

Portland Parks and Recreations
Summer Playground Program 2017
PORTLAND PARKS AND RECREATION

265 Main Street, PO BOX 71

Portland, CT 06480

www.portlandct.org

860-342-6757 or 860-342-6763 FAX

SUMMER PLAYGROUND
PROGRAM 2017

SUMMER QUEST

TEEN ADVENTURE

KIDDIE KAMP

COUNSELOR IN TRAINING

**BUILD FRIENDSHIPS, CREATE LASTING
MEMORIES, AND LEARN NEW SKILLS**

PORTLAND SUMMER QUEST PLAYGROUND PROGRAM

SOMETHING NEW EVERY WEEK, EVERY DAY

Visit Our Website
www.portlandct.org
for more information

Call Us at
860-342-6757
860-342-6763 FAX

265 Main Street, PO Box 71, Portland, CT 06480

Portland Parks and Recreation Mission Statement

The Portland Parks and Recreation Department is committed to offering diverse leisure activities to meet the interests of our citizens. Our purpose is to provide a variety of safe, affordable programs to develop personal enrichment, promote enduring friendships, accessible recreational use of the environment, and provide fitness-related activities for all age groups. In this capacity, we hope to improve the quality of life for all our residents, physically, socially, and intellectually, thereby nurturing the health and cohesiveness of our community. We try to offer something for everyone.

General Information

The regular Summer Quest and Teen session will be held: June 19th- August 11th.
Kiddie Kamp will be held: June 19th –July 28th

*No Program July 3rd or 4th

You must be a Portland Resident to attend Summer Programs.

Registration Information

- All Registrations should be submitted before June 1st to receive a camper shirt
- Registrations received after June 1st will be charged a \$25 late fee.
- Registrations will be on a first come/first served basis.
- Changes made to registration must be submitted in writing to the office at least one week before the child will be attending the program.
- **No registrations** will be taken after **noon** on Friday for the upcoming week of Summer Quest or Kiddie Kamp.
- All registrations, payments and paperwork go to the Parks and Recreation Office – Not to the Summer Playground location. Forms can be dropped off at the Parks and Recreation Office at 265 Main Street or mailed to Portland Parks and Recreation, P.O. Box 71, Portland, CT 06480

Payment Policy

- Payment for weeks 1 -4 must accompany registration
- Payment for weeks 5 – 8 must be submitted by June 30th
- Late Payment will jeopardize your child's ability to attend the program.
- Outstanding payments due to the Parks & Recreation or Youth Service Departments must be paid in full before a child can attend the Summer Programs.

Refund Policy

- Refunds will only be given for a canceled program or for a medical reason as demonstrated by a written note from a physician.
- **Once the program has started there will be no refunds given.**
- Credits or week changes will not be given due to absences or confusion as to which weeks your child was registered for.

Scholarships

- Scholarships will be awarded on a limited basis with appropriate paperwork having been submitted.
- All scholarship requests must be in by May 5th.

Our Programs

More Than Just A Summer Program

Our Portland Parks and Recreations summer programs do more than just engage in the arts, music, theater, sports, nature and reading with our dedicated counseling staff. We build friendships and memories with our campers while fostering values of respect, understanding and honesty. We are entering our fifth year at the beautiful **Portland High School and Middle School Complex** where all of our programs are located.

Summer Playground Structure

Our summer programs are broken up three sections based on age and one additional program for teens interested in learning what it is like to be a camp counselor. The next few sections provide a quick overview of each program and who they are offered to.

Kiddie Kamp

Ages 3-5

Kiddie Kamp

Kiddie Kamp or more commonly known as the “Best Camp Ever!” is so excited that summer is just around the corner! We can’t wait to see all our friends both new and old and have a blast for 5 weeks!

Another Awesome Summer!

Your children are about to embark on a fantastic summer journey! Kiddie Kamp is certain to bring lots of action-packed fun into your child’s life. Kiddie Kamp is a place where your child can have fun, be active, make new friends, discover new talents, while also working on school readiness skills. On behalf of the entire Kiddie Kamp

staff, we would like to personally extend a warm welcome to all our campers and their families!

Important Notes

- Kiddie Kamp is open to kids ages 3 to 5 (and must be toilet trained).
- Kiddie Kamp will take place summer weeks 1-6 (June 19th to July 28th).
- Week 3 – No Program July 3 and 4
- Kiddie Kamp is held from 9:00 am to 12:30 pm at the Portland High School – Pre-school Room.
- Campers must bring a snack and lunch every day.

Kiddie Kamp is Limited to 20 campers per week.

Summer Quest

Completed Grades K-5

Our dynamic Summer Quest program provides campers with a variety of physical and social activities. Throughout the summer, campers engage in whole camp and small group indoor and outdoor games. Most of our programming is based around our five specialty areas: Arts and Crafts, Music and Theater, Sports, Nature, and Reading.

We also leave time to incorporate theme activities based on the week campers join us. In the past we have painted murals, put on plays and talent shows, battled for gold in our own Olympic competitions, investigated the wildlife around us, and partnered with the Portland Public Library to earn weekly prizes as part of their reading program. We hope you join us this summer to see what else we have planned!

Teen Adventure

Completes Grades 6-8

Our most independent group! Teens will get the opportunity to spend time doing what they love to do, whether it is sports, nature, arts & crafts or other! Teens will also have chances to go off campus for fun events!

Additional Program

Completed Grades 9-10

C.I.T.s this year will learn valuable, practical skills with hands-on experience this summer. The redesigned program asks *C.I.T.s* to attend for two consecutive weeks so they can learn to engage fully with camp procedures, our staff and campers. We work on everything from teaching *C.I.T.s* about professionalism in the workplace to how to run activities for different groups of campers.

Summer Program Week Themes

		Summer Quest	Teen Adventure	Kiddie Kamp
Week 1	June 19- June 23	Summer Kick Off	Summer Kick Off	Superheroes and Princesses
Week 2	June 26- June 30	Superhero	Engineering Week	Young Picassos
Week 3*	July 5- July 7	Director's Choice	Cooking Week	Red, White, and Blue
Week 4	July 10- July 14	Olympic Week	Amazing Race	Holiday Week
Week 5	July 17- July 21	Music and Theater Week	Portland's Own "We've Got Talent"	Music and Movement
Week 6	July 24- July 28	Young Picassos	Media Frenzy	Outdoor Camping
Week 7	July 31- Aug. 4	Mad Science	Fishing Week	
Week 8	Aug. 7- Aug. 11	Last Blast!	Water Adventure	

*Short week due to Holiday

Rates & Fees

Day Camp	Time of Day	Week 1 June 19-23	Week 2 June 26- 30	Week 3 July 5 – 7 No July 3 rd or 4 th	Week 4 July 10 – 14
SummerQuest/Teen Base Camp	8:30 am - 3:30 pm	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$90	<input type="checkbox"/> \$150
SummerQuest/Teen Early Camp	7:30 am - 8:30 am	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25
SummerQuest/Teen Late Camp	3:30 pm - 5:30 pm	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$30	<input type="checkbox"/> \$50
SummerQuest Half-Day	8:30 am - 12:30 pm	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$60	<input type="checkbox"/> \$100
C.I.T. Program	8:30 am - 3:30 pm	<input type="checkbox"/> \$200		<input type="checkbox"/> \$160	
Kiddie Kamp	9:00 am to 12:30 pm	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$45	<input type="checkbox"/> \$75
* Additional Child Discounts		<input type="checkbox"/> \$10 off	<input type="checkbox"/> \$10 off	<input type="checkbox"/> \$6 off	<input type="checkbox"/> \$10 off
** Total					

Day Camp	Time of Day	Week 5 July 17 – 21	Week 6 July 24 – 28	Week 7 July 31-Aug.4	Week 8 Aug. 7-11
SummerQuest/Teen Base Camp	8:30 am - 3:30 pm	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
SummerQuest/Teen Early Camp	7:30 am - 8:30 am	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
SummerQuest/Teen Late Camp	3:30 pm - 5:30 pm	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50
SummerQuest Half-Day	8:30 am - 12:30 pm	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
C.I. T Program	8:30 am – 3:30 pm	<input type="checkbox"/> \$200		<input type="checkbox"/> \$200	
Kiddie Kamp	9:00 am to 12:30 pm	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75		
* Additional Child Discounts		<input type="checkbox"/> \$10 off	<input type="checkbox"/> \$10 off	<input type="checkbox"/> \$10 off	<input type="checkbox"/> \$10 off
** Total					

* - Additional Child Discount applies for each child after the first
Only Applies for Base Camp

** Please total each week and then calculate grand total for each child over the entire summer

Grand Total for Summer 2017
\$ _____

Our Policies

Health Exam Record Form Policy

- Your child's Health Form must accompany the Summer Playground Registrations. If it is not submitted before the start of the playground program, the child cannot attend.
- Your physician may complete a copy, or you can obtain a copy from your child's school.
- The form is good for a 3 year period. You may check to see if your child's form is on-file from last year by calling the Parks & Recreation office between 1:30 & 4:30 pm, Monday through Friday.

Medication

- Parents must fill out the Medication Authorization form.
- For all prescription medications, the Medication Administration Form must be completed and signed by the child's physician.
- All medications must be presented in their original containers.
- All medications must be administered either orally, via injection, topically or via inhalant.

Pick-up and Drop-off

- Parents & Guardians must complete a pick-up/drop off form.
- Parents are responsible for signing their child in and out of the program.
- All parents or designated representatives will be asked to provide identification.
- A note must be provided and the pickup list changed if someone not on the list will pick up the child.

Games, Toys and Electronic Devices

- Games, toys, electronic devices, and personal items of that nature are **NOT permitted at any summer program** (exception will only be made in cases accepted by the Parks and Recreation Director and/or his or her designee).
- We are not responsible for lost, stolen or damaged items.

Photos and Publicity

- Parks and Recreation Staff would like to use pictures from our summer programs in advertising materials (brochure, website, etc.)
- If you wish for your child's photo not to be used please check the appropriate section on the registration form.

Discipline

- It is our goal to make sure that every camper is safe at all times. Our policy follows three guidelines: **take care of yourself, take care of others, and take care of the things around you.**
- Disciplinary issues will be discussed with parents.
- Any violent behavior or serious breach of rules such as physical contact or threatening of other children or staff will result in suspension from Summer Playgrounds.

Questions or Concerns

Any questions or concerns, please contact the Parks and Recreation office at:

265 Main Street, PO Box 71,
Portland, CT 06480
Phone: (860)-342-6757

Registration Form

2017

Participant's Name: _____ Phone Number: _____

Street Address _____ Apt. # _____ Town: _____ Zip Code: _____

Male ___ Female ___ Date of Birth _____ School Grade as of Aug. 2017 _____

Mother's Name _____ Father's Name _____

E-Mail Address _____ E-mail Address _____

Mom's Work Phone _____ Dad's Work Phone _____

Mom's Cell Phone _____ Dad's Cell Phone _____

Weeks Attending Camp _____

Please list anyone who does not have permission to pick up your child (If this is a biological parent, a copy of the court order must accompany this form). _____

I give the Portland Parks and Recreation Dept. permission to use any photographs taken during the program to be used in any advertising, i.e. web site, program literature: Yes No

Shirt Size (Please circle) Youth: Sm. Med. Lg. Adult: Sm. Med. Lg.

Please attach the following forms to this registration page:

- | | |
|---|---|
| <input type="checkbox"/> Rates and Fees- Page 5 | <input type="checkbox"/> Authorization for Non-Prescription Medications |
| <input type="checkbox"/> Emergency Contact Form | <input type="checkbox"/> Authorization of Medications |
| <input type="checkbox"/> Pick Up List | <input type="checkbox"/> Youth Camp Health Exam Record |

Please limit one medication per page on the Authorization of Medication form. If more than one medication is to be administered please make copies and attach.

My child is in good health and has my permission to participate in this program and on field trips. I understand that various activities during camp present a risk of injury.

I have read the camp brochure including the registration and refund policies and hereby give my child permission to participate in all program activities. I also agree to provide an updated health and history form with the registration.

Parent or Guardian: _____ (Print Name) _____ (Signature) _____ (Date)

Emergency Contact Form

2017

Participant's Name _____ Date of Birth _____

Mother's Name _____ Father's Name _____

Mom's Work Phone _____ Dad's Work Phone _____

Mom's Cell Phone _____ Dad's Cell Phone _____

If a parent is not available:

Emergency Contact #1 _____ Relationship _____

Home Phone # _____ Work Phone _____ Cell Phone # _____

Emergency Contact #2 _____ Relationship _____

Home Phone # _____ Work Phone _____ Cell Phone # _____

Child's Physician _____ Phone # _____

* If there are any medical concerns or allergies that we should be aware of, please list below:

In case of an emergency, may we transport via ambulance? Please circle: Yes No

Parent or Guardian: _____ (Print Name) _____ (Signature) _____ (Date)

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 265 Main Street, PO Box 71, Portland, CT 06480
 (860)-342-6757 (860) - 342-6763 FAX

SUMMERQUEST PICK UP LIST

Please list below the individuals that are allowed to pick up your son/daughter at camp. Please realize that **we request a photo ID** for anyone picking up your child so we can ensure that your child goes home with the correct person.

CAMPER NAME+ _____
 (Please print)

- | | | | |
|-----|------------------|--------------------------|---------|
| 1. | (Name of person) | (Relationship to camper) | (Phone) |
| 2. | (Name of person) | (Relationship to camper) | (Phone) |
| 3. | (Name of person) | (Relationship to camper) | (Phone) |
| 4. | (Name of person) | (Relationship to camper) | (Phone) |
| 5. | (Name of person) | (Relationship to camper) | (Phone) |
| 6. | (Name of person) | (Relationship to camper) | (Phone) |
| 7. | (Name of person) | (Relationship to camper) | (Phone) |
| 8. | (Name of person) | (Relationship to camper) | (Phone) |
| 9. | (Name of person) | (Relationship to camper) | (Phone) |
| 10. | (Name of person) | (Relationship to camper) | (Phone) |

(Please Print)	(Please Sign)	(Date)
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Parent/Guardian Authorization for the Administration of Non-Prescription of Topical Medications by Youth Camp Personnel

To Youth Camp Director, Nurse or Teacher:

I hereby request that a staff member of the Youth Camp administer the following non-prescription topical medications to my child. I understand that I must supply the camp with the non-prescription topical medication in the original container labeled with the child's name, the name of the medication and the directions for the medication administration.

This authorization is limited to the following topical medications:

1. Non-prescription medicated powders.
2. Non-prescription insect repellants.
3. Non-prescription sunscreen lotions/sprays which are free of amino benzoic acid (PABA) or its derivatives.

Name of Child: _____ Date of Birth: _____

Address _____

Medication: Name, method of administration, area of application according to directions on the original container:

Time of administration: _____

Medication to be administered from (date) _____ to (date) _____

Reason for which medication is being administered:

I have administered at least one dose of the above medication to my child without adverse side effects.

Name of Parent/Guardian: _____ Date: _____

Signature: _____^(Print) Relationship to child: _____

Address: _____ work phone: _____ home/cell phone: _____

For Camp Staff Use:

Signature of Camp Director: _____ Date: _____

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATIONS

If a Youth Camp chooses to administer medications, the Connecticut State Law and Regulations require an authorized prescriber (M.D., P.A, APRN) or dentist's written order and parent or guardian's authorization for a nurse or camp personnel with current Medication Administration Training to administer medications. Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, authorized prescriber or dentist's name and date of the original prescription. Over the counter medication must be in the original container and labeled with the child's name.

AUTHORIZED PRESCRIBER OR DENTIST'S ORDER: Date ___/___/___

Name of Child _____ Date of Birth ___/___/___

Street Address _____ City/Town _____ State _____

Condition for which drug is being administered during camp hours _____

DRUG: Name of Drug, Dose and Method of Administration _____

Times of Administration: __, __, __ Medication shall be administered from ___/___/___ - ___/___/___

Relevant side effects to be observed, if any _____

If there are side effects, plan for management _____

Is this a controlled drug? _____

Allergies, reaction to, or negative interaction with food or drugs? If YES, list _____

The authorized prescriber's or Dentist's Name _____ Phone # (____) _____
(type or print)

Street Address _____ City/Town _____ State _____

Authorized Prescriber or Dentist's Signature _____

Authorization by Parent/Guardian for the administration of the above medication: Date: ___/___/___

I hereby request that the above medication, ordered by the authorized prescriber/dentist for my child _____, be administered by the camp personnel with current Medication Administration Training.

I understand that I must supply the Youth Camp with the prescribed medication in the original container dispensed and properly labeled by an authorized prescriber, dentist or pharmacist. Over the counter medication shall be in the original container labeled by the parent with the child's name.

I understand that this medication will be destroyed if it is not picked up within one (1) week following termination of the order.

Name of Parent or Guardian _____ Signature _____
(Print Name)

Relationship to child _____ Street Address _____

City/Town _____ State _____ Zip Code _____ Phone (____) _____

**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**
Physical Exams Are Valid For 3 Years
From Date of Last Examination

Please Return Completed Form To Parks & Recreation Office

- Camper
- Staff

Name _____ Date of Birth _____ Phone _____
Guardian _____ Address _____
Emergency Contact _____ Phone _____
Date of Arrival at Camp: _____ Departure Date _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam _____

____ May participate in all camp activities
____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription medication? YES NO
If yes, indicate prescription: _____

Does the individual have allergies? YES NO Explain: _____
Is the individual on a special diet? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Comments: _____

Print name of medical care provider: _____
Medical care provider's address: _____
Medical care provider's: City/Town _____ ST _____ Zip Code _____

Signature of Physician, APRN or AP

Date Form Signed

Telephone Number