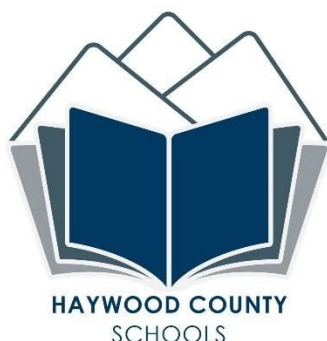


Haywood County Schools

Summer Camp 2020



Haywood County Schools offer a Summer Camp Program Monday through Friday which operates each day from 8:00 a.m. until 4:00 p.m. The school system also offers an After School Program which operates during school months. These programs accept children Kindergarten through Fifth Grade.

Please note these guidelines are all subject to change due to the ongoing COVID-19 Health Crisis. Please see the guidelines we are following at the link below. Since COVID-19 is an evolving situation, we will adapt as new guidelines are received from NC DHHS.

[Interim Coronavirus Disease 2019 \(COVID-19\) Guidance for Child Care Settings](#)

OUR MISSION

To meet every child's needs by offering a secure and warm atmosphere that compliments both home and school; to offer a variety of structured and non-structured activities; to provide experiences that foster social, emotional and intellectual growth of each child.

Discrimination Policy

Haywood County Schools' Summer Camp Programs are a licensed child care facility which follows standards set up by the NC Department of Human Services Division of Child Development. In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA Director, Office of Civil Rights, 1400 Independence Avenue, SW Washington, DC 20250-9410 or call (800)795-3272 or (202)720-6382. USDA is an equal opportunity provider and employer.

Program Highlights

- ☐ Summer Camp will begin June 8th
Summer Camp will be closed for the July 4th Holiday on Friday, July 3rd
- ☐ Planned activities such as: themed activities, outdoor recreation, story and read aloud, art and craft activities, music and movement, and much more
- ☐ Breakfast, lunch, and snack will be provided every day at no extra charge.
- ☐ Days/Hours of Operation: Monday through Friday 8:00 a.m. until 4:00 p.m.
- ☐ Cost: **\$125.00 per week** for one child. **Each additional child is \$110.00 a week.** There will be no daily rates.
- ☐ Payments: **All payments are due in advance.** Payments are due on Monday of each week or the first day your child/children attend camp each week. If payments are not made in full each Monday, your child/children cannot return until payment is made.
- ☐ **Please note these guidelines are all subject to change due to the ongoing Covid 19 Health Crisis.**



PLEASE BE SURE TO COMPLETE THE FRONT AND BACK OF EACH PAGE. ALSO, PLEASE MAKE SURE YOU SIGN AND DATE WHERE INDICATED.

THANK YOU!!!

Must Be In Child's File



I Have Read, Understand, and Agree To All Terms Listed Within This Summer Camp Packet.



I Have Received A Copy Of The NC Summary Of Child Care Law.



I Have Received A Copy Of The Center's Operational Policy.

Parent / Guardian Signature _____ Date _____

VALID FOR THE DURATION OF SUMMER CAMP 6/8/2020 – 8/7/2020

Please note these guidelines are all subject to change due to the ongoing Covid 19 Health Crisis.

Haywood County Schools Summer Camp Application

Summer 2020

To be completed and placed on file prior to enrollment. VALID FOR THE DURATION OF SUMMER CAMP 6/8/2020 – 8/7/2020

Application Date _____ Date of Enrollment _____

Child's Name _____ Birth Date _____
Address _____ Zip Code _____
Age _____ School Attended _____ Grade _____

Information About The Family

Mother / Guardian Name _____
Address _____ Zip Code _____
Employed by _____
_____ *** _____ *** _____
Home Cell Work

Information About The Family

Father / Guardian Name _____
Address _____ Zip Code _____
Employed by _____
_____ *** _____ *** _____
Home Cell Work

Child Health Care Needs

Does your child have any known allergies: Yes _____ No _____

Does your child have any chronic illnesses/conditions we need to be aware of: Yes _____ No _____

If yes please explain: _____

Does your child have a medical action plan? Yes _____ No _____

If yes please attach.

List any allergies and the symptoms and type of response required for allergic reactions. _____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns.

List any particular fears or unique behavior characteristics the child has _____

List any types of medication taken for health care needs

Permissions

I would like to receive messages about Summer Camp through text messages, Class Dojo or Remind messages ?

Yes _____ No _____ Number _____

My child may watch **G** and **PG** rated movies. Yes _____ No _____

May we **photograph/video** your child? Yes _____ No _____

Parent / Guardian Signature _____ Date _____

Emergency Care Information

Child's Doctor _____ Phone _____

Hospital Preference (Please list only **ONE**; **Any / Closest is not an acceptable answer.**)

Hospital _____

Parent / Guardian Signature _____ Date _____

If Parent / Guardian cannot be contacted, please list who can be contacted:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

If Parent / Guardian cannot pick up their child/children, please list any person **18 years old or older** that may sign out your child/children with a valid ID.

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

I understand that payment for **Summer Camp** is due on Monday or the first day that week that my child/children attend. ****Please initial** _____

I understand that if my child does not follow the rules and/or puts themselves or others in danger or creates an unsafe environment, he/she will be removed from Summer Camp and sent home immediately. _____

**** Please initial** _____

I understand my child/children may be dismissed from Summer Camp at any time for any reason at the discretion of the Director and/or the Principal. This applies to Southwestern and Private Paying children. _____

****Please initial** _____

.....

I, as the operator, agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, the other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent/guardian or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of Operator _____

Date _____

Signature of Principal _____

Haywood County Schools

Summer Camp Program Policies

Days and Hours of Operation

- ☐ Monday – Friday
- ☐ 8:00 a.m. – 4:00 p.m.
- ☐ **Students must arrive to camp by 9:00 a.m. daily if they are going to attend that day.**
- ☐ Late fee of \$1.00 per minute per child for each minute any child remains after 4:00 p.m. This will be determined by the Summer Camp staff using the school clock located in the After School room.
- ☐ **Summer Camp will be closed for the 4th of July Holiday on Friday, July 3rd.**

Price and Payment

- ☐ Price: Weekly Rate - \$125.00 This price is for one child.
- ☐ Payments: All payments are due in advance. Payments are due on Monday of each week or the first day your child/children attend camp each week. **There will be NO Daily Rates.** If payments are not made in full each Monday, your child/children cannot return until payment is made.
- ☐ If you need to discuss other payment arrangements, you must speak with the Director.

Arrival and Departure

- ☐ A staff member will greet your child/children outside as they arrive.
- ☐ Each child must be signed in/out by a responsible adult, **18 years old or older.**
- ☐ Please be prepared to show a **Photo ID** upon request.
- ☐ Be prepared for a Daily Health Screen which may include but is not limited to...
 - Temperature checks (temperature must be below 100.4)
 - Health Questions
 - Visual inspection looking for signs of infection
- ☐ When coming to pick up your child/children you will call the after school cell phone number that will be provided to you on the first day of Summer Camp.

Breakfast, Lunch and Snack

Breakfast, Lunch, and Snack will be provided everyday by the school cafeteria. A meal calendar will be provided each month. **Haywood County Schools, School Nutrition Program will be providing meals. Haywood County Schools is an equal opportunity provider and employer.**

Behavior

*All School rules will apply during Summer Camp.

*Safety is our top priority.

*We are committed to providing a nurturing and positive environment for all our students. We make it our mission to discuss problems and solutions with the students when they arise. The parent/guardian of the child will be notified if the problem continues and the child may be suspended from Summer Camp at the Director or Principal's discretion if the problem persists further.

Emergency Contacts

Each child's records and emergency information must be up to date the entire time they are enrolled in the program. Parents/Guardians must notify the Director immediately when their child/children's information changes (phone numbers, address, pick up list and etc.). This is for the safety of the children, so that a parent/guardian can be notified at any time in the event of an emergency situation.

Early Dismissals for Emergencies

The program will operate on a regular schedule unless the county has a weather emergency (i.e. flooding, water shortage). It is your responsibility as the parent or guardian to listen to the radio or television to see if this has occurred.

Sanitation and Hygiene Practices

- ☐ Clean and disinfect frequently touched surfaces such as light switches and door knobs
- ☐ Clean and sanitize all toys at the end of the day
- ☐ Clean and disinfect shared tools, supplies, and equipment
- ☐ Minimize use of shared supplies
- ☐ Disinfect and sanitize classrooms at the end of the day

**Please note these guidelines are all subject to change
due to the ongoing Covid 19 Health Crisis.**