



HANNA COMMUNITY CENTER
Summer Camp
Youth Application

HANNA SUMMER CAMP

Hanna Camp Hours: 7:00 am – 6:00 pm

June 10th – August 9th

No Camp on July 4th and 5th Hanna will be closed

Childcare Hours: Morning 7:00am – 9:00am
Afternoon 4:00pm – 6:00pm

Please arrange for your morning and afternoon care in advance!

Camp Hours: 9:00 am – 4:00 pm

If not picked up by 6:15 pm there is a \$15 late fee for the first 15 minutes late and \$1 for every minute after the first 15 minutes.

Late Pick-up: If you have not picked your child up by 6:15pm and we have made every attempt to contact you and the listed emergency contacts, then Child Protective Services and the police department will be notified.

Late fee must be paid before your child can return to camp.

Registration Fee: \$25 Non refundable registration fee.

Camp Fees

- Camp costs \$85 per week per child \$80 for each additional child in same family household.
- Payments are due the Friday before the week your child is to come to camp.
- **Payments must be made by check, money order, cash, or credit card**

Forms

- Every child is required to have a **completed** Youth Application on file. Which include an Immunization form.
- **ANY** changes in address, phone number or pick-up arrangements must be reported to the Camp Director immediately. If not reported, then this could affect your child during emergency situations.

Communication

- We will provide a sign-in/out sheet. Please make sure you are signing your child in and out during the day.
- Please do not drop off your child and leave.
- Your child must be accompanied in the center and make contact with one of the counselors
- **Please have your child at camp no later than 9:00 am, as some field trips may be planned at that time or earlier.**

Lost and Found

- Hanna will not be responsible for lost items. We will provide a lost and found area for your convenience.
- We request that your child only bring a school bag to camp on swim day to keep his/her belongings safe and organized.
- Please identify your child's bag with his/her full name.

Meals

- We provide lunch and snack for your child. Menus will be posted. Sack lunches are discouraged.
- Unless your child has special dietary needs, please encourage him/her to eat the lunch provided by our camp.
- If your child has special needs in nutrition, please inform us in writing.

- Lunch is served daily at 11 am.

Medication

- If your child needs medication while at camp please make arrangements at registration.
- We ask that all medication be given before your camper arrives to camp.
- Children who are ill will not be admitted for programs or services until he/she is healthy.
- Children who become ill will be isolated and parents will be contacted immediately.
- Parents that are not reachable, in case of dire emergency, will need to pick their child up from the health service provider the staff has deemed appropriate.
- In the case that a child has missed recommended medication, the child will be isolated and the parents will be contacted immediately.

Proper Attire

- Please make sure your child has his/her swimsuit, flip-flops and towel on swim day and that your child is protected with waterproof sunscreen before coming to camp.
- Proper dress attire at camp is as follows: tennis shoes and socks everyday.
- Flip-flops may be worn during pool time only, not as camp shoes.
- We ask that you put your child's name on their swim bag (or book bags) and towel.
- **If your child doesn't have a swimsuit or proper shoe attire, we will call you to have you bring the attire or your child will lose swimming privileges.**

Camp Rules

- **Parents, please review these rules with your child.**
- Show respect to all campers, counselors, elders, and staff.
- Absolutely no fighting. This could result in suspension from camp.
- No spitting.
- No teasing or bullying.
- Follow counselor's instructions and guidance.
- Represent Hanna with good behavior when out in public places.
- Have fun and represent yourself honorably.
- Any suspensions will cause you forfeit that weeks camp fee.

Camp Payment Dates

- **June 7th**
- **June 14th**
- **June 21st**
- **June 28th**
- **July 3rd**
- **July 12th**
- **July 19th**
- **July 26th**
- **Aug. 2nd**

Child Information						
Last Name		First Name		M.I.	Nickname	Gender M F
Birth Date		Age	Present School		Present Teacher	
Address			City, ST		ZIP	Apt. #
Phone Number		Alternative Number		Guardian Last Name		Guardian First Name
Emergency Contact Name			Emergency Contact Number		Relation to Child	
Emergency Contact Name			Emergency Contact Number		Relation to Child	
Insurance Provider			Primary Physician		Physician Number	
Medical History						
Has your child had any of the following illnesses:						
<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Whooping Cough			<input type="checkbox"/> Head Lice <input type="radio"/> How long ago? _____ <input type="checkbox"/> Ring Worm <input type="radio"/> How long ago? _____			
Please explain any existing medical conditions:						
Please list current medications taken:						

Parent Information					
Mother's Last Name		Mother's First Name		Alias	
Current Employer		Employer Number		Cell Number	
Funding Sources				Mode of Transportation	
TANF	AREA IV	Other:			
Father's Last Name		Father's First Name		Alias	
Current Employer		Employer Number		Cell Number	
Funding Sources				Mode of Transportation	
TANF	AREA IV	Other:			
Please initial each box in agreement with each clause.					
Emergency Release Consent					
<input type="checkbox"/> I give permission for my child to receive minor medication or treatment when the need arises. This is to be given by the adult supervising my child. In case of a more serious type of injury or emergency and I cannot be reached, I authorize the Hanna Community Council staff to respond accordingly with the proper medical treatment, which may include but is not limited to transportation to a medical facility and/or consultation from medical personnel. Charges and fees of medical services are not the responsibility of the Hanna Community Council and its staff.					
Liability Waiver					
<input type="checkbox"/> I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my child's property damage, property theft, or actions of any kind which may hereafter occur to my child during their participation in this program. THE FOLLOWING ENTITIES OR PERSONS: The Hanna Community Council and/or their board of directors, employees, and volunteers.					
Media Consent Form					
<input type="checkbox"/> I understand that during this program or related activities, my child may be photographed. I agree to allow my child's photo, video, or film likeness to be used for any legitimate purpose by the Hanna Center, staff, board members, and sponsors.					
By signing below, I confirm that all information provided is complete and accurate. Falsifying information is in direct violation of the agreement between the Hanna Community Council and me. The result of such violation is expulsion from ALL youth programs and services provided. If any information is to change, I will contact Hanna Community Council in a timely manner to update the modified information.					
Signature				Date	
Name (Print)				Relation to Child	

THIS IS A REQUIRED FORM

Daycare Provider Name _____

Child Immunization Record

Child's Name _____ Date of Birth _____

Parent's Name _____ Phone _____

Address _____
Street Address City State Zip

Record Date of Immunization

	1	2	3	4	5
Hep B					
DtaP / DTP / Td					
Hib					
MMR					
IPV					
Varicella					
PCV / Prevanar					

Child has documented history of varicella disease ___ No ___ Yes If yes, age ___

**Please note varicella or documented immunity (chicken pox) are required for participation in the CCDF program. PCV/Prevanar is also required when age appropriate.*

Please check the appropriate response

- Child has received complete age-appropriate immunizations.
- Child is currently in the process of receiving complete age-appropriate immunizations.

ONE BOX ABOVE MUST BE CHECKED BY THE HEALTH CARE PROVIDER

Comments: (Please list immunizations excluded for medical reasons) _____

Parent comments: (Please indicate religious objection, if any)

Signature _____ Date _____
Health Care Provider's Signature and Date is **Required**.

Printed Name and Title _____
Printed Name and Title is **Required**

This form must be updated annually.

PES Facility Recertification Packet
Revised 04.2009

HANNA COMMUNITY CENTER
Youth Program

The Hanna Community Council youth program is governed by an agreed-upon set of rules and regulations. Observance of all rules and procedures listed here after are mandatory. Any digression from these rules, without communication, shall result in expulsion from the program. Parents, please review the rules with your child.

FINANCES

It is the responsibility of the parent to gather all information pertaining to the services provided to the family. By knowing all information and procedures, provided here, communication regarding payment and services should remain transparent and upfront.

- Payments are due the Friday before the week you choose to come to camp. Arrangements for alternative payment methods must be made via an appointment with the Program Director. The alternative payment methods must be signed by the Executive Director, Program Director, and you, the responsible party/parties.
- Funding sources, such as AREA IV, must be paid weekly. The remaining hours of unpaid services must be met by the party/parties responsible for the child receiving services.
- All outstanding fees that are 1 week past due will be considered delinquent. Delinquent notice will be issued upon reaching past due requirements. If the full balance owed is not paid in full within 2 business days from the date of notice, services will be terminated.
- All delinquencies that are not handled within 30 days will be referred to a 3rd party for collection.
- Payments are accepted in the form of personal check, money order, credit/debit card, and cash. A return fee of \$25 will be added to initial fees of personal checks that do not clear; upon return of check, delinquent policy will be followed.

MEDICAL PROCEDURES

Safety of all children is our utmost priority. It is the goal of the Hanna Community Council and its staff to ensure the well being of your child at all times. Medical issues are considered most important, so please read the following:

- Provide accurate medical information regarding to illnesses and allergies.
- Medications will not be administered unless authorized by a doctor.
- All medication must be presented with an accurate prescription and in the appropriate container.
- Children who are ill will not be admitted for programs or services until he/she is healthy.
- Children who become ill will be isolated and parents will be contacted immediately.
- Parents that are not reachable, in case of dire emergency, will need to pick their child up from the health service provider the staff has deemed appropriate.
- In the case that a child has missed recommended medication, the child will be isolated and the parents will be contacted immediately.

DISCIPLINE PROCEDURES

RULES & REGULATIONS

- Be respectful at **all** times.
- Be honest.
- Follow directions.
- **No** fighting.
- **No** foul language
- **No** teasing or bullying.
- **No** spitting
- **Golden Rule: Do unto others as you would have them do unto you.**

VIOLATION OF RULES

All children and adults will abide by these rules. If the rules are violated the following actions will take place.

1st violation - Child is warned for violation and continues with normal activities

2nd violation - Child is removed from activities and placed on limited privileges.

Parents will be informed of child's behavior and modifications to privileges.

3rd violation – Child is removed from program. (Suspension)

Parents are notified of reoccurring violations and consequences.

Re-entry is based upon completion of understanding of violation.

4th violation – If readmitted into program, the last violation results in termination of services.
(Expulsion)

Dependent upon the severity of the violation, Administration may choose to forego the above mentioned criterion. This is at the discretion of the Administration. All changes are documented on the disciplinary modification sheet.

PARENT EXPECTATIONS

Parents are the most important people in their child's life. The child spends the majority of the day with his parents, and his behavior and manners are a direct result of this interaction. Therefore, not only do we hold the child accountable but also the parents. Please adhere to the following requirements.

- Submit all required forms and records.
- Update all information when necessary.
- Sign your child in and out **DAILY!**
- Notify staff of any changes in scheduling in a timely manner.
- Mark all property with a first and last name.
- Dress your child appropriately for all activities.
- Communicate.

Note: This is a short list of expectations that we expect you to adhere to. Any additional issues will be brought to your attention, and are expected to be handled in a timely manner. If issues are not taken care of, an appointment will be set with the Executive Director and Program Director to discuss alternative solutions such as suspension of child and/or termination of services.