

SEALEY'S BACK TO THE 80'S SUMMER CAMP

FOR MORE INFORMATION, PLEASE CONTACT:

Mrs. Dedge, Manager
dedged@leonschools.net

(850) 413-9104 OR (850) 545-2177

Welcome

Incoming Kindergartners and Outgoing Fifth Graders

FIELD TRIPS:

SKATE WORLD
AMC
HANGAR 38
CHUCK-E-CHEESE
OBC/DANCE ARTS, CAIRO GA.
FUN STATION
DISTRICT 850
MISSION SAN LUIS
FLIPPIN GREAT PINBALL
SHIPWRECK ISLAND, PANAMA CITY FL.

(ACTIVITIES AND FIELD TRIPS ARE SUBJECT TO CHANGE)

IMPORTANT INFORMATION

Drop-off and Pick-up procedures for Sealey's Summer Camp

**Summer Camp signs will be posted for your
convenience.**

**Parents are required to park in the LOWER front parking
area and walk their child/children in.**

All students must be Signed - In and Out each day.

**There will be signs posted with directions to the area as well
as a contact number. If you arrive during the time the gate is
locked, you may call the cell phone and one of our staff
members will assist you.**

SEALEY SUMMER CAMP 2022 FEES

JUNE 6TH – JULY 22ND

We accept E.L.C.

If you have an incoming kindergartner, please check with E.L.C.
In the past recent years, they have not paid for incoming kindergartners.

REGISTRATION \$65.00 (NON- REFUNDABLE)

Monday - Friday FULL DAY FEES 7AM-6PM

<u>DAYS PER WEEK</u>	<u>FIRST CHILD</u>	<u>ADDITIONAL CHILDREN</u>
5 DAYS-FULL TIME	\$145.00	\$130.50
4 DAYS-FULL TIME	\$116.00	\$104.40
3 DAYS-FULL TIME	\$87.00	\$78.30
2 DAYS-FULL TIME	\$58.00	\$52.20

Week # 4 and Week # 5

Are four-day weeks.

We will be closed on July 1st and July 4th

Prices for 4 days are listed above.

Registration Information Sealey Summer Camp 2022

CHILD'S NAME: _____ AGE _____ CURRENT GRADE _____ MALE / FEMALE

ADDRESS: _____ CITY _____ ZIP _____

PARENT'S NAME: _____ WK# _____ HM# _____ CELL# _____

PARENT'S NAME: _____ WK# _____ HM# _____ CELL# _____

EMERGENCY CONTACT OTHER THAN PARENT: _____ PHONE# _____

SPECIAL CONCERNS: _____

PLEASE CIRCLE T-SHIRT SIZE FOR YOUR CHILD:

CHILD'S	S	M	LG	
ADULT'S	S	M	LG	XLG

**I WOULD LIKE TO ENROLL MY CHILD IN THE
SEALEY SUMMER CAMP ON THE FOLLOWING WEEK(S) AND DAY(S)
CHECK BELOW**

- | | | | |
|----------------|---|----------------|---|
| WEEK #1 | <input type="checkbox"/> JUNE 6 - JUNE 10 | WEEK #5 | <input type="checkbox"/> JULY 5 - JULY 8 (<u>4 DAYS</u>) |
| WEEK #2 | <input type="checkbox"/> JUNE 13 - JUNE 17 | WEEK #6 | <input type="checkbox"/> JULY 11 - JULY 15 |
| WEEK #3 | <input type="checkbox"/> JUNE 20 - JUNE 24 | WEEK #7 | <input type="checkbox"/> JULY 18 - JULY 22 |
| WEEK #4 | <input type="checkbox"/> JUNE 27 - JUNE 30 (<u>4 DAYS</u>) | | |

PLEASE CHECK THE DAYS YOUR CHILD WILL BE ATTENDING WEEKLY.

DAYS:

- Monday**
- Tuesday**
- Wednesday**
- Thursday**
- Friday**

Fee payments will be calculated based on the attendance schedule that you have requested for your child/children.

Payments are due a week in advance. No fee adjustments will be made except for extended illness or extreme circumstances.

I understand that I am responsible for the fees for the days and weeks I have reserved for my child/children.

Parent or Guardian responsible for payments _____

Please sign here

APPROVED PICK UP LIST

~MUST HAVE VALID PICTURE ID TO PICK UP CHILD~

CHILD: _____

PARENT AUTHORIZING LIST: _____

1) NAME: _____ **PHONE#:** _____

RELATIONSHIP: _____

1) NAME: _____ **PHONE#:** _____

RELATIONSHIP: _____

1) NAME: _____ **PHONE#:** _____

RELATIONSHIP: _____

1) NAME: _____ **PHONE#:** _____

RELATIONSHIP: _____

1) NAME: _____ **PHONE#:** _____

RELATIONSHIP: _____

SEALEY SUMMER CAMP POLICY

Payment of fees: Fees are due a week in advance of attendance. Make checks and money orders payable to Leon County Schools. **We do not accept cash payments.**

late payment fee: Fees are considered late if not paid before the beginning date of each selected week. a late fee of \$10.00 will be added to your camp fee and must be paid before your child can return to the camp.

Late pick-up: There will be a \$1.00 late fee assessed for every minute past 6:00 pm per the program clock

Arrival and departure: For the safety and well-being of participants, a parent or guardian must sign each child in and out. No child will be released to a person not authorized in writing by the custodial parent.

Discipline: To achieve the goal of providing quality summer camp programs for children in an environment of cooperation and respect, positive discipline practices are utilized by all members of the summer camp program staff.

these policies and practices are consistent with and conform to each school discipline policy. if normal discipline practices such as non-punitive interactions, redirection, and time-out do not facilitate the appropriate behavior, parents of the student requiring special attention will be asked to discuss and assist in implementing measures needed to assure appropriate behaviors and continued participation. if a student chooses not to, or cannot, demonstrate appropriate behaviors within the program, their behavior will be interpreted to mean that the student does not have either the facility or desire to participate in the summer program. at such time, the student will leave the program at the request of the program coordinator. should it be deemed that the participant is capable, but chooses not to behave in an appropriate manner, no refund will be given.

Refunds: No refunds are permitted after the first day of each week, except for cases of prolonged illness (two weeks or longer) or family relocation. parents must request a refund.

Insurance: The summer camp program does not carry accident insurance on participants. It's the parent's responsibility to carry adequate accident insurance.

Eligibility and Enrollment: Summer camp participants must meet the basic entry-level criteria in areas of self-care, communication, mobility, and social-emotional development. exceptional education students will be evaluated on a case-by-case basis and must be able to consistently maintain general behavioral standards.

Electronics:

Cell phones, iPhones(watches), I-pads, or any other electronic devices are not allowed at camp.

SWIMMING PERMISSION

MY CHILD HAS PERMISSION TO PARTICIPATE IN SWIMMING ACTIVITIES WITH THE SEALEY SUMMER CAMP PROGRAM.

PLEASE CHECK THE APPROPRIATE BOX:

- MY CHILD **CAN** SWIM IN DEEP WATER WITHOUT A LIFE JACKET.
- MY CHILD **CAN NOT** SWIM IN DEEP WATER AND WILL NEED A LIFE JACKET.

PARENT'S SIGNATURE _____

TRANSPORTATION PERMISSION

MY CHILD HAS PERMISSION TO RIDE THE BUS.

PARENT'S SIGNATURE _____

OFF-CAMPUS PERMISSION

MY CHILD HAS PERMISSION TO PARTICIPATE IN THE OFF-CAMPUS FIELD TRIPS THAT REQUIRE WALKING, SUCH AS FUN STATION, AND CHUCK-E-CHEESE.

PARENT'S SIGNATURE _____

POLICY ACKNOWLEDGEMENT

I HAVE READ AND FULLY UNDERSTAND THE POLICIES OUTLINED IN THE POLICY STATEMENT OF THE SEALEY SUMMER CAMP PROGRAM.

PARENT'S SIGNATURE _____

P.G. MOVIE RELEASE CONSENT

DEAR PARENTS,

Due to most children's animated movies being rated PG, we need your consent to show these movies to your child. Movies are prescreened for approval. This includes movies shown at AMC theatres.

My child, _____ has permission to view P.G rated films while attending Sealey Summer Camp.

Parent/Guardian Signature: _____

SUNSCREEN PERMISSION

I, _____ give permission to the Sealey Summer Camp Staff to apply sunscreen to my child, _____ when they feel it is needed.

We provide sunscreen, however if your child requires special sunscreen, please provide it with the child's name printed on the front of the bottle.

Parent/Guardian Signature: _____

Sealey Summer Camp Payment Policy

- Fees are due **A WEEK IN ADVANCE OF ATTENDANCE.**
- Payments will not be credited towards upcoming weeks if your child does not attend on a scheduled date.
- Parents will be responsible for payments for all days and weeks marked on the registration form.
- If your child/children don't attend a week that you have marked, and payment was not received for that week you must **re-register** your child/children for him/her to remain in our camp. The re-registration fee is a non-refundable \$65

I understand and agree with Sealey's Summer Camp Payment Policy

Parent/Guardian responsible for payment _____

This form must be signed before your child/children can be registered for the Sealey Summer Camp. Please take your time selecting days/times and weeks.

Thank you for your cooperation.

Sincerely,
Mrs. Dedge

Sealey Summer Camp Manager

GENERAL INFORMATION FOR CAMPERS

STORAGE CRATES: EACH CHILD NEEDS TO BRING A LABELED CRATE OR CONTAINER TO HOLD THEIR LUNCH, CLOTHING, ARTWORK, ETC. A SMALL BLANKET OR PILLOW MAY BE STORED FOR COMFORT DURING MOVIE TIME.

MEDICINE: PLEASE FILL OUT A MEDICATION PERMISSION FORM FOR ANY TYPE OF MEDICINE YOUR CHILD MAY NEED TO RECEIVE. FORMS WILL BE LOCATED ON THE INFORMATION TABLE IN THE CAFETERIA. I MUST HAVE THIS FORM BEFORE I CAN ADMINISTER MEDICATION TO YOUR CHILD. MEDICATION MUST BE IN A LABELED BOTTLE WITH THE CHILD'S NAME ON IT.

DROP OFF AND PICK-UP PROCEDURES: FOR THE SAFETY OF THE CHILDREN PLEASE BE SURE TO SIGN YOUR CHILD IN AND OUT DAILY. CHILDREN NEED TO ARRIVE ON TIME FOR FIELD TRIPS. SCHEDULES ARE ON THE CALENDAR. WE CAN NOT WAIT, AND WE MOST CERTAINLY DON'T WANT TO LEAVE ANYONE OUT. PLEASE LOOK FOR TIME OR EVENT CHANGES ON THE WEEKLY AGENDA POSTED ON THE WHITEBOARD.

DROP-OFF & PICK-UP AREA: LOCATED AT THE FRONT ENTRANCE OF THE SCHOOL. YOU MUST PARK AND WALK YOUR CHILD/CHILDREN INSIDE AND SIGN IN AND OUT DAILY.
NO EXCEPTIONS.

LUNCH AND SNACK: CHILDREN NEED TO BRING A LUNCH WITH A DRINK **EACH DAY.** MORNING AND AFTERNOON SNACKS WILL BE PROVIDED. **PLEASE KEEP MICROWAVABLE MEALS TO A 5 MINUTE COOKING TIME.**

DRESS: PLEASE BE SURE TO DRESS COMFORTABLY. WE SUGGEST CLOSED-TOE SHOES. CHILDREN MUST BRING SOCKS FOR SKATING. CHILDREN MAY WEAR THEIR SWIMSUITS UNDER THEIR CLOTHING FOR SWIM DAYS. DON'T FORGET TO BRING A TOWEL, SUNSCREEN AND A PLASTIC BAG FOR WET CLOTHING.

OPEN DOOR POLICY: OBSERVATIONS OF AN EMPLOYEE'S CLASS BY PERSONS OTHER THAN SCHOOL PERSONNEL SHALL BE ALLOWED ONLY AFTER CONSENT HAS BEEN GRANTED BY THE SITE ADMINISTRATOR AND THE EMPLOYEE HAS EITHER CONSENTED OR BEEN INFORMED AT LEAST 24 HOURS IN ADVANCE.

STUDENT INJURIES: IN THE EVENT A CHILD IS INJURED WHILE UNDER THE SUPERVISION OF SEALEY'S EXTENDED DAY PROGRAM THE INJURY WILL BE EXAMINED. THE APPROPRIATE TREATMENT WILL BE ADMINISTERED. IF THE INJURY IS DEEMED SERIOUS, THE PARENT WILL BE CONTACTED IMMEDIATELY. LEON COUNTY SCHOOLS POLICY INDICATES THE ONLY FIRST AID WE ARE ALLOWED TO PROVIDE IS THE FOLLOWING: ICE, SOAP AND WATER, AND BANDAGES. ACCIDENT REPORTS WILL BE FILLED OUT ACCORDINGLY.

Section I

APPLICATION FOR ACTIVITY PARTICIPATION

0607

A. Name _____ Grade _____ School _____
Address _____ Home Phone _____ Parent's Work Phone _____

I have read and understood all sections of this form that apply to my child. I certify that _____, who is a student and whose name is as it appears on his/her birth certificate, is my child or my legal ward, resides with me, and has been residing with me since (date) _____ at the following address: _____ (ZIP). I also state that we are now living within the attendance boundaries or have been reassigned by the district to _____ school, Date _____ Signature of Parent or Legal Guardian _____

B. PERMISSION FOR SUPERVISED FIELD AND ACTIVITY TRIPS

During the school year, it sometimes becomes desirable to add to the educational experience of our students through planned visits to points outside of the school building. The visit might be a short field trip to a local point of educational interest, or on the middle and senior high school level, it might involve representing the school out of town in some group activity, such as band, chorus, athletic, academic, service club events, etc.

We request that you grant permission for your child to participate in any such trip during the entire school year so that we may keep this form on file and avoid the necessity of asking for such permission on each occasion. The Leon County School Board has authorized the use of buses, private passenger cars, and those approved vans that meet all of the Federal Safety Standards to transport t students on any such trips. Notification will be provided to you concerning the type of transportation to be used. School officials will provide a trip itinerary for all out-of-county trips.

Part I: CONSENT

The undersigned as parent or guardian gives consent for the participant to use the Leon County School Board–approved means of transportation as a representative of _____ School for the supervised field and/or activity trips. Date _____ Signature of Parent or Legal Guardian _____

PART II: NON-CONSENT

The undersigned as parent or guardian does not give consent for the participation to use the Leon County School Board – approved means of transportation as a representative of _____ School for the supervised field and/or activity trips. Date _____ Signature of Parent or Legal Guardian _____

C. MEDICAL RELEASE

PART I: CONSENT

The undersigned as the parent(s) and/or legal guardian(s) of _____ do hereby authorize the agent or officials of the Leon County School Board to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. No action shall be taken until an attempt is made to contact me at the phone number(s) listed below. Payment of all charges incurred for medical treatment is guaranteed by the parent/guardian or the insurance company providing coverage for the above-named student.

Home Phone _____ Business Phone _____

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed to our signature below.

Date _____ Signature of Parent or Legal Guardian _____

PART II: NON-CONSENT

As parent or guardian of _____, I do not desire to sign the medical and surgical release form above.

Date _____ Signature of Parent or Legal Guardian _____

D. INSURANCE

As parent or guardian of the student identified herein, I understand that the School Board of Leon County is not liable for injuries to participants in school activities. I further understand that all students shall be required to have proper medical insurance before they will be permitted to practice and participate in any co-curricular activity or field trip program.

Date _____ Signature of Parent or Legal Guardian _____

The following options shall be the only acceptable ones: (Please check your selected option.)

1. = Personal Medical Insurance. The use of your personal medical or active/retired military insurance shall cover the activity(s) that your son or daughter will be participating in the current school year, and the insurance covers a minimum of \$25,000.

Company _____ Policy Number _____

2. = Student Activities Insurance Made Available through the School Board of Leon County. The cost of the insurance to be paid by the student participating (each year the county will publish the School Board of Leon County Insurance Plan for students). See school front office for details.

