



ALOHA

# Astoria Park Elementary School

## EDEP Summer Camp 2021

ELC ACCEPTED

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"The LSC District doesn't discriminate against any person on basis of sex, race, age, color, ethnicity, national origin, religion, pregnancy, marital status, disability, sexual orientation, or genetic information."

# Summer Camp Program Policies and Procedures

## ❖ Registration

There is a one-time registration fee of \$40.00. This fee is **non-refundable** and is required at the time you submit your registration forms. This fee will secure a slot for your child in our summer camp program. Please bring in your registration forms and payment to Astoria Park Elementary School Monday- Friday between the hours of 11:00 a.m. – 6:00 p.m.

- ❖ Early Learning Coalition participants please see the Director for registration.
- ❖ 21<sup>st</sup> Century participants please see the Director for registration.

## ❖ Enrollment Eligibility

Summer camp participants are Pre-K through fifth grade. Pre-K students must meet basic entry-level criteria in all areas of self-care, communication, mobility, and social-emotional development. All participants must complete the Summer Camp registration form prior to participation in the program.

## ❖ Arrival & Departure

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

## ❖ Covid-19 Protocols

Due to Covid-19 children and staff are required to take new safety precautions. Everyone will be required to wear mask and remain social distanced. We will ensure that students receive multiple mask breaks. Unfortunately, no outside people will be permitted in the school. This year I am asking all parents to download the REMIND app. With the app you will get important updates without the hassle of a handout. You will also be able to notify us when you are here to pick up your children before Dismissal.

## ❖ Summer Camp Fee Due Dates:

Week 1	\$120.00	Due 6/10/ 2021
Week 2	\$120.00	Due 6/18/2021
Week 3	\$120.00	Due 6/25/2021
Week 4	\$120.00	Due 7/2/2021
Week 5	\$120.00	Due 7/9/2021
Week 6	\$120.00	Due 7/16/2021
Week 7	\$120.00	Due 7/23/2021

*Registration Fee \$40.00 Camp fees are due prior to participating in the program.*

- ❖ **Late fee of \$10.00** will be assessed for fees not paid by due date. Camp fees can be paid by debit, credit card online or by money orders. Make money orders payable to Leon County Schools. **No Cash or Checks are accepted.**
- ❖ Money Orders must be signed and include your child's first name.
- ❖ **Refunds are not given** except for cases of prolonged illness (two weeks or longer) or family relocation.
- ❖ Parent must request the refund in writing.

## ❖ Late Pick-up Fees

❖ Summer camp ends at 6:00 P.M. Parents who are late picking up their child will be assessed a late fee, **\$1.00 per minute beginning at 6:01p.m.** After two non-emergency late fees, the director will notify the parents that a third non-emergency late fee could result in dismissal from the program.

## ❖ Lunch & Snacks

Breakfast, lunch and snacks provided daily.

## Discipline Policies and Procedures

The Summer Camp staff will utilize positive discipline. These policies are in the Leon County School's Student Code of Conduct. If a child chooses not to demonstrate appropriate behavior, they will be asked to leave the program. If the child is, dismissed from the program, No refunds.

## Program Rules

- ❖ Respect yourself, others, and property.
- ❖ Always follow directions.
- ❖ Speak kindly to others.
- ❖ Keep hands, feet, and objects to yourself.
- ❖ Wear Your Mask

## Formal Consequences

- ❖ 1<sup>st</sup> Offense .... Verbal Warning and Loss of Privileges
- ❖ 2<sup>nd</sup> Offense .... Talk to Parent
- ❖ 3<sup>rd</sup> Offense .... 3-Day Suspension
- ❖ Any Offense thereafter could result in dismissal from the program.

Parents will be notified when formal consequences are applied. Any violence toward students or staff members will result in Immediate Dismissal from Program. The director reserves the right to bypass any steps in the discipline policy depending upon the severity of the situation/incident.

## ❖ Insurance

**Summer Camp does not carry accident insurance on participants.** It is the parent's responsibility to carry adequate accidental insurance. Such a policy is available through Leon County Schools. Check with the school secretary for an application.

## ❖ Illness

A parent/guardian must pick up children who are ill during Summer Camp, if your child has a temperature they cannot return until they have been temperature free for 72 hours.

## ❖ Medication

Doctor prescribed medication will be administered according to the label. **Children cannot transport medication.** If your child need to have medication administered during the time, they are in the Summer Camp Program, a medication form completed. The medication must be in its original container and taken during the hours your child attends at the time and dosage level prescribed by the doctor.

# Summer Camp Registration Forms 2021

Student Name: \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Parent Name (Mother): \_\_\_\_\_

Work#: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent Name (Father): \_\_\_\_\_

Work#: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_

## Check all that apply.

\_\_\_\_ My child attends or is registered for public school next year (2021-2022).

\_\_\_\_ My child attends private school and I have provided the Summer Camp with a copy of my child's immunization records.

\_\_\_\_ My child lives outside of Tallahassee during the school year. I have provided a copy of my child's immunization records for the Summer Camp.

\_\_\_\_ My child is currently taking medication that need administering during the time he/she is in the summer camp program.

Please list all medications, times for medication and dosage amount (if need during the time of summer camp): \_\_\_\_\_

My child has the following allergies or limitations: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Doctor/Physician Name: \_\_\_\_\_

Office #: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

## Please check the requested camp:

EDEP "Full Time": \_\_\_\_\_

21<sup>st</sup> Century "Part Time": \_\_\_\_\_

**\*\*Please check the weeks your child will attend camp\*\***

\_\_\_\_ Week 1 (June 14- 18)

\_\_\_\_ Week 4 (July 5 - 9)

\_\_\_\_ Week 2 (June 21 - 25)

\_\_\_\_ Week 5 (July 12-16)

\_\_\_\_ Week 3 (June 28 - July 2)

\_\_\_\_ Week 6 (July 19-23)

\_\_\_\_ Week 7 (July 26 - 30)

## The following individuals CAN pick up my child:

Name: \_\_\_\_\_ Primary #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Primary #: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Parent Permission Forms 2021

Student Name: \_\_\_\_\_

## Movie Permission

My child has permission to view any G or PG rated movies shown during the Summer Camp Program.

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

## Water Activities Permission

My child has permission to participate in water activities as part of the Summer Camp Program.

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

## Photo Release

I will allow my child to be photographed for displays, promotions, video productions that will only be used by Astoria Park Summer Camp / Extended Day Enrichment Program

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

## Instagram Release

I will allow my child to be posted on the Astoria Park Extended Day Instagram Page.

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

## Computer Permission

My child has permission to use computers, and get on the internet during the summer camp program.

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

## Policy Acknowledgement

I have read and fully understand the policies outlined in the Policy Statement of the Summer Camp Program.

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

By completing registration for my child, I understand and agree that:

- ❖ Registration fee is non-refundable. Registration fee of \$40.00 is due at the time of registration in order to reserve your child's spot.
- ❖ I will be responsible for late payment anytime I am late picking up my child.
- ❖ If I am late picking up my child **three times**, barring an emergency, my child will be dismissed from the program.
- ❖ Method of payments are debit/credit card or money order.

**I have read the above contract and agree.**

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