

SUMMER CAMP

2021

Join us for a fun-filled summer where school-aged children (kindergarten graduates through 5th graders) will engage in LOTS of interactive activities – art, music, science, animals, cooking, sports, and games. We'll have Bible Club, take field trips, and enjoy the ice cream truck! (See the calendar for a the activity schedule).

Isle of Faith Summer Camp offers a comfortable "family feel" environment with a smaller camp size. Two snacks and a hot lunch is provided daily.

Your family choses which weeks to attend – whether one week or all nine weeks. The cost is \$200 / week attended plus a one-time registration fee of \$50.

Early Registration Discount. Register by April 15, 2021 and receive a \$50 credit towards your first week's rate.

Summer Camp 2021 – Camper Sign-Up Form

Child's Name:				
Grade during 2020-2021 School Year (K-5)				
Place a check mark by the weeks camper will attend:				
☐ Friday, June 4 ^{th*} , 2021				
☐ June 7-11, 2021				
☐ June 14-18, 2021				
June 28-July 2, 2021				
☐ July 6-9, 2021 (Closed Monday, July 5)				
□ July 12-16, 2021				
□ July 19-23, 2021				
□ July 26-30, 2021				
Monday, August 9*, 2021				
(June 4th & August 9th are single day sessions. Cost is \$50/day for summer				

campers. \$20/day for before/after school students).

FORMS ATTACHED

- Camper Sign-Up Form
- Enrollment Form
- Flu Form
- PG Permission Slip
- Field Trip Permission Slip (x3: offsite, walking, and swimming)
- Acknowledgement of Parent Handbook (available online or printed copy by request).
- Payment Authorization
- COVID 19 Acknowledgement & Disclosure

Isle of Faith

Summer Camp 2021

We are so excited for Summer Camp 2021.

Each week consists of Games, Crafts, Group Activities, Outdoor Activities, Water Activities, Movies, Fieldtrips, Game Truck, Special Guests, Swimming and Bible Club. We also provided two snacks and a hot lunch.

Weekly Events, Specia	l Gests & Fieldtrips Schedule
Week 1 <u>June 7 - June 11</u>	Week 6 July 12 - July 16
* Mon. June 7Bible Club 10:00-11:00 *Tue. June 8 Xtreme Exotics Animal Show 1:00-2:00 * Thur. June 10 Soccer Shots 10:00-11:45 * Thur. June 10 Art w/ Mr. Russ 1:00-3:00 * Thur. June 10 Happy Face Ice Cream 3:00 * Fri. June 11 GameTime Game Truck 1:00-3:00	* Mon. July 12Bible Club 10:00-11:00 *Wed. July 14 (Fieldtrip) Bach 2 Rock America's Music School 9:00-12:00 * Thur. July 15Art w/ Mr. Russ 1:00-3:00 *Thur. July 15 Happy Face Ice Cream 3:00 * Fri. July 16 (Fieldtrip) PV YMCA Pool 12:30-3:30
Week 2 <u>June 14 - June 18</u>	Week 7 <u>July 19 - July 23</u>
* Mon. June 14Bible Club 10:00-11:00 *Wed. June 16 Smart Parties Hands on Science 1:00-3:00 * Thur. June 17 Engineering 4 Kids 1:00-3:00 * Thur. June 17 Happy Face Ice Cream 3:00 * Fri. June 18 (Fieldtrip) PV YMCA Pool 12:30-3:30	* Mon. July 19Bible Club 10:00-11:00 *Wed. July 21 (Fieldtrip) Bravoz Jump Arena 9:30-2:30 * Thur. July 22 Soccer Shots 10:00-11:45 * Thur. July 22Art w/ Mr. Russ 1:00-3:00 *Thur. July 22 Happy Face Ice Cream 3:00 * Fri. July 23 GameTime Game Truck 1:00-3:00
Week 3 <u>June 21 - June 25</u>	Week 8 <u>July 26 - July 30</u>
* Mon. June 21Bible Club 10:00-11:00 *Wed. June 23 (Fieldtrip) Fantasy Farms Animal Preserve 9:00-2:30 * Thur. June 24 Soccer Shots 10:00-11:45 * Thur. June 24 Art w/ Mr. Russ 1:00-3:00 *Thur. June 24 Happy Face Ice Cream 3:00 * Fri. June 25 GameTime Game Truck 1:00-3:00	* Mon. July 26Bible Club 10:00-11:00 *Wed. July 28 Smart Parties Hands on Science 1:00-3:00 * Thur. July 29Art w/ Mr. Russ 1:00-3:00 * Thur. July 29 Happy Face Ice Cream 3:00 * Fri. July 30 (Fieldtrip) PV YMCA Pool 12:30-3:30
Week 4 <u>June 28 - July 2</u>	Week 9 Aug. 2 - Aug. 6
* Mon. June 28Bible Club 10:00-11:00 *Wed. June 30 Bach 2 Rock America's Music School 10:00-12:00 * Thur. July 1 Art w/ Mr. Russ 1:00-3:00 *Thur. July 1 Happy Face Ice Cream 3:00 * Fri. July 2 (Fieldtrip) PV YMCA Pool 12:30-3:30	* Mon. Aug. 2Bible Club 10:00-11:00 *Tue. Aug. 3 Xtreme Exotics Animal Show 1:00-2:00 *Wed. Aug. 4 Smart Parties Hands on Science 1:00-3:00 * Thur. Aug. 5 Soccer Shots 10:00-11:45 * Thur. Aug. 5 Art w/ Mr. Russ 1:00-3:00 *Thur. Aug. 5 Happy Face Ice Cream 3:00 * Fri. Aug. 6 GameTime Game Truck 1:00-3:00
Week 5 July 5 - July 9	
**Mon. July 5IOF CLOSED	

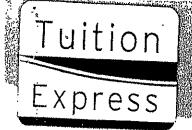
- *Wed. July 7 --- Bach 2 Rock America's Music School 10:00-12:00
- * Thur. July 8 --- Soccer Shots 10:00-11:45
- * Thur. July 8 ---- Art w/ Mr. Russ 1:00-3:00
- *Thur. July 8 --- Happy Face Ice Cream 3:00
- * Fri. July 9 ---- GameTime Game Truck 1:00-3:00



State of Florida Department of Children and Families CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:	Date of Birth:		Sex:	_ Date of Enrol	llment: _	
Full Name:					-	
Last		First	Middle	N	ickname	
Child's Physical Address	•					
Primary Hours of Care:	From		To			
Days of the Week in Car				Sa Su		
Meals Typically Served V	While in Care:	Breakfast	AM Snack	Lunch PM	Snack	Supper
Family Information:	Child I	Lives With: _				
Parent/Guardian Name:			Parent/Gua	ırdian Name:		·
Address:			Address: _			
Home Phone:			Home Pho	ne:		
Employer:			Employer:			
Address:		<u> </u>	Address: _			<u> </u>
Work Phone:			Work Phon	e:	_/Cell:	<u> </u>
Relationship to the child:			Relationshi	p to the child: _		
Custody: Mother	Father	-	Both	,	Other	
email						
Medical Information: I hereby grant permission obtain emergency medic	n for the staff of	this facility to				
Doctor:		_Address:			_Phone:_	
Doctor:					_Phone:_	
Dentist:					_Phone:_	
Hospital Preference:					_	
Please list allergies, spec	cial medical or o	dietarv needs	or other are	eas of concern:		
			•			
Emergency Care Plan in actual emergency (if app	olicable):					event of an
						<u></u> -

C be fa	elow. I ne tollowi	ed only to the custodial parent ng people will also be contacte ness, accident or emergency, i	d and are authorized to remo	ove the child from the		
N	ame	Address	Work#	Cell/Home#		
N	ame	Address	Work#	Cell/Home#		
N	ame	Address	Work#	Cell/Home#		
N	ame	Address	Work#	Cell/Home#		
	elpful Informatio					
•	(Form 3040) an	d 7.2, of the Child Care Facility d immunization record (Form 6	80 or 681) within 30 days of	enrollment.		
•	Section 7.3, of t Care Facility Bro	he Child Care Facility Handboo ochure, "Know Your Child Care	ok, requires that parents rece Facility" (CF/PI 175-24), or	eive a copy of the Child		
•	wine being (2) 10	he Family Day Care Home/ Lareceive a copy of the family day (CF/PI 175-28).	ge Family Child Care Home care home brochure, "Select	Handbook, requires ing A Family Day Care		
•	 Section 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility. 					
•	 Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or 					
•	 Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider. 					
	ur signature belo s enrollment form ve access to my o	w indicates that you have receing is complete and accurate. I he child's records.	ved the above items and tha reby grant permission for the	t the information on staff of this facility to		
Sig	nature of Parent	/Guardian	Date			



are excited to offer the safety, convenience and ease of Tuition Express - an automatic payment processing system that ws on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

	> THANSPER AUTHORIZA	ATION FOR CREDIT CARD AUT	HORIZATION
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		Phone #	
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nt Number			CYV COLL
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older Signature			
		Date	
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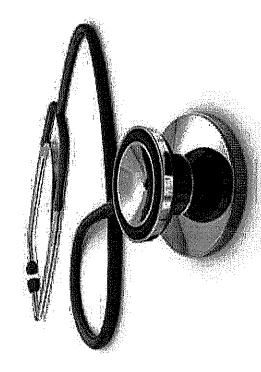
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Mhat is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

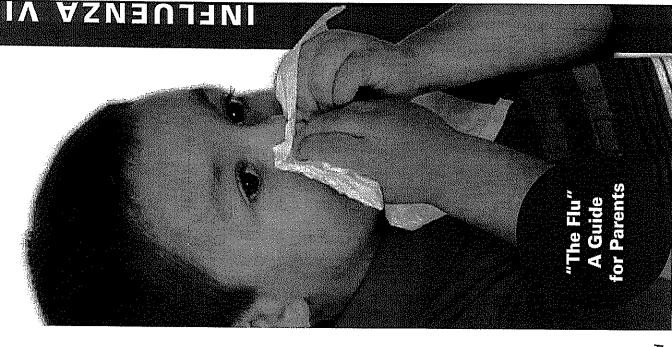
Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:



This brochure was created by the Department of Children and



During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name:

Child's Name:

Date Received:

Signature:

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.

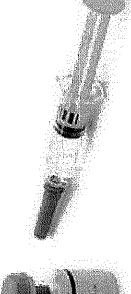


What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
 - Has trouble breathing or breathes fast
 - Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose an throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
 - Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children an should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: http://www.cdc.gov/flu/ or http://www.immunizeflorida.org/

Parent Agreement Form

Isle of Faith Child Development Center

1821 San Pablo Road Jacksonville, Florida 32224 (904) 221-KIDS

I have read the Isle of Faith Child Development Center Parent Handbook and agree to follow the policies contained within it, including but not limited to:

- -general services to be offered
- -requirements for admission and procedures for enrollment
- -health policies (including shot and immunization forms)
- -fees and payment policies (I understand my child may not attend IOF if I have not paid his/her tuition. I understand I may be called to pick up my child if I have not paid his/her tuition.)
- -rules relating to personal belongings (I understand IOF will not reimburse me for loss or damage to personal items.)
- -policy defining discipline procedures
- -information regarding complaint procedure
- -parents' right to observe and be involved
- -center's Termination/Expulsion Policy

I have read and agree to abide	by the CDC policies:
Parent's signature	<u> </u>
Child's name	
Date	
Do you have a Church Family? _	
If yes, where?	

The Isle of Faith Child Development Center's Parent Handbook is available online at www.iofumc.org. A printed copy is available upon request.

Parent Participation Interest Survey

We find that the use of volunteers helps us enrich the quality of our programs. Please indicate any of the following areas that might be of interest to you.

Thank you, in advance, for any assistance you might be able to give us throughout the year. We believe that our parents are a valuable resource for our school and we hope that you will enjoy whatever you are able to do with us!

helping prepare for holiday parties
helping with special cooking projects
making learning games
furnishing dress up clothes
sharing a special talent or interest with the children
helping plan parent meetings or workshops
other:
Parent:
Child:
Note:

Fieldtrip Permission Slips

I, the parent of	
(PRINT Parent/Guardian name) (PRI	INT Child's name)
Give permission for my child to participate in the initialed field trip lis-	
Development Center. I understand transportation is by school bus and	
Development Center and any employees and/or Volunteers in the eve	ent of an accident. I understand changes
may be made due to weather and/or conditions that may develop and	l are beyond the control of the Center.
Finally, I understand if my child's behavior is disruptive or endangers h	nis/her safety or that of others he/she
may be excluded from field trips. In this case, I will be responsible for	providing care for my child, and
understand no refund will be given for the day of the missed trip.	
Please Initial by Each Field Trip Approved	and Sign at the Bottom
Field Trips, Dates & Times	<u>Initial</u>
 Wed. June 23rd Fantasy Farms Animal Preserve from 	9·30-2·30
i antasy i arms Ammai i reserve mom	J.30 2.30
• Wed. June 14 th	
• wea. June 14	
Bach to Rock from 9:00 -12:00	
• Wed. June 21 st	
Bravoz from 9:30 – 2:30	
Parent/Guardian Signature	Date

Walking Trips Permission Slips

, the parent of	
(PRINT Parent/Guardian name)	(PRINT Child's name)
Give permission for my child to participate in the initialed Walki Development Center for the duration of the 2021 summer. I und	- .
agree to hold harmless the Child Development Center and any e	• -
agree to hold narmless the Child Development Center and any el accident. I understand changes may be made due to weather and	•
beyond the control of the Center. Finally, I understand if my chik	·
safety or that of others he/she may be excluded from these trips	·
child will stay at Isle of Faith with the Director or in a downstairs	· · · · · · · · · · · · · · · · · · ·
Please Initial by Each Location App	roved for the duration of
summer 2021 and Sign a	at the Bottom
<u>Locations</u>	<u>Initial</u>
 Alimacani Elementary School Big 	Playground
 Isle of Faith's Big Field 	<u> </u>
Parent/Guardian Signature	Date

PG Movie Permission Slip

Child's Name	
(PRI	NT Childs Name)
Has my permission to watch PG rated Mov	ries at Isle of Faith Child Development Center.
	-
(Parent Signature)	(Date)

PV YMCA Pool Field Trip Permission Slips

, the parent of							
	(PRINT Child's name)						
articipate in the field trip to th	e PV YMCA POOL from 12:30 – 3:30 with the Isle of						
	below. I understand transportation is by school bus						
Child Development Center and	any employees and/or Volunteers in the event of an						
cident. I understand changes may be made due to weather and/or conditions that may develop and are beyond the							
derstand if my child's behavio	r is disruptive or endangers his/her safety or that of						
hers he/she may be excluded from field trips. In this case, I will be responsible for providing care for my child, and							
n for the day of the missed tri	o.						
by Each Date Appro	ved and Sign at the Bottom						
<u>Dates</u>	<u>Initial</u>						
• Fri. June 18 th							
• Fri. July 2 nd							
• Fri. July 16 th							
• Fri. July 30 th							
dian Signature	Date						
	La (INADODTANT De al Day						
na unaerstana t	ne liviportanti Pool Day						
& the "POOL RI	JLES" pages given to me.						
d the 100EM	been bages given to mer						
	·						
•							
an Signature	Date						
	the Dates listed and initialed Child Development Center and ay be made due to weather ard derstand if my child's behavior om field trips. In this case, I was not the day of the missed trip by Each Date Approach. Dates Fri. June 18 th Fri. July 2 nd Fri. July 16 th Fri. July 30 th dian Signature rdian Signature nd understand to the missed trip and understand trip and und						

IMPORTANT Pool Day Information

- PLEASE let us know if your child can NOT Swim. They will be given a Life Jacket and Red Neckless/Bracelet.
- All Children will be given a Swim Test first. Depending on their swimming ability, they will be given a Colored Wrist Band.
 - GREEN = Free to swim in deep end:

They must be able to swim the length of the pool (doggie paddle, freestyle, breast stroke, under water like a fish, exc.) and then tread water for a minute.

- YELLOW = Must stay in the shallow water:
 If they can only swim half of the pool
- RED = Required to have a Life Jacket on at all times.

They can NOT Swim and MUST Have a Life Jacket On and Must stay in the Designated Shallow Area with a STAFF Member at All Times.

Please Know & Understand that the swim test is given by a perceptional life guard.

However, I, Mrs. Cole, will determine what color Wrist Band they receive.

I must feel 100% Confident in Each Childs Ability to keep them ALL SAFE.

SAFTY IS OUR FIRST PRIORITY

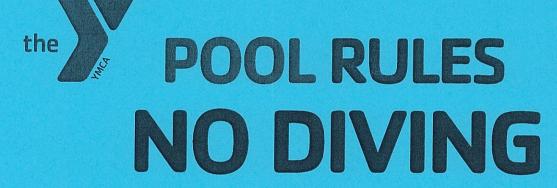
** Attached is the Ponte Vedra YMCA Pool RULES.

Please help us keep your child safe by going over the rules with your child.

What they will Need

- Come w/ Bathing Suit on and shirt/cover up
- Bring Own Sunscreen w/ First & Last Name on it
- Child MUST be able to Apply Sunscreen Themselves. We are LEGALLY Not Allowed to Apply
 - No Floating Devices. Life Jackets will be Provided if Needed
 - Goggles ONLY. No Mask (Can NOT Cover Nose)
 - Bring a Complete Change of Clothes in a Bag Labeled w/ First & Last Name
 - Pants/ shorts/ skirt
 - Shirt
 - UNDERWEAR!!!!!!!
 - Socks
 - Shoes
 - Must Have Water Shoes. This is the only day it's Allowed
 - Bring TOWEL !!!!!

	,	

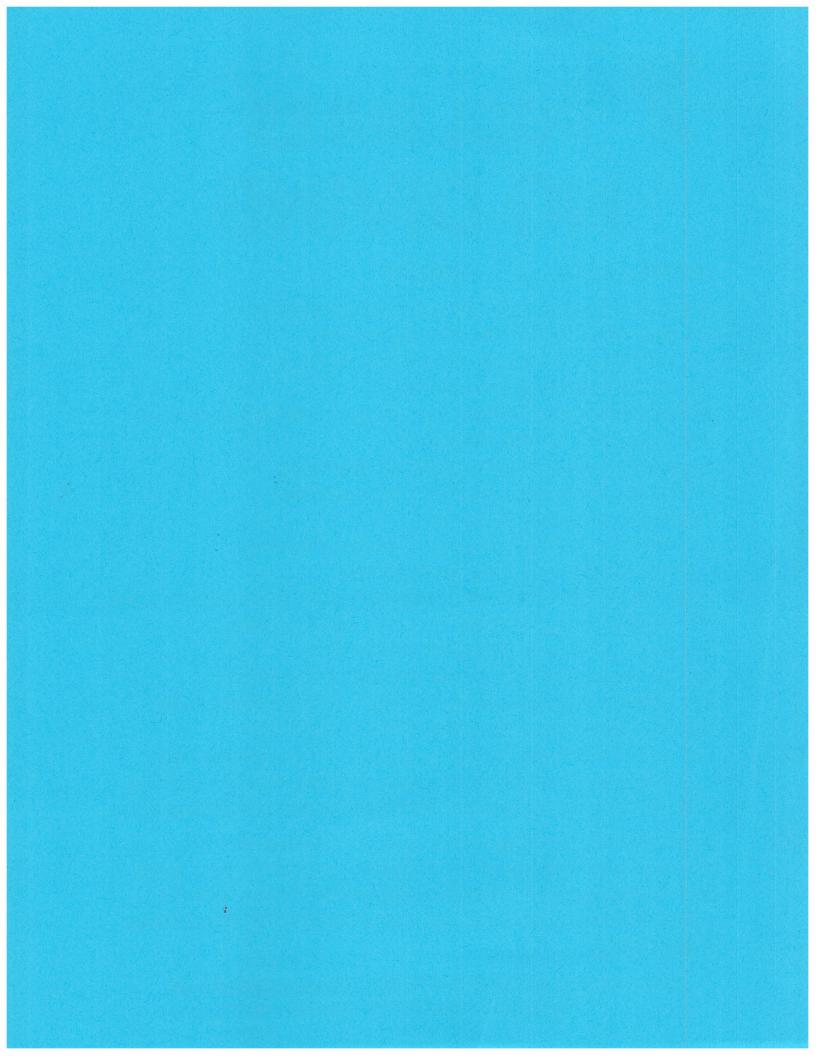


BATHING LOAD: _____ PERSONS

- No food or beverages in pool or on pool wet deck.
- No glass or animals in the fenced pool area.
- All swimmers must shower before entering pool.
- Do not swallow the pool water.
- All swimmers ages 15 years and younger must be swim tested and follow YMCA swim test policy.
- No breath-holding or underwater lap swimming.
- Only Coast Guard-approved PFDs are permitted.
- No inflatable devices of any kind.
- No horseplay, running, playing on ladders, throwing objects/swimmers or riding on shoulders.
- Enter the pool from the wet step feet first or use ladders or stairs.
- No hanging on or swimming across occupied lap lanes.
- Swimmers must wear appropriate swim attire.
- As a courtesy to others, do not use the pool when sick.
- Anyone experiencing incontinence must wear approved swim diapers. Diapers must be changed in the locker area.
- Two rescue-ready lifeguards are required for the pool to open.
- Pool will close when the air temperature is less than 40 degrees.
- Pool will close for 30 minutes after thunder and/or lightning occur.

As a reminder, the lifeguard is always in charge. It is the primary responsibility of the lifeguard to scan the pool area, deal with emergency situations and enforce rules for your safety. Please support the guards by supervising the children in your party.

FAILURE TO FOLLOW THESE RULES MAY RESULT IN SERIOUS INJURY OR DEATH.



COVID-19

ACKNOWLEDGMENT AND DISCLOSURE

PARENT

P	lease read and initial each statement below.
1.	I understand that during this COVID-19 health situation, I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I will wear a mask while inside the building.
2.	I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST wash my hands and wear a mask. While it the facility I must practice social distancing and remain 6 ft from all other people, except for my own child.
3.	I understand that to enter the facility premises, my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be removed from the classroom to rest in the office. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified. Symptoms include, Fever of 100.4 degrees F or higher Dry cough Shortness of breath Chills Loss of taste or smell Sore throat
	 Muscle aches While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution. These symptoms typically appear 2-7 days after being infected, so please take them seriously. Your child will need to be symptom free without any medications for 72 hours before returning to the facility.
4.	I understand that children Kindergarten and higher must wear a mask while in our care except at mealtime or as outlined below for certain summer camp field trips.

5.	I understand that my child's temperature will be taken at the time of arrival and periodically throughout the day while on facility premises.
6.	I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day. Hand Sanitizer may also be used if running water is not available.
7.	 I will immediately notify Isle of Faith Child Development Center management if: I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in number 3 above, is advised to quarantine, or has tested positive or is presumed positive for COVID-19. Further, I will immediately notify Isle of Faith Child Development Center management if anyone from my place of employment is presumed positive or tests positive for COVID-19 if I have had direct contact with that person.
8.	I understand that while present in the facility my child will be in contact with children, families and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practice outlined herein. I will communicate these policies to any other people who I authorize to drop off and pick up my child.
9.	SUMMER CAMP STUDENTS: I understand that students will leave our facilities for field trips where social distancing may not be possible. I will supply and my child will wear a face mask except while eating, swimming, or when socially distanced from others. I understand increased risk to COVID exposure is present with these types of trips.
ar at	certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that my child's tendance will be terminated if it is determined that my actions, or lack of action, necessarily exposes a staff person, another child, or their family member to COVID-19.
Cł	nild's Name:DOB:
Pa	rent's Name:
Pa	rent's Signature:
D.	nto: