

# *Gateway Summer Camp*



## Parent Packet

### Welcome to Gateway Summer Camp

#### **Important Information:**

**Camp Hours:** 9:00am-4:00pm

**Before Care:** 7:30am-9:00am

**After Care:** 4:00pm-5:30pm

**Camp Location:** 5501 Olive Rd., Trotwood, OH. 45426

**Phone:** 937-790-4283

#### **Late Pick-up Policy for Gateway Summer Camp:**

A flat fee of \$20.00 will be assessed to those individuals dropping off before 9:00am or picking up after 4:05pm.

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#### **Things to bring to camp daily:**

- Water Bottle
  - Closed-Toe Athletic Shoes
  - Lunch and Drink (Lunches will be refrigerated but no microwave is available) If packing...
  - Gym Bag (to keep belongings in) \*Please have your child's name on all their belongings. Things NOT to bring to camp:
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#### **Use of Phone:**

Due to the nature of the disruption, children will not be permitted to use a cell phone. Parents will be contacted by our camp staff in an emergency situation, illness, or for behavioral reasons.

**Participation:**

The camp staff has planned an exciting schedule of a variety of activities. All campers are required to be at group activities and stay with camp staff. Children may choose not to participate in planned group activities, but no additional activities will be planned for those children who choose not to participate. Please encourage your youngster to try something new or reacquaint themselves with familiar games and activities.

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**ABC Log:**

The ABC log is our parent/guardian notification system that allows for camp staff to effectively communicate events that occur throughout the day. Accidents, Behaviors, and Comments are logged throughout the day by counselors, and must be read and initialed by the parent/guardian during sign-out. We try to communicate more than just negative incidents or behavior issues. Our counselors try to recognize camper achievements, and strive to communicate those just as frequently.

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The following blue forms must to be completed and turned in, on or before the first day of camp, to a Camp Counselor.

Child’s Pick Up List	Emergency Medical Form	Offsite Activity Waiver	Acknowledgement Waiver
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**Camp**  
**Rules and Regulations**

These rules and regulations are necessary so that we may enhance the enjoyment and safety of all participants.

- 1. To attend Gateway Summer Camp, children must be in grades K-8 for current school year.

Children must:

- 2. Use appropriate behavior and language at all times and will use materials and supplies in a safe and respectful manner.
- 3. Respect and follow the directions of camp staff.
- 4. Respect the Gateway property and the property of others.
- 5. There is absolutely no fighting or disruptive behavior. Please be sure to read the discipline procedure to your child so they are aware of the consequences.

6. All camp participants must stay within the designated boundaries of the camp as outlined by camp personnel.
7. The camp staff will not be responsible for the loss, damage or theft of personal items. Personal belongings should be labeled with child's name. Campers **MUST** wear tie-on shoes (sneakers preferred). **NO OPEN TOE SHOES, FLIP-FLOPS OR SANDALS.** Please leave all valuable personal belongings (including jewelry) at home. Children are not permitted to bring toys, electronics, etc.
8. All camp forms must be signed by a parent or guardian and returned to the camp staff prior to your child's first day of camp.
9. If your child needs any medication during camp hours, please include it on their emergency form. (Please include detail information including dose and time medication should be administered.) If your child is taking prescription medication Gateway Summer Camp requires a doctor's note for administration of the medicine. All medication must be kept in their original containers. Our staff is not permitted to administer any non-prescription medication without written permission from the parent.

## **BEHAVIOR MANAGEMENT**

### **Gateway Summer Camp**

Our staff, while discouraging inappropriate behaviors, focuses on providing positive reinforcement for acceptable behavior, and encourages learning as a natural part of growth and development. We want each camper to have a positive experience at camp, and to experience as much as the camp session as possible.

We use a color chart to promote good behavior and for children to work toward receiving an incentive at the end of each week. Children start out on yellow each week and move to green by displaying good behavior. All children ending the week on green will participate in the end of the week incentive.

Accordingly, the following actions will be taken when addressing behavior that is unacceptable in a camp environment and their color will be moved by following the system below. Camp staff has the discretion to skip colors and move straight to purple or red based on the severity of the offense.

1. **Reminder/Correction.** "Please ask before...." (Yellow)

2. **Verbal Warning.** Counselors will be sure the camper understands why they are receiving a warning. Parents may be notified via the ABC log. (Yellow)

3. ***Timeout from their group/activity.*** Timeout length is equal to the camper's age (a 6 year old will sit in timeout for 6 minutes). Parents are notified via the ABC log. (Orange)

4. ***Timeout with the Camp Supervisor or Camp Director.*** Incident is documented and parents are notified via phone. (Purple)

5. ***Camper is sent home for the remainder of the day.*** Parents will be notified and required to pick up their child immediately. (Red)

6. ***Camper is sent home for the remainder of the week.*** If a camper returns to camp, and the problem persists, they will be sent home for the rest of the week with no refund. (Red)

7. If a child is sent home for the week **twice** during the camp season, they will be removed from camp for the remainder of the season with **no refund**.

***\*Camp Staff has the discretion to suspend/expel participant depending on the severity of the offense at any level.***

## **SIGN IN/OUT POLICY**

- To ensure the safety of your child, we require you to sign in/out your child everyday they attend camp. Children **will not** be permitted to sign themselves in/out of camp.
- If a different parent or guardian will be picking up the child, the camp staff must be notified during the time they are being signed in for camp and adult must be on the child's pick up list (below). When the individual arrives to pick up the child, they must provide a picture ID for identification.
- For the majority of the day, the sign in/out procedure will take place in the Special Events Room. If the camp is not in the room, a note will be placed on the Special Events Room door indicating the location of the camp. Please drop off any of the child's belongings in the Conference room, and bring your child to the corresponding area of the center.
- If the camp is located elsewhere in the facility, please notify the Front Desk you are dropping your child off for the camp and they will let you enter the facility.

Child's Pick Up List

Child's Name: \_\_\_\_\_

Adult's Name	Address:	Phone Number:

Parent  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Gateway Summer Camp

EMERGENCY MEDICAL AUTHORIZATION

FORM

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent's/Guardian's Name:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone:

Secondary Phone:

Mother: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Father: \_\_\_\_\_

Emergency Contact other than Parent:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical issues staff should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Behavioral issues staff should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

PART I OR II BELOW MUST BE COMPLETED

**PART I TO GRANT CONSENT AND VERIFY ALL INFORMATION ABOVE ACCURATE**

In the event reasonable attempts to contact either parent or the emergency contact at the provided phone numbers have been unsuccessful, I hereby give my consent for the transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

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Date: \_\_\_\_\_

Signature of Parent or

Guardian: \_\_\_\_\_

## PART II REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to take no action or to:

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Date: \_\_\_\_\_

Signature of Parent or Guardian:

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## **Acknowledgement Form**

### **Behavior Management:**

I have read the rules, regulations and behavior management to my child. My child understands that they must follow these rules and strictly adhere to the policies to help make camp a safe program for everyone.

Parent/Guardian Initial: \_\_\_\_\_

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**Picture Agreement:**

Throughout camp there may be times when pictures are taken and used for Gateway brochures, social media, and flyers. This agreement will allow the pictures taken during camp to appear in the documents above. By signing this form you have agreed to the use of photos taken during Gateway Summer Camp for brochures and camp memorabilia.

Parent/Guardian Initial: \_\_\_\_\_

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**Booster Seat Requirement:**

According to Ohio law, if your child is under 8 years old and is less than 4'9" tall, they are required to ride in a booster seat. If this applies to your child, you will be required to leave your booster seat at the VRC on any field trip days.

Parent/Guardian Initial: \_\_\_\_\_

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**Permission to Transport Child:**

I give permission for my child to be transported in a motor vehicle driven by certified camp staff or contracted bus service to all field trips. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Gateway Urban Initiatives Community Development Corporation and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Initial: \_\_\_\_\_

**My child and I acknowledge and adhere to all of the policies and procedures outlined in this packet.**

Parent/Guardian (Print Name): \_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant (Print Name): \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_