



## Community Services Department 2024 Day Camp Registration Packet





### **2024 CAMPER EMERGENCY INFORMATION SHEET**

1.	Child's Name	Date of Birth:	Age:	
2.	Address			
3.	Parent/Guardian Name		one:	
	Parent/Guardian Name	Cell Ph	one:	
4.	Child's Height: Child's Weigh	nt: Shirt Size:		
5.	Does camper have sibling(s) registered for this year's Camp Grove? Yes No			
	If yes, please list name and age:			
6.	In case of emergency, please list alternate authorized person(s) to contact or release child to:			
	Name:	Relationship:	<u>-</u>	
	Phone:			
	Name:	Relationship:	<u>-</u>	
	Phone:			
	Name:	Relationship:		
	Phone:			
	Name:	Relationship:	<u>-</u>	
	Phone:			
Dat	e of last tetanus shot:			
	of current medication (optional):			
LIS	or current medication (optional).			
			<del></del>	
 Par	ent/ Legal Guardian Signature	<del></del>	 Date	





#### CITY OF GARDEN GROVE DAY CAMP PROGRAM MEDICATION PROCEDURES

- Children may only bring medication that is prescribed to them specifically by a licensed physician. The medication must be in the original container and prescription label with directions (times per day, quantity, method of administration) placed in a Ziploc bag with the child's name written on the outside, along with the letter of authorization.
- Medication will be kept in an area not accessible to children (e.g., locked box in the office).
- Medication(s) will NOT be stored overnight. It must be picked up daily by parent/legal guardian.
- The staff is to initial the medication sign-out sheet, indicating the date and time the child selfadministers the medication.
- Children may not keep their medication with them throughout the day.

Parent/Legal Guardian Signature

- During excursions, the staff member is responsible for keeping the medication. It will be kept in a secure place that is not accessible to campers.
- Parents will need to administer all prescribed medication unless authorized by the parent/legal guardian for the child to self-administer medication indicated below. Day camp staff are not authorized to administer medication.

	PERMISSION F	RMISSION FOR CHILD TO SELF- ADMINISTER MEDICATION			
I/We	We, authorize my child Parent/Legal Guardian				
		to self-administer prescribed medication			
	Medication name Prescription number				

Date





## <u>AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR</u>

(I), the undersigned parent of	, a minor, in the event that I am not				
reasonably available by telephone to give consent, do he					
Community Services Department as agents for the unders	igned to consent to any x-ray examination,				
anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and					
is to be rendered under the general or special supervision of any physician and surgeon licensed under the					
provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis					
or treatment rendered at the office of said physician or at said hospital.					
It is understood that this authorization is given in advance of	any specific diagnosis, treatment or hospital				
care being required but is given to provide authority and power on the part of our aforesaid agent to give					
specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned					
physician in the exercise of their best judgment may deem advisable.					
This authorization shall remain effective until August 9, 2024;	unless sooner revoked in writing delivered to				
said agent.					
Parent/ Legal Guardian Signature	Date				
Parent/ Legal Guardian Signature  List any restrictions of activity for medical reasons (i.e. fr					
List any restrictions of activity for medical reasons (i.e. fr					
List any restrictions of activity for medical reasons (i.e. fr					
List any restrictions of activity for medical reasons (i.e. fr allergies):	equent colds, fainting spells, ear troubles,				
List any restrictions of activity for medical reasons (i.e. fr allergies):  As part of our commitment to the Americans with Disabilit	requent colds, fainting spells, ear troubles, ies Act and our participants, are there any				
List any restrictions of activity for medical reasons (i.e. frallergies):  As part of our commitment to the Americans with Disabilit accommodations needed for your child's participation in the	requent colds, fainting spells, ear troubles, ies Act and our participants, are there any a Day Camp Program? We recommend any				
List any restrictions of activity for medical reasons (i.e. fr allergies):  As part of our commitment to the Americans with Disabilit	requent colds, fainting spells, ear troubles, ies Act and our participants, are there any a Day Camp Program? We recommend any				
List any restrictions of activity for medical reasons (i.e. frallergies):  As part of our commitment to the Americans with Disabilit accommodations needed for your child's participation in the camper with a 1:1 aide during the school day also consider	requent colds, fainting spells, ear troubles, ies Act and our participants, are there any a Day Camp Program? We recommend any				
List any restrictions of activity for medical reasons (i.e. frallergies):  As part of our commitment to the Americans with Disabilit accommodations needed for your child's participation in the	requent colds, fainting spells, ear troubles, ies Act and our participants, are there any a Day Camp Program? We recommend any				



# CITY OF GARDEN GROVE Community Services Department Camp Grove General Information and Guidelines



#### **General Information**

- DAY CAMP LOCATION: Edgar Park building 12781 Topaz St. Garden Grove, 92845
- Your child will be supervised at all times and engaged in games, crafts, and activities.
- All staff are First Aid/CPR/AED certified.
- If your camper is sent home or not admitted at camp due to illness, then we will issue a prorated refund for each day that your child is not allowed to attend. Staff must be notified immediately if the reason for camper not attending is due to illness. Children with any signs of illness will not be permitted to attend.
- Weekly fees, which include excursion fees, are due one week prior to the week you are requesting to attend.
- NO TRANSFERS. A \$5 processing fee will be assessed for cancellations. In order to receive a refund, request must be made prior to the start of the week you are cancelling.
- Please label all personal items with camper's first and last name.
- Please apply sunscreen on your child every morning.
- <u>The Remind app</u> will be used as an electronic form of communication with parents about weekly flyers, important and urgent matters, excursion, and ice cream truck information. Please download the app and enter code "@campgrove".

#### • Dress Code

- Dress code: modest/appropriate clothing (no crop tops or t-shirts with offensive logos).
   Comfortable closed toed shoes (no sandals or flip-flops, unless otherwise specified for water activities).
- One (1) Day Camp shirt will be given to each camper. Day Camp t-shirt must be worn when attending an excursion. Additional shirts are available for purchase for \$10 each.

#### Lunch/Snack

- Campers will need a sack lunch Monday, Tuesday, & Thursday, lunch will be provided for all campers on Friday. For excursion days, we will specify if lunch will be provided or not.
- o Campers will need **two snacks** for scheduled "snack time" (one morning snack & one afternoon snack).
- Campers will need a reusable water bottle and/or additional drinks.

#### Weekly Activities

- Excursions are traditionally on Wednesdays.
- We will be showing G and PG rated television shows and movies on Thursdays. Please inform a staff member if you are uncomfortable with your child viewing any content by Wednesday.
- An ice cream truck is tentatively scheduled to come to camp on Thursdays. Please send no more than \$10 per camper.

#### **General Guidelines**

#### 1. Check-in/Pick up

- a. Drop off will begin at 7:00 a.m. and pick up will end at 6:00 p.m. For late drop offs or early pickups, please call (714) 745-5070 in order for staff to plan accordingly.
- b. Parents/Guardians must show a valid driver's license or identification upon pick up. If an alternate adult is picking up your child, they must be listed on the emergency contact list.

#### 2. Cleaning and Disinfecting Protocols

- a. Child shared spaces: Cleaning and disinfecting of these communal spaces will occur frequently throughout the day and at the conclusion of the day.
- b. Frequently touched surfaces: Staff will clean and disinfect frequently touched surfaces such as doors, tables, chairs, and restrooms throughout the day.

#### 3. Healthy Hygiene

a. Hand washing: all children will be instructed to wash their hands frequently throughout the day, including before and after mealtimes, and after using the restroom.

#### 4. Behavior/Discipline Procedures

- a. The City of Garden Grove Day Camp program strives to teach appropriate behaviors and encourage campers to express their feelings in a "socially acceptable" manner. There is zero tolerance for violence and physical outbursts.
- b. The following behaviors are unacceptable and may result in dismissal from the program:
  - Verbally or physically hurting another camper or staff member.
  - Stealing or damaging another person's belongings.
  - Threatening bodily harm to themselves, another camper, or staff member.
  - Using profane language.
  - Possession or consumption of cigarettes, drugs, e-cigarettes, or alcoholic substances.
  - Possession of or use of any weapon.
- c. If a camper is not capable of controlling his/her emotions in any way, they may be asked to leave the program.
- d. At Camp Grove we will use the following disciplinary procedures:
  - 1st offense- Camper will receive a verbal warning from Camp Grove Staff.
  - 2<sup>nd</sup> offense- Camper will be removed from activity and sent to Camp Coordinator to be given time to self- calm until ready to return to scheduled activities with the group. Parent/guardian will be notified.
  - 3<sup>rd</sup> offense- Camp Coordinator will contact parent/guardian to pick up camper. Camper will be sent home for the day.
  - 4<sup>th</sup> offense- Camp Coordinator will contact parent/guardian to pick up camper. Camp Grove Assistant Supervisor will reach out to parents/guardians and an appropriate disciplinary plan will be arranged.
  - 5<sup>th</sup> offense- Camp Coordinator will contact parent/guardian to pick up camper. Camper will be removed from the program and will not be eligible to return for the remainder of the Day Camp program. Camper will not be eligible for a refund of program fees.

For any additional questions, please do not hesitate to contact the recreation counter at (714) 741-5200 or email <a href="mailto:danam@ggcity.org">danam@ggcity.org</a>. We look forward to a fun and exciting summer!



I have read the <b>2024 Camp Grove General Information</b> a with my child, and agree to encourage my child to follow all g	•
Child's Name (Print)	Date
Parent/ Legal Guardian (Print Name)	Parent/ Legal Guardian Signature

Updated 4/1/24