



Teacher Workday Playday Day Camps

Dates: October 18, 2021
November 11, 2021
December 20, 2021
December 21, 2021

December 22, 2021
January 3, 2022
January 17, 2022
March 7, 2022

Time: 8:30AM-4:30PM

Ages: 5-12 yrs

This teacher workday day camp will offer your child a variety of activities to keep them busy throughout the day. We will do arts and crafts, cooperative group games, swim, and go outside (weather permitting). Participants will need to bring a lunch, 2 snacks, water bottle and swim suit and towel.

Pre-registration is required.

A minimum of 5 participants are required.

Fee: \$25-Smithfield Resident/DAY

\$30-Non-Smithfield Resident/DAY

\$10 Early drop off/late pick up per child/DAY (optional)



REGISTER at: <https://srac.clubautomation.com/>

600 M Durwood Stephenson Pkwy *Smithfield*NC*27577*(919) 934-1408



2021/2022 Teacher Workday Playday

DATES: Oct 18, Nov 11, Dec 20, Dec 21, Dec 22, 2021 and Jan 3, Jan 17, Mar 7, 2022

This teacher workday day camp will offer your child a variety of activities to keep them busy throughout the day. We will do arts and crafts, cooperative group games, swim, and go outside (weather permitting). Participants will need to bring a lunch, 2 snacks, water bottle and swim suit and towel. Pre-registration is required.

A minimum of 5 participants are required 3 days before the camp date.

Camp drop off and pick up will be in the multipurpose room unless camp staff advises differently. Choose to come one day or all camp days!

Ages: 5-15years old

Time: 8:30am-4:30pm

Fees: \$25/day Smithfield Resident

\$30/day Non-Smithfield Resident

\$10-Early drop off/late pick up fee

*Payment in full required at time of registration.
Annual SRAC Members receive 10% off of camp fees.*

DISCIPLINE POLICY

We utilize and encourage the practice of praise and positive reinforcement as effective methods of behavior management. We believe that when participants receive positive, non-violent, and understanding interactions they can develop good self-concept, problem solving abilities, and self-discipline.

BEHAVIOR MANAGEMENT POLICY

The Smithfield Parks and Recreation Department supports and practices the following Behavior Management Policies:

- 1) Quiet Verbal Warning
- 2) After repeated behavior problems, a written incident report will be given to the parent/ guardian.
- 3) Additional behavioral problems will constitute a second written incident report given to parent/ guardian and a possible 1-2 day suspension.
- 4) If negative behavior persists, a third written incident report constitutes that the participant will be asked to leave the program and no refund will be given.
- 5) For severe offenses, such as but not limited to fighting, theft, vandalism, possession of a weapon or drugs, severe verbal threats, or sexual misconduct, the participant will be dismissed from the program immediately bypassing any of the steps above.

CONFIDENTIALITY POLICY

SPRD/SRAC is dedicated to protecting the confidentiality of all program participants. All participants are encouraged to respect the confidentiality of other participants by not disclosing personal information in public displays such as Facebook, twitter, etc. SPRD/SRAC staff policy states that employees are not to share personal information about participants outside of the workplace.

PAYMENT POLICY

Must be paid in full prior to the start of camp.

WITHDRAWAL AND TRANSFER REQUESTS

All withdrawals and transfers must be received in writing 7 days or more in advance of the start date of the program. Non-attendance or Non-participation in a program does not entitle a patron a credit/refund of the registration fee.

ELECTRONIC DEVICES

No electronic devices are allowed (examples: cell phones, MP3 players, gaming devices, etc.)

MEDICATION/ MEDICAL TREATMENT

Should your child require medications, which are medically necessary and cannot be scheduled outside the hours of the camp program, please contact the camp supervisor. Action will be considered on a case by case basis. In the case of an emergency, every effort will be made to contact parents/guardians. By signing your camp forms, if you cannot be reached, you authorize the SPRD/SRAC Staff to seek appropriate medical care.

SICKNESS

If your child is not feeling well or is running a temperature, please keep them at home. Children must be fever free for 24 hours in order to come to camp. Please call and let staff know if your child is not coming in to camp.

DRESS CODE

In order to maintain a positive experience and to focus on the safety of campers, SPRD/SRAC recommends appropriate attire. Campers will participate in recreational or athletic activities almost everyday so they should wear cool, comfortable clothing, and jewelry should be left at home.

LATE PICK UP POLICY

Participants that are picked up late from the closing time of camp will be charged a late fee. The fee is as follows: Once the parent is 10 minutes late a \$5.00 fee will be charged per family. An additional \$1.00 will be added every minute past 10 minutes late. Payment is due at the time of late pick-up. Habitual tardiness could result in participant's dismissal from the program

LOST ITEMS

The Smithfield Parks and Recreation Department is not responsible for any personal items lost or stolen at our programs.

SRAC Contact Information: 600 M Durwood Stephenson Pkwy, Smithfield, NC 27577

Phone: 919-934-1408

(Parents, please retain this for your records)



2021 Camper Information Form

Child Info

Camper Name: _____ Gender _____

Address _____ City _____ Zip _____

Age: _____ (As of June 1, 2019) Date of Birth _____

Town of Smithfield Resident (residing inside the incorporated town limits) Yes ___ No ___

Parent / Guardian Information

Mother/Guardian Name _____ **DOB:** _____

Address _____ City _____ Zip _____

Primary # _____ Work # _____

Email Address _____

Father/Guardian Name _____ **DOB:** _____

Address _____ City _____ Zip _____

Primary # _____ Work # _____

Email Address _____

Emergency Contact (Other than Parent/ Guardian) If Parent/Guardian Can't Be Reached

Name _____ **Relationship to Child** _____

Primary # _____ Secondary # _____

Name _____ **Relationship to Child** _____

Primary # _____ Secondary # _____

Drop Off/Pick Up:

Please list anyone who will be dropping off or picking up your child from camp

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

The Smithfield Parks and Recreation Department welcomes the participation of all individuals in our programs, including those with disabilities. We are fully committed to complying with the ADA and providing reasonable accommodations to facilitate participation in our programs. The sooner we know about your special situation, the more time we have to make reasonable accommodations to improve a camper's recreation experience with us. *To aid staff in making accommodations, registrations should be received two weeks prior to the start of a program.*

Department Use ONLY

Amount Paid: _____ Date: _____ Receipt# _____ Cash/Check # _____ Credit Card V/MC

Please check all that have been received: ___ Camper Information Form ___ Medical Form

Staff Name: _____ Date: _____

Special Medical Circumstances: (ex. cancer, physical disabilities, blindness, deafness, or diabetes) The Smithfield Parks and Recreation Department recommends that parents or guardians consult their camper's pediatrician, or health care professionals to assess their camper's illness to take part in our camps. It is required that parents or guardians provide in writing any additional instructions for their camper. The written instruction should be developed with the assistance of their camper's pediatrician or health care professional. This information should include the specific medical circumstance and requirement needs for the camper.

CAMPER Health INFORMATION (Use one form per camper)

Does your child have any allergies (plants, foods, insects, etc.)? If yes, please list:

Does your child have any health related conditions that might limit their activity? If yes, please list:

Does your child know how to swim? _____

Does your child have any behavioral, psychological, or emotional issues? _____ If yes, please explain and offer suggestions that will help our staff work well with your child.

(Please use additional pages if necessary for any of the above questions)

Please make our staff aware of any allergies your camper may have. If your camper has severe allergies, please make sure that our staff has written instructions on what to do if your camper has a severe allergic reaction. This information should include the specific allergy and medical requirement needs for the camper. If needed at camp, a separate lunch table/area will be provided for campers who have been identified as having a nut allergy. The Smithfield Parks and Recreation Department cannot guarantee an environment free of nut products or nut oils. It is important that campers with a risk of anaphylaxis reaction to any substance (food, insect bites, or drugs) be identified. They must carry with them at all times the appropriate EpiPen kit and a letter of Permission from a parent or guardian to allow for the injection to be given by Smithfield Parks and Recreation Staff immediately in case of an emergency.

Allergy Type: _____

Instructions if camper has an Allergic Reaction:

Daily Medications: The Parks and Rec Staff is not permitted to give medication during camp hours.

I understand that the Smithfield Parks and Recreation provides no insurance coverage for the campers. By signing below I agree that I have read, understand, and agree to the Smithfield Parks and Recreation Department/SRAC Summer Camp program policies. By signing below, I am acknowledging that my camper is physically capable of participating in camp activities and the information that I have provided on the Camper Information Form is correct.

Release and Indemnity Agreement: I understand that in sports and recreational activities there are incidents of accidents and injury. I allow my child to participate voluntarily in these activities. I have received and read the camp policies agreement and understand its contents. I release and agree to hold harmless the Smithfield Parks and Recreation Department, the Smithfield Recreation and Aquatics Center, and the Town of Smithfield from any claims arising out of injury to my child.

SIGNATURE IS REQUIRED TO COMPLETE THE REGISTRATION PROCESS

Camper Name

Parent/ Guardian Signature

Date