



JACKSON COUNTY Parks + Rec

Jacomo Summer Camp 2017 PARENT PACKET

Make your day.

Submit Registration Form and Payment before completing forms in this packet.

JACOMO SUMMER CAMP CONTACT INFO

Kemper Outdoor Education Center
8201 Jasper Bell Road, Blue Springs, MO 64015
Phone: 816.229.8980 Fax: 816.224.0755
Email: kemper@jacksongov.org

Dear Parent:

We are looking forward to seeing your child this summer at the Jacomo Summer Camp! This packet contains important information you will need to assure your child is prepared for a positive experience at camp. Please read it thoroughly and call us if you have any questions.

Important Information for 2017:

Please print this letter so you can refer to it later. Parent Packet forms **MUST BE SUBMITTED 2 WEEKS PRIOR TO YOUR CHILD'S FIRST DAY AT CAMP**. You will not be able to drop your child off at camp if we have not had adequate time to process the information from these forms. **We do not accept forms brought to camp on the child's first day**. Please note that the forms in this packet are **supplemental** to your child's registration. **You must register your child and pay for each week to be guaranteed a space at Summer Camp**. Spaces fill quickly. Register early to give your child a summer they'll never forget!

CAMP NAMES: It's a tradition at the Jacomo Summer Camp for the campers and counselors to go by camp names. Please help your child pick a camp name before he/she arrives at camp. Names relating to animals, nature and the outdoors are most appropriate.

CAMP HOURS: The regular camp hours are 9:00 a.m. to 3:45 p.m. Camp activities start promptly in the morning. Please arrive on time. The bus frequently leaves for field trips right at 9:00 a.m. Please do not pick up your child before 3:30 unless absolutely necessary. Our 3:30 closing ceremony includes important announcements and reminders, as well as camper recognition and awards. If you have registered your child for extended hours, he/she may arrive as early as 6:45 a.m. and stay as late as 5:45 p.m. A fee of \$1.00 per minute will be charged for children picked up after closing time.

SIGN IN/OUT PROCEDURE: For your child's safety, we have a sign-in/sign-out procedure. Please allow yourself ten minutes extra to sign your camper(s) in each morning and ten minutes extra to sign your camper(s) out in the afternoon. If for any reason your child is not listed on the Sign-In Sheet, you will not be able to drop them off at camp until you go inside the office to resolve the issue. Please identify all persons who have permission to pick up your camper(s) by filling out the Authorized Ride/Pick-up Release Form. These will be the only people allowed to pick up your camper(s). We cannot accept additional names later that are called in by phone or sent in an email. Be sure to list your own name and anyone you may call on to pick up your child in an emergency.

REQUIRED FORMS: The following forms must be on file for every child at camp. Please complete these forms online **TWO WEEKS PRIOR TO YOUR CHILD'S FIRST DAY AT CAMP**.

- Camper Information Form
- Authorized Ride and Pick Up Release Form
- Camper Code of Conduct Agreement
- Medication Request, Authorization and Release Form (only if your child must take medication while at camp)

CODE OF CONDUCT AGREEMENT: We ask all campers and their parents to sign the enclosed Code of Conduct before coming to camp. This gives campers a better idea of what is expected of them this summer. So that you will know what you and your child can expect in return, we have included a copy of the Code of Conduct that the Camp Counselors sign upon completing training.



Frank White, Jr., County Executive

WHAT TO WEAR AND BRING: Remember that this is an outdoor program. We meet rain or shine. Please check the weather forecast each day to be sure your child is dressed appropriately. Refer to the enclosed “Checklist” for items to bring each day. Please clearly print your child’s name on absolutely everything he/she wears or brings to camp. We need all parents to check the camp Lost and Found shelves at least once a week to claim your child’s property.

REFUND POLICY: If you cancel 30 days or more in advance of your camp start date, 85% of your fees will be refunded. If you cancel less than 30 days in advance, 75% of your fee will be refunded IF we can fill the space from our waiting list.

TRANSFERS: If you transfer your child to a different week of camp, there will be a \$15 transfer fee.

To ensure your child a space at camp, please use one of our Six Easy Ways to Enroll.

6 EASY WAYS TO ENROLL

<p>ON-LINE (the fastest way to reserve a space) At www.makeyourdayhere.com/daycamp Click on Online Registration</p>	<p>BY MAIL Make checks payable to JCPR and mail to: Jacomo Summer Camp 8201 Jasper Bell Road, Blue Springs, MO 64015</p>
<p>BY FAX MasterCard, Visa and Discover customers Fax to (816) 224-0755. Please call (816) 229-8980 after transmission to verify receipt of a legible form.</p>	<p>BY DROP BOX Drop your re-enrollment form and check/credit card number in the <i>locked drop box</i> just inside the Kemper gate. NO CASH PLEASE! <i>(Do not use the U.S.P.O. Mail box.)</i></p>
<p>BY PHONE MasterCard, Visa and Discover customers (816) 229-8980 Mon-Fri 8:00 a.m. - 4:00 p.m.</p>	<p>IN PERSON At Kemper Outdoor Education Center Office Monday –Friday 8:00 a.m. to 4:00 pm</p>

EMERGENCIES: In case of an emergency, you may reach your child or the camp staff by calling the Kemper Outdoor Education Center at **(816) 229-8980**. After-hours calls (**emergency only**) can be directed to the Ranger Station at (816) 503-4890.

Thanks for choosing the Jacomo Summer Camp. We’ll make this a summer your kids will never forget.

Sincerely,

Marty Swindell

Marty Swindell
Outdoor Education Supervisor

Household Number _____

Jackson County Parks + Rec Jacomo Summer Camp 2017

Please complete a separate form for EACH CHILD ATTENDING CAMP.

Camper Information Form

PLEASE PRINT

Camper's Full Name _____ Birth Date _____ Age _____ Male /Female _____

Address _____

City _____ State _____ Zip _____

School _____ School District _____ Grade in September 2016 _____

PRIMARY LEGAL GUARDIAN to contact regarding registration, payments, problems, behavior issues:

First Name	Last Name	Relationship to Child	Email Address
Home Phone #	Work Phone #	Cell/Other #	

ALTERNATE GUARDIAN to contact if primary legal guardian cannot be reached:

First Name	Last Name	Relationship to Child	Email Address
Home Phone #	Work Phone #	Cell/Other #	

EMERGENCY CONTACTS

In case of emergency, if the guardians listed above cannot be reached, give name and number of two other relatives who can be reached by phone.

Name	Relationship	Home Phone #	Work Phone #	Cell/Other #
Name	Relationship	Home Phone #	Work Phone #	Cell/Other #

Child's Doctor (for emergency contact only) _____ Phone # _____

PERMISSION SLIP, AGREEMENT TO HOLD HARMLESS, WAIVER, ASSUMPTION OF RISK & TALENT RELEASE

I give my permission for (child's full name) _____ to attend the Jacomo Summer Camp and to participate in all the activities of said program. I affirm that this child is in good physical condition and will abide by the rules, regulations and decisions of the camp. I authorize the employees of Jackson County Parks + Rec to administer emergency first aid treatment and to transport him/her to the hospital if deemed advisable by the person in charge. I further authorize the physician(s) to provide treatment for this child if I cannot be contacted by telephone in the event of an accident or illness. I understand that attendance at the Jacomo Summer Camp is not without risk to my child, even when the program is conducted with the greatest amount of care. In case of accident, injury or loss, I hereby waive and release Jackson County, Missouri and all elected or appointed officials, employees, instructors and volunteers of Jackson County, and any other persons in any other way connected with the Jacomo Summer Camp from any and all liability of any nature for injury or damage resulting from my child's attendance at the Jacomo Summer Camp, and I expressly assume the risk of such damage or injury while my child attends any function of the Jacomo Summer Camp. I hereby give Jackson County and its legal representatives and assigns, permission to use this child's name, face, likeness or voice in still photographs, recordings and video footage for use in brochures, flyers, newspaper articles, television, radio, or any other media without compensation for the purpose of promoting the Jacomo Summer Camp and other Jackson County Parks + Rec programs and facilities. I hereby release, discharge and agree to save Jackson County, its legal representatives and assigns from any liability as a result of any optical or audio distortion, blurring, alteration, optical illusion or use in composite form either intentionally or otherwise which may be produced.

Signature of Parent or Legal Guardian _____ Date _____

By submitting this form electronically, with my electronic signature, I agree to conduct this transaction by electronic means per Section 432.230 of the Revised Statutes of Missouri.

Household Number

2017 Camper Information Form—Page 2

Please complete a separate form for EACH CHILD ATTENDING CAMP.

HEALTH INFORMATION

Please complete a separate form for each child

Child's Name: _____

Please circle yes or no to each question below. Any question marked yes must be explained below. Continue explanation on the back of this form if additional space is required.

1) Is there any allergy which might affect your child at camp? YES NO
If yes, describe below the sources, symptoms, recommended care.

2) Does your child have an unusual susceptibility to poison ivy? YES NO
If yes, describe below the past symptoms and recommended care.

3) Has your child recently been exposed to any communicable disease? YES NO
If yes, name below the disease, give date of exposure, and describe any symptoms.

4) Will your child be on any medication while attending camp? YES NO
If yes, name the medication and complete the Medication Request, Authorization & Release Form.

5) Does your child have a physical condition or limitation of which the staff should be aware? YES NO
If yes, describe below the condition, precautions and instructions to the staff.

6) Any other precautions? Describe below. YES NO

7) Does your child exhibit behavior or discipline problems? YES NO
If yes, describe problem and recommended ways staff may effectively control problem behavior.

8) Has your child been vaccinated for measles? YES NO

9) Date of last tetanus shot: _____

Explanations (Please give details on all questions above with a "YES" answer):

Attach an additional sheet if needed.

Household Number

Jackson County Parks + Rec
Jacomo Summer Camp 2017

AUTHORIZED RIDE, PICK-UP RELEASE

Please list the people you authorize to pick up your child(ren) from Jackson County Parks + Rec Jacomo Summer Camp. **Remember to include yourself and all parents, carpool drivers, older siblings who drive and any neighbors, relatives or co-workers you may ask to pick up your child in an emergency.** No notes will be accepted from parents or campers. You will not be able to add a name to this list by phone or email. If you need to add or delete a name on this list, a new form may be completed at the summer camp business office or sent to the business office by fax. Identification will be required from individuals picking up children.

Campers' Full Name:

1. _____
First Name Middle Initial Last Name
2. _____
First Name Middle Initial Last Name
3. _____
First Name Middle Initial Last Name

PERSONS AUTHORIZED TO PICK UP CHILD(REN) LISTED ABOVE:

Be sure to list YOURSELF, other family members and anyone you may ask to pick up your child in an emergency.

1. _____
YOUR First Name YOUR Last Name
Phone: Day _____ Home _____ Cell/Other _____
2. _____
First Name Last Name
Phone: Day _____ Home _____ Cell/Other _____
3. _____
First Name Last Name
Phone: Day _____ Home _____ Cell/Other _____
4. _____
First Name Last Name
Phone: Day _____ Home _____ Cell/Other _____
5. _____
First Name Last Name
Phone: Day _____ Home _____ Cell/Other _____
6. _____
First Name Last Name
Phone: Day _____ Home _____ Cell/Other _____

Signature of Parent/Guardian

Date

By submitting this form electronically, with my electronic signature, I agree to conduct this transaction by electronic means per Section 432.230 of the Revised Statutes of Missouri.

Household Number _____

Jackson County Parks + Rec
Jacomo Summer Camp 2017

Please complete a separate form for EACH CHILD ATTENDING CAMP.

Medication Request and Authorization Form

(For children who must take their medication while at Jacomo Summer Camp)

ALL MEDICATION MUST BE IN ORIGINAL BOTTLES WITH CORRECT LABELING. Medications must be checked in at the Kemper Outdoor Education Office.

Child's Full Name _____ Age _____

Name of Medication _____

For What Condition _____

Side Effects _____

Precautions _____

Name of Doctor prescribing medication _____

Doctor's phone number _____ Pharmacy phone number _____

Does camper need to take medication during camp hours? YES NO

Days (M, T, W, TH, F) _____ Times _____ Dosage _____

Name of Parent/Legal Guardian _____

Request, Authorization & Release for Child Requiring Medication at Day Camp

I have read and understand Jackson County Parks + Rec's policy on dispensing medication at the Jacomo Summer Camp. As I have no other alternative than to have my child, named above, take his/her medicine while at camp, I hereby request and authorize the staff of the Jacomo Summer Camp to store my child's prescription medication, described above, and to supervise my child taking this medication. I understand that under no circumstance shall the medication be in the possession of the child. I also understand that no member of the Jacomo Summer Camp staff is a physician, nurse or pharmacist and I accept full responsibility for this request and authorization. I will provide all medication in the original pharmacy labeled bottles. I will be responsible for ensuring the summer camp staff has an adequate supply of the medication on hand at all times, and I will take back any leftover medication on my child's last day at camp. Medications not claimed within 30 days of the last camp date will be given to the police department for disposal.

Signature: _____ **Date:** _____

By submitting this form electronically, with my electronic signature, I agree to conduct this transaction by electronic means per Section 432.230 of the Revised Statutes of Missouri.

Jacomo Summer Camp 2017

Code of Conduct for Campers

- I will show respect to all participants of Jacomo Summer Camp. This includes all campers, counselors and any Jackson County staff.
- I will respect all living things and the natural environment.
- I will always stay with my counselor and my unit (group).
- I will listen to my camp counselors and follow their directions.
- I will use the Buddy System when on hikes and field trips, or when traveling to and from the restroom. I will pick a buddy to stay with. I will keep track of where my buddy is and always let my buddy know where I am. I will tell a Counselor if I lose my buddy.
- I will remember that trees are for hugging not climbing.
- I will not call anyone names or say things that make anyone feel bad.
- I will be careful not to hurt anyone or anyone's feelings.
- I will not use bad words at camp. If I use curse words, I understand my parents will be called. The second time I use curse words I will be expelled from camp for the summer.
- I will only shake hands; fighting is not allowed and will get me sent home. If another camper is bothering me, I will tell a Counselor. I will also tell a Counselor if I see another child being bullied.
- I will wear athletic shoes everyday (never sandals or flip flops) and clothes that can get dirty.
- I will remember to bring my lunch everyday.
- I will keep my belongings in my duffel or backpack and check the lost and found for missing items.
- I will help around the camp when asked.
- I will not bring electronics to camp (CD, DVD or MP3 players, hand held games, cellular phones, etc.).
- I will not bring cards to camp (playing cards, game cards or trading cards).
- For my safety, I will not leave the camp without an adult.
- I will stay in my assigned unit unless the Camp Director moves me to another unit.
- I will not litter. I will place all trash in the trash can and all recyclable items in the recycling bins.
- I will be careful with camp equipment and supplies, and I will help put things away when we are done with them.
- I will stay seated on the bus.
- I will not take things that do not belong to me. I will not open, borrow, break, hide, use or eat anyone's property without asking their permission first.
- I will not go to any off-limits area without an adult. This includes the pool, fishing pond, garden ponds, nature center, craft cabin, archery range and the trails.
- I will not go in the barn without permission of a Camp Counselor.
- I will participate in all activities planned for my group.
- I will not waste my time at camp (or everyone else's) by being grumpy or whiny.
- I will have fun this summer!

AGREEMENT

I have read and understand this Code of Conduct. It is out of respect for myself, and others that I agree to abide by these rules. I understand that if I violate these rules, I may be denied the privilege of participating in the Jacomo Summer Camp activities and I may be asked to leave the Jacomo Summer Camp by the Jackson County staff.

<u>Camper's Full Name PRINTED</u>	<u>Camper's Signature</u>	<u>Date</u>
1 st Child _____	_____	_____
2 nd Child _____	_____	_____
3 rd Child _____	_____	_____
Parent/Guardian Name PRINTED _____		
Parent/Guardian's Signature _____		Date _____

Jacomo Summer Camp

Code of Conduct for Counselors

As a Jacomo Summer Camp Counselor, I will:

- ☑ Treat all participants and staff members with dignity, respect, and courtesy at all times.
- ☑ Set an example and be a positive role model for the children.
- ☑ Make all campers feel welcome and good about themselves.
- ☑ Participate with the campers in all activities and maintain visual supervision of them at all times (except in restrooms and changing rooms) during camp hours and extended hours.
- ☑ Do my absolute best to make sure the children have a positive experience at camp. I will provide them with appropriate, educational and challenging activities. I will make camp fun for them.
- ☑ Be fair with all the campers and not show favoritism.
- ☑ Focus my attention on the campers at all times and not visit with other counselors.
- ☑ Keep the safety of the campers uppermost in importance in all activities, warning the campers of dangers, correcting hazardous conditions when possible, taking necessary precautions to safeguard the campers, and reporting unsafe conditions, areas and equipment promptly to the Supervisor.
- ☑ Inform children of camp rules and I enforce those rules.
- ☑ Stop rowdiness and rough play.
- ☑ Never discuss my personal matters with or in front of the campers.
- ☑ “Count noses” regularly. I will conduct a role call whenever the campers board a bus or leave an activity away from camp.
- ☑ Require the campers to use the “Buddy System.”
- ☑ Strive for excellence in my work.
- ☑ Regularly double-check all my own work, and invite others to do so. I will listen to others’ suggestions or directives with an open attitude, and willingly make changes that will improve the quality of my work.
- ☑ Follow all procedures which are stated in the JSC staff manual.
- ☑ Work as a team member along with my fellow Jacomo Summer Camp staff members.
- ☑ Not smoke or use tobacco products during work hours or on the camp premises.
- ☑ Not use illegal drugs while I’m a member of the Jacomo Summer Camp staff, even when off duty.
- ☑ Not use alcohol during work hours or on the camp premises or report to work under the influence of alcohol. I will submit to additional drug and alcohol tests whenever requested.
- ☑ Report to work on time and leave at my designated time. If I am unable to attend work I will call the Supervisor by the appropriate time.
- ☑ I will not write on any other staff member’s time sheet or ask any other staff member (other than the Supervisor) to write on mine.
- ☑ Work for the 10 weeks required by this position (unless I’ve made other arrangements prior to my employment with the Outdoor Education Supervisor).
- ☑ Attend the weekly mandatory staff meetings and any other meetings that are required of me.
- ☑ Conduct myself at all times as a professional and a representative of Jackson County.
- ☑ Communicate with parents in a courteous, professional manner, but refer all inquiries, requests, suggestions and complaints to the Outdoor Education Supervisor so that I can continue to focus my full attention on the campers.
- ☑ Report all accidents, incidents and potential problems according to County policy.

Jacomo Summer Camp

CHECKLIST – WHAT TO BRING

**TWO WEEKS
IN ADVANCE**

- Camper Information Form
- Ride Authorization Form
- Medication Form (if needed)
- Code of Conduct Agreement

LUNCH SUGGESTIONS

Test your child's insulated lunch box or lunch bag to make sure it will keep food cold all day.

Pack high protein lunches and snacks for all-day energy. Avoid sugary desserts, drinks and snacks that spike and then drop your child's energy level.

Here are some healthy ideas:

- Sandwiches made with home-cooked meat and whole grain bread.
- Peanut butter or nut butter
- Cheese cubes or slices
- Whole grain crackers
- Fresh fruit—whole, sliced, or cut up
- Dried fruit
- Fruit & nut bars
- Berries
- Sliced or cut up vegetables
- Lightly salted nuts
- Yogurt (low fat, low sugar)
- Homemade Jell-O cups with fruit or veggie cubes
- Whole grain baked chips or pretzels

EVERY DAY

- Medication (if needed)-Dropped off in Kemper Office
- Wear shorts and T-shirt
(Clothes that can get dirty)
- Wear Athletic shoes – Ones that can get wet & dirty!
NO sandals; NO flip-flops; NO open toes or open heels
- Sunscreen (minimum SPF 15) containing avobenzene, parsol 1789, titanium dioxide or zinc oxide.
Select a spray bottle if your child will need help applying it.
- Swim Suit (The 6-7 year old campers should wear theirs to camp under their clothes.)
- Towel
- Water shoes or old tennis shoes (for boating/wading)
- Jacket or Sweatshirt (for cool mornings)
- Rain Jacket (when rain is in forecast)
- LUNCH (Non-perishable or brought in a mini-cooler)
- Refillable water bottle (with your child's name on it; make it easy to carry by adding a strap). Kool-Aid is provided at lunch.
- Healthy Snacks
- Child-Safe Insect Repellent

*Please be sure to label **EVERYTHING** that goes to camp with the child's full name.
Check our lost and found when belongings don't make it back home.*

DO NOT BRING:

- ⊗ Radios/CD, DVD or MP3 Players, Headphones, etc.
- ⊗ Video Games ⊗ Cell Phones ⊗ Other Electronics
- ⊗ Playing Cards/Trading Cards/Game Cards
- ⊗ Clothes or Shoes that can't get dirty, wet or muddy
- ⊗ Sandals or Flip-Flops ⊗ Valuables

JCP+R and its staff members cannot be responsible for lost, stolen or damaged items.