Camp Cowabunga 2024 Registration

CAMPER INFORMATION: (Please Print CLEARLY)

Camper Last Name: _____ Camper First Name: _____

Address: _____

DOB ____/____/____ Age as of 7/1/24: _____ Grade Fall 2024: _____ T-shirt size (S, M, L, XL): _____

PARENTS/GUARDIAN INFORMATION: (Please Print CLEARLY)

Primary Parent/Guardian Name: _____ Day Phone # (_____)_____

Address: _____ Cell Phone # (_____)_____

City/State/Zip: _____ Email: _____

Other Parent/Guardian Name: _____ Day Phone # (_____)_____

Address: _____ Cell Phone # (_____)_____

City/State/Zip: _____ Email: _____

EMERGENCY CONTACTS INFORMATION: (Please Print CLEARLY) Please List 3 Emergency Contacts, Other Than Parents-At Least 18 Years Of Age- Who Are Authorized To Pick Up, In Order Of Priority.

Name: _____ ☐ Check if authorized to pick up your camper

Address: _____ Day Phone # (_____)_____

Relationship: _____ Cell Phone # (_____)_____

Name: _____ ☐ Check if authorized to pick up your camper

Address: _____ Day Phone # (_____)_____

Relationship: _____ Cell Phone # (_____)_____

Name: _____ ☐ Check if authorized to pick up your camper

Address: _____ Day Phone # (_____)_____

Relationship: _____ Cell Phone # (_____)_____

PLEASE NOTE: FOR SAFETY OF YOUR CHILD, STAFF WILL ONLY RELEASE CAMPERS TO AUTHORIZED PICK UP/EMERGENCY CONTACTS WITH PICTURE I.D.

Camper Schedule

Cost: $270 per week. Registration $75. Weekly deposit of $20.

Campers are committed to signing up for a full week of attendance at a time. Please check all weeks that you are interested in having your camper attend below. All withdrawals or schedule changes must be submitted no later than May 17th. Any changes made after May 17th, holds the party that registered fully responsible for full payment of ALL weeks registered *regardless of camper attendance*. All changes must be submitted and confirmed by the camp director (Erin Evans) .

Theme	Week	Date	Attending
New Hampshire Nature	1	July 1-3 (Closed July 4-5)	☐
Kindness is Cool	2	July 8-12	☐
Mystery Machine	3	July 15-19	☐
Earth Day Everyday	4	July 22-26	☐
Arts in Action	5	July 29- August 2	☐
Team Tournaments	6	August 5-9	☐
Mythical & Magical	7	August 12-16	☐
The Great Outdoors	8	August 19-23	☐

PARENTAL PERMISSION SIGN-OFF PLEASE SELECT YES OR NO. NO SELECTION WILL BE REGARDED AS NO.

☐ Yes ☐ No **PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED:** I give permission for my child to be photographed while attending Cowabunga for the purpose of promotion or display materials, including but not limited to flyers, newsletters, and social media, such as Growing Places website or Facebook.

☐ Yes ☐ No **PERMISSION TO WALK NEIGHBORHOOD:** I give permission for my child to walk the surrounding area to his/her school. Counselors will always follow safety measures outlined by NH Licensing Guidelines for child ratios, will bring a first aid kit, have their cell phone charged and available, and post a note on their sign in/out clipboard before leaving the Site.

☐ Yes ☐ No **PERMISSION FOR SUNSCREEN:** I give permission for Growing Places staff to apply sunscreen supplied by GP. Sunscreen will be 30-45 SPF, waterproof, sweat proof, children's sunblock. **If NO: Family will provide sun screen to be left at camp, clearly labeled with child's name.**

☐ Yes ☐ No **PERMISSION FOR BUG SPRAY:** I give permission for Growing Places staff to apply bugspray supplied by GP. Bug spray will contain between 7% and 10% deet as recommended by the Department of Health and Human Services. **If NO: Family will provide bug spray to be left at camp, labeled with child's name.**

☐ Yes ☐ No **BEHAVIOR POLICY:** I understand that if my child acts disrespectfully toward a teacher or another child, causes, or with careless disregard causes harm or injury to another child by his/her actions, willfully destroys property, or behaves in such a way that staff would be concerned for the child's safety or the safety of others, Growing Places may decide to suspend the child the following day.

☐ Yes ☐ No **ORCSD PUPIL SAFETY AND VIOLENCE PREVENTION:** I understand that Cowabunga is a guest of Oyster River Cooperative School District, and therefore abides by the ORCSD Bullying and Cyberbullying policy, which can be found here: http://orcsd.org/UserFiles/Servers/Server_538005/File/School%20Board/Policies/J/JICK_-_Pupil_Safety_-_Bullying_06_01_16.pdf

NH STATE LICENSING SIGN-OFF

During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator.

If licensing staff believes your child may have specific information regarding an alleged event at the child care program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

☐ I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

☐ I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.

☐ I do not give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

For more information about Child Care Licensing please visit our website at: http://www.dhhs.state.nh.us/oos/cclu/index.htm

Parent Agreement

- I understand that toys, games, electronics, or other personal items of value are not to be brought to camp. I am aware that Camp Cowabunga will not be held responsible for lost, stolen, or broken items brought from home.
- I agree to submit an up-to-date copy of my child's physical and immunization records at the time of registration in order to comply with state regulations.
- I understand that my child may not attend camp until all required forms and payments are received.
- I understand that it is my responsibility to bring any special concerns about my child to the Camp Director's attention before beginning of camp. (ex: medical concerns, behavioral issues, custody agreements, etc)
- I understand it is important that children and parents/guardians follow all rules, policies and procedures. By signing below, I acknowledge that I agree to abide by the policies and procedures of Cowabunga. I will contact the Director if I have any questions or concerns.
- **I have received and read the Welcome Handbook and agree to all rules, policies and procedures within.**

Parent/Guardian Signature:_____ Date:_____

PAYMENT DUE WITH REGISTRATION

Select your tuition type: ☐ Private ☐ NH Child Care Assistance Scholarship and Private*

Please contact Sarah Nason at sarahnason@growingplacesnh.org for Provider Verification Form

Choose your registration fee and deposit method:

☐ Check or Money Order (Payable to Growing Places)

☐ Credit Card Payment (please call main office at (603) 868-1335 to process payment. 2.75% processing fee applies.)

Make your initial payment:

$75.00 Registration Fee + $20 weekly deposit for each registered week = $_____

Signature_____ Date_____

2024 CAMP COWABUNA-EMERGENCY CONSENT FORM

Camper: _____ DOB: ____/____/_____

Last First M.I.

To complete the **EMERGENCY CONSENT FORM** both of the following must be submitted with each child's registration:

- The above-named camper's most recent Physical Examination, signed by their physician.
- The above-named camper's most recent Immunization History

If the camper is taking medications during camp hours, a **MEDICATION ADMINISTRATION FORM** must be completed. Based on the information we receive on the Emergency Consent Form and/or Doctor's Record, we will ask families to fill out additional appropriate forms.

Medications will only be administered by Camp Cowabunga staff under the following circumstances:

- Medications provided are in the original prescribed container with instruction label intact.
- A completed/signed Medication Administration Form is on file with the Camp Office.
- Medication has been given to Camp Cowabunga staff member
- Camp staff are made aware how much medication is in the original pacakaging (Eg: mililiters in bottle of liquid medication, number of pills, etc.)

2024 CAMP COWABUNGA EMERGENCY CONTACT FORM

Camper: _____ DOB: ____/____/____

Last First M.I.

Address: _____

Street City/Town Zip

CAMPER'S EMERGENCY CONTACTS - THE FOLLOWING PEOPLE MUST HAVE THE ABILITY TO PICK UP A SICK OR INJURED CHILD IF NECESSARY:

Emergency Contact Name	Relationship	Home Phone	Work/Cell Phone
Emergency Contact Name	Relationship	Home Phone	Work/Cell Phone
Emergency Contact Name	Relationship	Home Phone	Work/Cell Phone

PHYSICIAN INFORMATION

Doctor's Name Phone

MEDICAL INFORMATION

Past Medical History (i.e. Asthma, Diabetes, epilepsy, chronic headaches, ADD, DHD, ODD, etc.)

Does your child take any daily medications? **Yes** **No** (if yes please list medication names and dosages)

List of Allergies: _____

Is your child required to have : (EpiPen) **Yes** **No** (Inhaler) **Yes** **No**

Does your child require medication to be administered AT CAMP? **Yes** **No** (if yes please list name, dosage, and time of administration)

ALL MEDICATIONS (INCLUDING EPI PENS, INHALERS, PRESCRIPTION MEDICATIONS AND/OR OVER THE COUNTER MEDICATIONS) REQUIRE COMPLETION OF A MEDICATION ADMINISTRATION FORM.

EMERGENCY AUHORIZATION: I understand that every effort will be made to contact parents or guardians of campers in case of a health problem or emergency. If I cannot be reached, I authorize camp authorities and medical personnel selected by the Camp Director to administer first aid and, where necessary, to transport my child. I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, injections, anesthesia and/or surgery for my child. Camp authorities will notify parent/guardian as soon as possible.

ACCURACY OF INFORMATION: The information contained here is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted.

IMMUNIZATION HISTORY AND PHYSICAL EXAM: State Board of Health guidelines require an Immunization History and Physical Examination Record from the camper's doctor be on file at camp. Please attach a copy of your doctor's form to the Physician's Record (on the reverse side). Without this Emergency Consent Form AND a complete Physical Examination Record AND Immunization History, your child will not be permitted to attend Camp Cowabunga.

Signature of Parent/Guardian: _____ Date: _____

Evacuation and Relocation Permission Form

Off-Site Relocation for Parent/Guardians at Moharimet Elementary Location

Name of Program: Camp Cowabunga

Street Address: 11 Lee Road Madbury, NH 03823

In the event there is a need to evacuate the staging area because of an emergency/disaster within that area, the staff and children will be transported by foot to the primary relocation site the Moharimet Sugar Shack.

Primary Relocation Site Contact Person: Principal David Goldsmith
Primary Relocation Site Street Address: 11 Lee Road Madbury NH 03823
Primary Relocation Site Phone Number: (603) 969-8677 (Program Cell Phone)

If in the event the primary relocation site is inaccessible, the alternate relocation site of Madbury Public Library will be used.

Alternate Relocation Site Contact Person: Susan Sinnott, Director
Alternate Relocation Site Street Address: 9 Town Hall Road, Madbury NH 03823
Alternate Relocation Site Phone Number: 603-743-1400

If necessary, children will be transported to this healthcare facility: Wentworth Douglass Hospital
Healthcare Facility Street Address: 789 Central Avenue, Dover NH 03820
Healthcare Facility Phone Number: 603-742-5252

This permission form may be used in the event of an actual or practice drill of an emergency/disaster. This Relocation/Evacuation Permission Form provides a release stating that you as the parent/guardian authorize Growing Places to take your child off the child care site for the purpose of relocation and/or evacuation. A relocation drill may require walking your child to primary and alternative relocation sites. This permission slip covers your child's participation in emergency relocation/evacuation drills throughout the year. This will involve leaving the child care facility site with child care staff. You will be notified in advance when a relocation and/or evacuation drill will take place and where to pick up your child.

Child/Children's Name(s): _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian's signature for permission to treat medically in an emergency/disaster:

_____ Date: _____

Child Reunification – Release Form

PLEASE UPDATE ANNUALLY. THIS FORM WILL BE USED IN CASE OF EMERGENCY REUNIFICATION PROCEDURE.

Child's Last Name:		**Child's First Name:**	
Date of Birth:	**Address:**		
Parent's Name:		**Date of Birth:**	**Day Phone ( )** **Cell Phone ( )** **Home Phone ( )**
Parent's Name:		**Date of Birth:**	**Day Phone ( )** **Cell Phone ( )** **Home Phone ( )**
Legal Guardian's Name (if different from above):		**Date of Birth:**	**Day Phone ( )** **Cell Phone ( )** **Home Phone ( )**
If I/we are unable to pick up my/our child, I/we designate the following people to whom my/our child/children may be released in case of emergency.			
Name:		**Date of Birth:**	**Phone ( )**
Name:		**Date of Birth:**	**Phone ( )**
Name of person out of state in case of localized emergency:		**State:**	**Phone ( )**

Family/Guardian Signature: _____ **Date** _____

Updated Annually _____/_____/_____ **Updated Annually** _____/_____/_____

Updated Annually _____/_____/_____ **Updated Annually** _____/_____/_____

FOR GROWING PLACES STAFF USE ONLY		
Name of person child released to:	**Released by:**	
Proof of ID Provided:	**Date:**	**Time: AM PM**
Destination:		

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

Growing Places Camp Cowabunga

CCCB-04279

NAME OF CHILD CARE PROGRAM **LICENSE NUMBER**

TO THE PARENT OR GUARDIAN: This form must be completed for each of your children who will be enrolled in the program, and must be updated whenever information changes.

DATE OF CHILD'S ENROLLMENT ___/___/___

Child's name:	Date of birth:
Address:	Phone number:

IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:

Name:	Name:
Address:	Address
Home phone number:	Home phone number:
Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable. Include any special instructions, e.g., ager, cell phone, etc.	
Business Name:	Business Name:
Address:	Address
Phone number: Hours:	Phone number: Hours:
Email:	Email:
Special Instructions for reaching parent/guardian:	

EMERGENCY CONTACT PERSON: You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

NON-EMERGENCY ALTERNATE PICK-UP PERSON/S: I, _____
(Parent/Guardian Signature)
authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NOTE TO PARENT/S or GUARDIAN/S: The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y or by calling the unit at 603-271-9025 or 1-800-852- 3345, extension 9025.

During visits to programs, licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator. Please indicate whether licensing staff may speak with your child while they are with their class or group:

☐ I give permission for child care licensing staff to speak with my child while with their class or group.

☐ I do not give my permission for child care licensing staff to speak with my child while with their class or group.

If licensing staff believes your child may have specific information regarding an alleged event at the child care program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

☐ I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

☐ I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.

☐ I do not give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

For more information about Child Care Licensing please visit our website at: https://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-licensing

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:	
Child's Usual Physician:	Phone number:
Physician's Address:	

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of _____ to provide simple first aid treatment to my child, _____ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature **Date**

ANNUAL UPDATE: Make necessary changes & initial & date below to verify that the information is current.

Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:
Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:

New Hampshire Early Childhood Health Assessment Record

FOR USE FROM BIRTH THROUGH GRADE 3

To Parent or Guardian: In order to provide the best experience for your child, early childhood providers and school staff must understand your child's health needs. This form requests information from you (Part I) which also will be helpful to the health care provider when he or she completes the health evaluation (Part II).

Part I: FAMILY INFORMATION AND HEALTH HISTORY (to be completed by parent or guardian)

Important: *Complete this page BEFORE you give this form to your child's primary care provider.*

Please print

Name of Child/Student (Last, First, Middle)	Birth Date	Sex	Primary Care Provider
Address (Street)		Town and ZIP Code	
Parent/Guardian (Last, First, Middle)	Home Phone Number		Work/Cell Phone Number

Is your child currently enrolled in WIC? Yes / No

Does your child have health insurance? Yes / No*

**If your child does not have health insurance, call 1–877–464–2447 (NH Healthy Kids)*

Please check "Yes" or "No" next to each question below. Use this checklist to talk to your child's healthcare provider about your answers.

	Yes	No	
1	☐	☐	Do you have any questions or concerns about your child's health, development, or behavior?
2	☐	☐	Do you have any concerns about your child's eating or sleeping habits?
3	☐	☐	Has your child had a dental exam in the past 6 months?
4	☐	☐	Does your child have any ongoing health problems (such as asthma, diabetes, or seizure disorder)?
5	☐	☐	Does your child have any allergies (to food, medication, insects, latex, etc.)?
6	☐	☐	Does your child require a special diet while in school or other early childhood program?
7	☐	☐	Does your child take any medications (daily or occasionally)?
8	☐	☐	Does your child have any difficulty with his/her vision, hearing, or speech?
9	☐	☐	In the past 12 months, has your child experienced any difficulty with wheezing or coughing?
10	☐	☐	In the past 12 months, have you been concerned about a change in your child's weight?
11	☐	☐	In the past 12 months, have you noticed any change in your child's appetite or thirst?
12	☐	☐	In the past 12 months, have you noticed that your child is urinating more frequently?
13	☐	☐	Has your child ever been hospitalized or had any operations, procedures, or special tests?

Explain any "yes" answers here. Give approximate dates for any hospitalizations, operations, or serious illnesses:

PERMISSION TO EXCHANGE INFORMATION

I, Name of Parent/Guardian, authorize and request my child's primary care provider to exchange information about my child's health and development with the program/school listed below. The information may be provided by phone, fax, mail, or in person. I understand that the disclosed information will be considered confidential and will be used for the health and educational benefit of my child and family. Except as needed to comply with federal and state regulations, it will not be re-disclosed to any other person, school, or agency without my consent. I understand that this form will expire in one year unless I choose to cancel my permission in writing before that time.

Growing Places Our Time
Name of Program/School Requesting Information

56 Pinkham Road Lee, NH 03824
Program/School Mailing Address

Signature of Parent/Guardian

Date

(603) 969-8677 (603) 815-4946
Program/School Telephone Number Fax Number

Signature of Witness

Date

Endorsed by the NH Department of Health and Human Services; the NH Department of Education; NH Women, Infants & Children Nutrition Program; Head Start; and the NH Pediatric Society

May 2011

New Hampshire Early Childhood Health Assessment Record (page 2 of 2)

Part II: PHYSICAL EXAMINATION, SCREENING, AND MEDICAL CONDITIONS

(To be completed by the child's primary care provider)

Name of Child/Student	Date of Assessment	PLEASE ATTACH COPY OF IMMUNIZATION RECORD
Birth Date	Date of Next Scheduled Assessment	

Physical Examination

WT	*(must be taken within 60 days for WIC)*	lb / kg	Body Mass Index (BMI) *(if ≥ 2 years)* ☐
HT	*(must be taken within 60 days for WIC)*	in / cm	☐ *5–84th % ile* ☐ *85–94th % ile* ☐ *<5th % ile* ☐ *≥ 95th % ile*
HC	*(if ≤ 2 years)*	in / cm	BP *(if ≥ 3 years)* / ☐ Within normal range ☐ ≥95th % ile

	Normal Yes	Normal No	Follow-up Indicated
HEENT	☐	☐	☐
Dental/Oral health	☐	☐	☐
Cardiac	☐	☐	☐
Lungs	☐	☐	☐
Abdomen	☐	☐	☐
Back/Extremities	☐	☐	☐
Breasts/Genitalia	☐	☐	☐
Neurologic	☐	☐	☐
Skin	☐	☐	☐

Please comment on any findings outside of normal range, including timeframe for re-evaluation, if applicable:

Preventive Screening

HEARING

PLEASE NOTE: Objective hearing screening beginning at age 4 years is REQUIRED for Head Start

Date performed: / / L ☐ Pass ☐ Fail R ☐ Pass ☐ Fail *Method:* ☐ Audiometry ☐ OAE

Was child referred for rescreen or further evaluation? Y☐ N☐ Does child wear a hearing aid? Y☐ N☐

VISION

PLEASE NOTE: Objective vision screening beginning at age 3 years is REQUIRED for Head Start

Date performed: / / L 20/ R 20/ Both 20/ *Method:* ☐ Snellen ☐ Tumbling E ☐ Other

Was child referred for rescreen or further evaluation? Y☐ N☐ Does child wear glasses? Y☐ N☐

LABS

PLEASE NOTE: Hgb or HCT values at ages 1 and 2 years, and lead levels at ages 1, 2, and 3-6 years are REQUIRED for Head Start

HGB:	g/dL	HCT:	%	Date:	/ /
HGB:	g/dL	HCT:	%	Date:	/ /
Lead:		mcg/dL		Date:	/ /
Lead:		mcg/dL		Date:	/ /
Lead:		mcg/dL		Date:	/ /
Is child at risk for TB?		N☐		Y☐	
If yes, PPD result:		POS / NEG		Date:	/ /

DEVELOPMENTAL SCREENING

Typically developing:	Y	N	Referred
Gross motor	☐	☐	☐
Fine motor	☐	☐	☐
Language/communication	☐	☐	☐
Problem-solving	☐	☐	☐
Social/emotional	☐	☐	☐

Screening tool(s) used:

Special Needs

Chronic medical conditions/related surgeries?	☐No ☐Yes ☐Special care plan attached*
Medications or treatments?	☐No ☐Yes ☐Special care plan attached*
Allergies/sensitivities?	☐No ☐Yes ☐Special care plan attached*
Behavioral issues/mental health diagnoses?	☐No ☐Yes ☐Special care plan attached*
Limitations to physical activity?	☐No ☐Yes ☐Special care plan attached*
Special equipment needs?	☐No ☐Yes ☐Special care plan attached*
Special dietary requirements?	☐No ☐Yes ☐Special care plan attached*

List special needs/considerations and medications below (other than in attached special care plans). Please attach Special Meals Prescription Form, if applicable.

Name, address, and telephone no. of health care provider *(please print or use stamp):*

Signature of Health Care Provider Date

**Please attach any special care plans or other information*

BEHAVIOR MANAGEMENT POLICY

It is important that we take appropriate action to make sure your child and other children remain safe and happy while at camp. Our behavior management plan begins with positive reinforcement to strengthen camper character and prevent inappropriate behavior from taking place. Campers that fail to follow camp rules are treated fairly and appropriately and offered accommodation before termination of care. All staff members have the support of experienced directors to provide guidance and intervene if necessary. The following policies pertain to actions by a child to another child or to an adult or parent towards any child or staff. The director, upon notification to the parent, may suspend or terminate a child or family from all activities and participation in the program for the following types of recurring misconduct by you or your child:

- Injuring another person
- Use of foul language or rudeness
- Verbal or physical threats
- Bringing in or using illegal substances
- Engaging in physical fighting
- Failure to consistently follow program rules and staff directions
- Leaving the facility without permission or going into posted unauthorized areas
- Running from the group space or running from group during outings
- Not following check-in and out procedures
- Defacing camp or school property or field trip facilities
- Stealing or vandalizing another person's property

DISCIPLINE POLICY

Camp Cowabunga expects that every individual will be responsible for their behavior and will be respectful towards others. From time to time, all individuals need help and direction in learning, developing, and maintaining appropriate behavior. If an individual exhibits frequent disruptive and/or aggressive behavior, a family conference will be scheduled. Continued disruptive and/or aggressive behavior after this conference may result in temporary suspension or permanent dismissal from the program. We recognize that children go through different developmental stages throughout their time

with us. Therefore, each case will be addressed on an individual basis. Together, we will try to work out a system of accommodation to manage the behavior. Parent/guardian refusal to discuss or collaborate on a behavior management plan or accommodation will result in termination from Camp Cowabunga.

ACCOMMODATIONS

If your child receives accommodations during the school year (Eg: 1:1 assistance from a para educator, a 504 or IEP plan, speech/language or OT services, etc.) it is pertinent to make Camp Cowabunga staff aware of this to ensure camper success.If your child(ren) are more successful with specialized intervention in educational settings, it would be valuable to explore accommodations for them at camp as well as we are both focused on learning and socialization. Our goal is to ensure everyone's success in the Least Restrictive Environment. If the LRE at Camp Cowabunga for your child requires assistance, that will be honored and explored. Camp Cowabunga staff are not responsible for providing 1:1 care for campers as we are a group care setting. If it is deemed necessary by the Camp Cowabunga Director that your child(ren) requires intervention to be safe, kind, and respectful at camp, it is to be provided at your expense and not by an ORCSD staff member.

DISMISSAL FROM CAMP

Dismissal from camp will occur if after a conference with the parents/guardians, camper, and camp director, the disciplinary instance cannot be resolved. If a camper is dismissed for disciplinary measures due to severe behavior violation, no refund will be issued for the unused days. A camper may be suspended or terminated immediately for severe behavior such as physical violence, harm to other campers or staff, or attempts to leave adult supervision.

I have thoroughly read the behavior management and discipline policy and understand what constitutes dismissal from Camp Cowabunga. I have reviewed camp expectations with my child and they understand appropriate behavior while at Camp Cowabunga.

_____ _____

Signature of parent or guardian **Date**