



# 2010 SUMMER DAY CAMP

SPONSORED BY CITY OF TRAVERSE CITY-  
GRAND TRAVERSE COUNTY PARKS & RECREATION  
DIVISIONS



Registration forms available April 1, 2010

Registration Begins April 12, 2010 8:00 a.m. Note: Some years we fill up early the first morning  
Camp space is limited, we go on a first come, first served basis - only 50 campers per week are allowed.

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Dear Parents or Legal Guardians,

April 2010

Welcome to the 2010 Traverse City-County Day Camp Season. We have attempted to include all of the information you will need in this booklet. If you have any questions please contact us at 922-4910 extension 0 or 114, Monday through Friday, 8:00 a.m. - 3:00 p.m. Our goal is to provide a day camp experience that will promote healthy activities in a fun environment. Sincerely,

Mr. Lauren A. Vaughn  
City of Traverse City

**All children MUST be signed in at the beginning and out at the end of each day**

**General Information:** The Day Camp is open to **children who have completed first grade through 12 years of age or who will be 7 years old by June 1, 2010**, and has a maximum limit of 50 participants per week. The ratio of campers per counselor will be approximately 10 to 1. Campers may be registered for any number of the one week sessions or may be signed up on a daily basis as space allows ( see instructions below). Registration forms will be available at:

The City Parks and Recreation office, 625 Woodmere Avenue (8:00 - 3:00)

The Civic Center (8:00 - 4:00)

The City Treasurer's Office at the Governmental Center (8:00 - 5:00).

Please submit all **COMPLETED FORMS** at **8:00 a.m. on Monday, April 12, 2010** to the City Parks and Recreation office at 625 Woodmere Avenue. **Remember: This is not a licensed day care facility. This is a weekly day camp. We don't offer any income tax total cost information at the end of the year. It is up to you to keep track of your summer day camp expenses.**

**Location and Times (Hours):**

The City-County Day Camp for 2010 will be held at the Grand Traverse County Civic Center the first eight weeks and at Hickory Hills Ski Area or the Civic Center the ninth and tenth weeks. The ten (10) week program will begin on **Monday, June 14**, (subject to final day of school for TCAPS), and end on **Friday, August 20**.

The Civic Center - Enter the Civic Center property from Garfield onto North Civic Center Drive, or from 8<sup>th</sup> Street onto S. Civic Center Drive. The arena area is the headquarters for the summer day camp program.

For week nine and ten, Hickory Hills is located at the west end of Randolph Street, approximately 1 3/4 miles west of Division Street. **(Note: the week nine and ten location is subject to change and may be held at either location).**

**Hours:**

Camp activity hours will be 8:30 a.m. to 4:30 p.m.. Staff will be on hand from 7:45 a.m. to 5:30 p.m. for those who have to drop off children early or pick up late due to work requirements. Parents must provide transportation to and from camp. **THERE WILL BE AN EXTRA CHARGE OF \$15.00 PER FAMILY PER 15 MINUTES (OR PORTION THEREOF) FOR LATE PICK UPS AFTER 5:30 P.M.** Children must be dropped off by 9:30 a.m. If this is not possible, you **MUST** call camp cell at 590-3750 . If children will not be attending camp please call 590-3750 as soon as possible.

**Camp Fees and Deposits:** A **Non Refundable and Non Transferable \$10.00 per camper, per week deposit** (including daily pre-registrations) must accompany the registration form. This deposit will be applied toward your weekly total registration fee which **must be paid on the first day the camper attends camp for that week. NO EXCEPTIONS.**

Weekly Fees:	\$80.00 per camper per week
Week #1 Fees:	may change if school does not end by June 11 <sup>th</sup> .
Week #4 Fees:	\$70.00 per camper, no camp on Monday, July 5, 2010
Daily Fees:	\$19.00 per camper per day

**The balance of your weekly fee is due by the First Day of the week your child attends camp. ABSOLUTELY NO EXCEPTIONS.**

**Payment Guidelines:**

1. Please pay by check or money order payable to the "City of Traverse City" - **NO CASH** - Camp counselors will not accept cash for daily/weekly camp fees. We can not accept credit or debit cards.
2. Please indicate on the memo portion of your check the days your child is attending that week and also the child(ren)'s name(s), this is especially important if the child has a different last name from the parent.
3. Please keep in mind that you cannot transfer monies paid for one week to another. Example: if you pay for a whole week and only go three days, you cannot transfer the remaining balance to the next week. The remaining money is forfeited.
4. You are responsible for your own accounting for the year for tax purposes.

**Cancellation Policy:**

All cancellations must be received in writing **AT LEAST TWO WEEKS** before your child is scheduled to attend camp. These must be done on the "Record of Cancellation" form supplied by the City. A Minimum of 2 weeks notification is required to not pay for the week for which you registered. Cancellations will not be taken by phone. No exceptions. **IF WRITTEN NOTICE IS NOT RECEIVED, THE PARENT WILL BE HELD RESPONSIBLE FOR FULL PAYMENT FOR THAT WEEK.** We have reserved that spot for your child and turned someone else away. There will also be **no refund of any deposits** already paid. **THE FORM IS AVAILABLE FROM THE COUNSELORS AND ONE IS ATTACHED TO THIS BOOKLET. BECAUSE OF NUMEROUS COMPLICATIONS IN THE PAST WE WILL NOT BE ALLOWING SWITCHING OF DAYS, UNLESS IT IS DONE AT LEAST 2 WEEKS BEFORE THE REQUESTED DATE, AND SPACE IS AVAILABLE. SORRY NO EXCEPTIONS.**

**ADDING DAYS TO YOUR REGISTRATION/ LAST MINUTE ADDITIONS POLICY:**

All additions are on a first come, first served basis. Your balance due must be current before you will be allowed to make any additions. For last minute registrations - All registrations are done through the City Parks and Recreation Office at 625 Woodmere Avenue. The City Day Camp counselors are not authorized to take these registrations. If you are pre-registered and wish to add last minute days to your schedule, you **MUST** call the Parks and Recreation office at 922-4910 extension 0 between the hours of 8:00 a.m. - 3:00p.m. You are not allowed to drop your child off without prior notification and authorization.

**Disciplinary Actions:**

When necessary, progressive disciplinary action will be used by the camp staff for disregard of camp rules and policies and to protect the safety of the other children and staff. This will involve:

1. A verbal reminder
2. A "time out" where the child will be asked to sit quietly for 15 minutes.
3. Contacting the parent(s) for reinforcement of rules.
4. Contacting the parent(s) to pick up the child for the remainder of the day.
5. Removing the child from camp for the remainder of the summer.

**A.D.A. (Americans with Disabilities Act):**

It is our intent to provide reasonable accommodations to assist people with disabilities to participate in our programs, facilities, and services. Please let us know in advance if your child will need special accommodations by calling 922-4910 extension 0, Monday through Friday, 8:00a.m. - 3:00 p.m.

## Health and Waiver Forms:

Health and waiver forms for each camper **MUST** be completed fully before any child may attend day camp.

## Gratuities

Day Camp Counselors are not allowed to accept any gifts or gratuities.

## Life Jacket Information:

We do not offer life jackets to our campers. If you want your child to wear a life jacket while swimming at the beach, it must be supplied by the camper's parent or guardian. The camper is also responsible for their own life jacket, and must carry it to and from the beach. Only U.S. Coast Guard approved life jackets will be permitted. On our day to swim at the Civic Center pool, the lifeguard on duty will determine if life jackets will be permitted.

## Staffing information:

The day camp staff will be a combination of adults and college students. The students selected are usually those working on a degree in education, parks and recreation or related fields. The non-students are teachers or other individuals qualified to work with children. There will be both male and female staff members.

## Lunch:

Each child **must** bring a sack lunch that does not require refrigeration each day Monday through Thursday. You may bring a small cooler with the camper's name clearly labeled and we are not responsible for lost or stolen items. Fridays are pizza days. If you do not care for your child to have pizza, please send a lunch that day also. (There will **not** be any discounts given for those choosing not to eat pizza).

## Clothing:

Please send children in weather appropriate clothing with shoes that can get wet and dirty. We utilize the Civic Center grounds, take walks and go to Bryant Park beach, to name a few. We will go inside during inclement weather. Please mark your child's name on all items. No sandals or open toed shoes are allowed.

## Off-Site Activities:

The Day Camp will use B.A.T.A. or T.C.A.P.S. busses for field trips more than walking distance from camp. Beach trips will begin when the weather is appropriate. Each child **must** provide their own beach wear and towel. All children will be tested for swimming ability. We do **not** give swimming lessons.

## Summer In The Garden

Summer In The Garden - The Grand Traverse Area Children's Garden will be teaching campers how to grow and care for gardens along with tips on nutrition and healthy foods. This will be a hands-on program at the Traverse Area District Library and Hull Park.

## Newsletter

If you wish to receive the weekly newsletter by email, please list email address: \_\_\_\_\_

Mail or hand deliver **(hand delivery on the first day of registration, April 12, 2010, will take precedence over mail-ins)** completed registration forms, health, waivers forms/deposits to:

Day Camp-Traverse City Parks and Recreation  
625 Woodmere  
Traverse City, MI 49686



Day Camp phone number for 2010 (beginning June 14) is 922-4893.

If there is no answer at this number please try the camp cell phone at 590-3750.



**FOR INCOME TAX PREPARATION, OUR FEDERAL I.D. number is H-38-600-4740**

***(Please save these numbers for future TAX reference)***

# 2010 REGISTRATION FORM - (one for each camper)

PLEASE SIGN UP EARLY. CAMP REGISTRATION BEGINS ON APRIL 12, 2010 AND IS ON A FIRST COME-FIRST SERVED BASIS. Please enroll my child in the City-County day camp for the following session(s): **A \$10.00 non refundable and non transferable deposit** is included with this registration form for each child - PER WEEK. This includes daily registrations.

Weekly Fees: \$80.00 per camper per week - Week #1 Fee: may be less if TCAPS doesn't end by June 11<sup>th</sup> - Week #4 \$70.00 no camp July 5<sup>th</sup>  
 Daily Fees - \$19.00 per camper per day -

Child's name (please print) \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Parent's name(s) or Legal Guardian \_\_\_\_\_

Step Parent's name (if appropriate) \_\_\_\_\_

Address \_\_\_\_\_

Email: Dad's \_\_\_\_\_ Mom's \_\_\_\_\_

Child's birth date \_\_\_\_\_ Age \_\_\_\_\_ Last grade completed \_\_\_\_\_

School attended this year \_\_\_\_\_

Parent's or Legal Guardian's phone numbers: Mom's Work # \_\_\_\_\_ Home# \_\_\_\_\_

Dad's Work # \_\_\_\_\_ Home# \_\_\_\_\_

Step Parent's phone numbers: Work# \_\_\_\_\_ Home# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone# \_\_\_\_\_

Please list those people who are authorized to pick up the above listed child from day camp. If any changes occur to this list, please inform the counselors.

Names(s) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

\_\_\_\_\_ Relationship to Child \_\_\_\_\_

\_\_\_\_\_ Relationship to Child \_\_\_\_\_

Parent's place of employment \_\_\_\_\_ Address \_\_\_\_\_

Can you be disturbed at work for billing or other information? \_\_\_ Yes \_\_\_ No

**I AM ENROLLING MY CHILD FOR THE FOLLOWING DATES CIRCLED BELOW:**

*If you are signing up for the whole week simply put a check by the words "ENTIRE WEEK"*

			<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>
WEEK 1	Entire Week _____	Or circle the days requested	6/14	6/15	6/16	6/17	6/18
WEEK 2	Entire Week _____		6/21	6/22	6/23	6/24	6/25
WEEK 3	Entire Week _____		6/28	6/29	6/30	7/01	7/02
WEEK 4	Entire Week _____		No camp	7/06	7/07	7/08	7/09
WEEK 5	Entire Week _____		7/12	7/13	7/14	7/15	7/16
WEEK 6	Entire Week _____		7/19	7/20	7/21	7/22	7/23
WEEK 7	Entire Week _____		7/26	7/27	7/28	7/29	7/30
WEEK 8	Entire Week _____		8/02	8/03	8/04	8/05	8/06
WEEK 9	Entire Week _____		8/09	8/10	8/11	8/12	8/13
WEEK 10	Entire Week _____		8/16	8/17	8/18	8/19	8/20

*(Please make an extra copy for yourself - so you know when your child is signed up)*

**Child's T-Shirt Size: Adult Sm \_\_\_\_\_ Adult Med \_\_\_\_\_ Adult Large \_\_\_\_\_ Child Sm \_\_\_\_\_ Child Med \_\_\_\_\_ Child Large \_\_\_\_\_**



# HEALTH HISTORY AND SWIMMING INFORMATION FORM

(must be completely filled out)

## GENERAL INFORMATION:

Child's Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
(please print)

Parent's Name(s) or Legal Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Business Address \_\_\_\_\_

If not available in an emergency, notify this person:

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Health History: (Does or has the camper ever had any of the problems listed below? check appropriate column.)

Has the camper had any of the conditions listed below?	Yes	No		Yes	No
1. Hay fever, asthma or wheezing			8. Drug allergies(list below)		
2. Ivy Poisonings			9. Bleeding/clotting		
3. Convulsions/seizures			10. Chicken Pox		
4. Heart Trouble			11. German Measles (Rubella)		
5. Diabetes			12. Measles		
6. Frequent colds, sore throats, ear aches			13. Mumps		
7. Insect sting allergies			14. Other (list below)		

Information from lines 8 and/or 14: \_\_\_\_\_

Current Infectious Diseases: \_\_\_\_\_

Operations and Serious Injuries (list dates): \_\_\_\_\_

Chronic or recurring illness: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone# \_\_\_\_\_

Dentist/Orthodontist: \_\_\_\_\_ Phone# \_\_\_\_\_

Allergist: \_\_\_\_\_ Phone# \_\_\_\_\_

Name of Medical/Hospital Insurance Carrier: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_



IMMUNIZATION RECORD FOR \_\_\_\_\_

**MUST BE COMPLETED AND TURNED IN PRIOR TO CHILD ATTENDING CAMP**

	<u>Polio</u>	<u>Mumps</u>	<u>Diphtheria</u>	<u>Tetanus</u>	<u>Pertussis Whooping Cough</u>	<u>Measles</u>	<u>Rubella</u>	<u>Hepatitis B</u>	<u>Other</u>
<u>Date Initial Immunization completed</u>									
<u>Date of Most recent booster</u>									

**CAMPER RESTRICTIONS AND MEDICATIONS:**

Special Diet: \_\_\_\_\_

Current Medications: (list all) \_\_\_\_\_

Prescription Drugs: \_\_\_\_\_

Any specific activities to be discouraged: \_\_\_\_\_

Any additional information: \_\_\_\_\_

**SWIMMING RESTRICTIONS AND INFORMATION:**

**ALL INFORMATION MUST BE FILLED OUT AND SIGNED OR WE CAN NOT ACCEPT REGISTRATION AND THEREFORE YOUR CHILD WILL NOT BE ALLOWED TO ENTER OUR DAY CAMP.**

I understand that my child will have an opportunity to participate in the day camp beach/pool swimming program, and give my child permission to participate

My Child is a PLEASE CHECK ONE: SWIMMER ( ) NON-SWIMMER ( )

If you wish your child to wear a life jacket you MUST supply a jacket and check the following information:

I will provide a life jacket for my child: PLEASE CHECK ONE: YES ( ) NO ( )

Father, Mother, Legal Guardian, or Step Parent:

\_\_\_\_\_  
(Please Circle one of the above)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**AUTHORIZATION AND CONSENT OF PARENTS AND/OR LEGAL GUARDIANS:**

The following must be signed and dated by the camper's parent or legal guardian.

The Health History and Swimming information is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted within this document.

I HEREBY GIVE PARENTAL OR LEGAL GUARDIAN CONSENT FOR FIRST AID BY A CITY/COUNTY DAY CAMP COUNSELOR. I ALSO GIVE CONSENT FOR EMERGENCY TRANSPORTATION BY AMBULANCE AND EMERGENCY ROOM CARE.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Date)

I hereby give permission to the physician selected by the Camp Director to order x-rays, routine tests and treatment for health of: (campers name) \_\_\_\_\_, and in the event that I can not be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or anaesthesia and/or surgery for:

\_\_\_\_\_  
(Camper's Name - Print Full Name)

\_\_\_\_\_  
(Signature of Parent or Legal Guardian) (Date)

**OR**

Due to religious objections to the consent of emergency medical or surgical treatment,

I, \_\_\_\_\_ testify that: \_\_\_\_\_ is in good health and that I assume the health responsibility for this camper.



**WAIVER OF LIABILITY  
CITY OF TRAVERSE CITY  
FOR MINOR (Under age of 18)**

The undersigned parent or legal guardian of the minor/camper named below, voluntarily and in consideration of allowing participation in the Traverse City-Grand Traverse County Day Camp, hereby agrees to release, discharge, hold harmless and waive any and all claims including negligence claims for personal injury to my child or my child's property that may be caused by any act, or failure to act, by the City of Traverse City and each and all of its elected and appointed officials, employees, volunteers, representatives and agents and each and all of its employees and representatives in connection with or arising out of the participation of the undersigned in this activity. This waiver binds me, the undersigned, the minor and the minor's heirs, executors and assigns.

I also understand all risks involved in this activity and have had the opportunity to call the City of Traverse City or its agents and employees to ask any questions that I may have, and on behalf of the minor/camper named below, I assume the risk of all dangerous conditions associated with this activity and agree that I am solely responsible for any injuries incurred by my minor child in connection with this activity.

I acknowledge that I have received a copy of and read the '2009 Summer Day Camp Booklet'. I certify that the minor/camper named below is eligible to participate in the Traverse City-Grand Traverse County summer day camp.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

**CAUTION: READ THE ABOVE BEFORE SIGNING. BY SIGNING THIS AGREEMENT, YOU ARE AGREEING THAT YOU WILL NOT SUE THE CITY OF TRAVERSE CITY, ITS EMPLOYEES, OFFICIALS, VOLUNTEERS, REPRESENTATIVES OR AGENTS, IN CONNECTION WITH THE BELOW-NAMED MINOR'S PARTICIPATION IN THE TRAVERSE CITY-GRAND TRAVERSE COUNTY DAY CAMP.**

Minor's/Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's or Legal Guardian's Name (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

Minor's/Camper's Address: \_\_\_\_\_

Parent/Guardian's Address (if different): \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Work: (        ) \_\_\_\_\_

Telephone Home: (        ) \_\_\_\_\_



# Summer Day Camp RECORD OF CANCELLATION

A minimum of two weeks (in advance) cancellation notice is required *IN WRITING* to not pay for the weeks/days for which you registered. Phone calls or verbal cancellations will not be accepted.

TODAY'S DATE: \_\_\_\_\_

CHILD'S NAME:

\_\_\_\_\_  
\_\_\_\_\_

DATE(S) OF CANCELLATION:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

CANCELED BY:

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Signature

These forms are available at the sign in station.



# Summer Day Camp RECORD OF CANCELLATION

A minimum of two weeks (in advance) cancellation notice is required *IN WRITING* to not pay for the weeks/days for which you registered. Phone calls or verbal cancellations will not be accepted.

TODAY'S DATE: \_\_\_\_\_

CHILD'S NAME:

\_\_\_\_\_  
\_\_\_\_\_

DATE(S) OF CANCELLATION:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

CANCELED BY:

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Signature

These forms are available at the sign in station.



## PAYMENT AND COLLECTIONS

During the last few years we have had problems arise with scheduling and payments for Day Camp. Our policy is that if you need to change dates we require a 2 weeks written notification on the supplied “Record of Cancellation” form.

When changing dates, deposits for the days changed will not be applied to the new days. Deposits are NON-TRANSFERABLE.

Further, we have been having difficulty getting payments on time. Payment is expected on the first day of the week that your child attends. If you have an outstanding balance from the previous week or have an outstanding late fee, you will be allowed to drop off your child through the following Friday. If your account is not brought current by the end of the day on Friday, your child/ren will not be allowed at camp the following Monday. NO EXCEPTIONS. Your child/ren may be allowed to attend camp when your account is no longer delinquent.

**In 2008 we started utilizing our City Treasurer’s Office as our “collection agency”.**

After 2 weeks of non payment your account will be turned over to the City Treasurer’s Office and your child/children will not be allowed to attend camp until all balances are paid.

I acknowledge that I have received a copy of and read the “PAYMENT AND COLLECTIONS”.

\_\_\_\_\_  
Signature

Parent’s or Legal Guardian’s Name

\_\_\_\_\_  
Date