Depending on the act of aggression, your child may not be able to return to camp for the remainder of the camp program.

Camper Signature

Date

Parent/Guardian Signature

Date

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Prescriber's Information

Prescribing Health Professionals Name: _____

Prescriber's signature _____

Name of Pharmacy: _____

Phone Number: _____

Permission to Give Medicine

I hereby give permission for the camp program to administer medicine as prescribed above. I have administered at least one dose of this medicine to my child without adverse effects.

Parent or Guardian Name (Print): _____

Parent or Guardian Signature: _____

Home Phone: _____

Cell: _____ Work: _____

**Please note that medication cannot be administered until the above
information is completed.**