



Make your day.

Jacomo Summer Camp JACKSON COUNTY Parks + Rec 2020 PARENT PACKET

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

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

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 2020:

Please print this letter so you can refer to it later. Parent Packet forms **MUST BE SUBMITTED by 5pm on Friday, May 1st**. 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. 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 by 5pm on Friday, May 1st.

- Camper Information Form (including health information and agreement)
- 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 While, 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.

CAMP SHIRTS: Camp shirts are required to be worn on field trips. Every child registered for camp will receive 1 shirt that you can pick up at parent meet and greet on May 28th or on your child's first day of camp. If you would like to purchase additional shirts, please order online before May 1 or call the office. A limited selection of additional shirts will be available for purchase at the Kemper Outdoor Education Center's front office. **SHIRTS MUST BE WORN ON FIELD TRIPS!**

MEET & GREET: The Meet & Greet Night is scheduled for Thursday, May 28th from 6pm to 7pm. This will give campers and parents or guardians a chance to tour the grounds and meet the Camp Counselors.

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 \$20 transfer fee.

To ensure your child a space at camp, please make sure you enroll early!

ON-LINE (the fastest way to reserve a space)

At www.makeyourdayhere.com/daycamp

Click on Online Registration

BY MAIL

Make checks payable to **JCPR** and mail to:

Jacomo Summer Camp

8201 Jasper Bell Road, Blue Springs, MO 64015

BY FAX

MasterCard, Visa and Discover customers

Fax to (816) 224-0755.

Please call (816) 229-8980 after transmission to

PLEASE! verify receipt of a legible form.

BY DROP BOX (Do not use the U.S.P.O. Mail box.)

Drop your re-enrollment form and check/credit

card number in the locked drop box just inside

the Kemper gate. **NO CASH**

BY PHONE

MasterCard, Visa and Discover customers

(816) 229-8980

pm Mon-Fri 8:00 a.m. - 4:00 p.m.

IN PERSON

At Kemper Outdoor Education Center Office

Monday —Friday 8:00 a.m. to 4:00

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 ext. 101 for the front office or ext. 102 for Camp Director.** After-hours calls (**emergency only**) can be directed to the Ranger Station at (816) 503-4890.

Thanks for choosing the Jacomo Summer Camp. Well make this a summer your kids will never forget.
Sincerely,

Sarah Gauld

Kemper Outdoor Education Supervisor

If 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

Please complete a separate form for EACH CHILD ATTENDING CAMP

Household number: _____
Office use only

Jackson County Parks + Rec Jacomo Summer Camp 2020 CAMPER INFORMATION FORM

PLEASE PRINT

Camper's Full Name _____ Birth Date _____ Age _____ Male/Female _____
Address _____ Shirt Size _____
City _____ State _____ Zip _____
School _____ School District _____ Grade in September 2019 _____

PRIMARY LEGAL GUARDIAN - Who we contact regarding registration, payments, problems, behavior issues

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

ALTERNATE GUARDIAN - Who we can contact if we cannot reach the Primary Legal Guardian.

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

EMERGENCY CONTACTS – IF the guardians listed above cannot be reached, list the name & number of other contacts we may call in case of an emergency.

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, ASSUMPTION OF RISK
AND PUBLICITY AND TALENT RELEASE**

I give my permission for _____ 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 + Recreation 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 Day 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 my child's name, face, likeness or voice in still photographs, recordings and video footage for use in brochures, fliers, 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 _____

If 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: _____
Office use only

Please complete a separate form for EACH CHILD ATTENDING CAMP

Jackson County Parks + Rec
Jacomo Summer Camp 2020
CAMPER HEALTH INFORMATION FORM

Please select yes or no to each question below. Describe the condition and any instructions, medications, recommendations, precautions. The explanation can be continued on the back of this form if additional space is required.

Child's Name _____

YES NO Are there any allergies which might affect your child at camp? _____

YES NO Does your child have an unusual susceptibility to poison ivy? _____

YES NO Has your child recently been exposed to any communicable disease? _____

YES NO Will your child be on any medication while attending camp? _____

If yes, name the medication and complete the Medication Request, Authorization & Release Form.

YES NO Does your child have a physical condition or limitation of which the staff should be aware? _____

YES NO Any other precautions? _____

YES NO Does your child exhibit behavior or discipline problems? _____

If yes, describe problem and recommended ways staff may effectively control problem behavior. (more space below)

YES NO Has your child been vaccinated for measles? Date of last tetanus shot: _____

Please provide information for anything not covered by the above questions or use the space provided to add details if needed.

Attach an additional sheet if needed.

Household number: _____

Office use only

Please complete a separate form for
EACH CHILD ATTENDING CAMP

Jackson County Parks + Rec
Jacomo Summer Camp 2020
AUTHORIZED RIDE, PICK-UP RELEASE

Please list the people you authorize to pick up your child 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

1. _____ Phone: Day _____
YOUR First Name YOUR Last Name Home _____
Cell/Other _____

PERSONS AUTHORIZED TO PICK UP CHILD LISTED ABOVE:

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

2. _____ Phone: Day _____
First Name Last Name Home _____
Cell/Other _____

3. _____ Phone: Day _____
First Name Last Name Home _____
Cell/Other _____

4. _____ Phone: Day _____
First Name Last Name Home _____
Cell/Other _____

5. _____ Phone: Day _____
First Name Last Name Home _____
Cell/Other _____

6. _____ Phone: Day _____
First Name Last Name Home _____
Cell/Other _____

Signature of Parent/Guardian

Date

Household number: _____
Office use only

Jackson County Parks + Rec
Jacomo Summer Camp 2020
MEDICATION REQUEST/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:** _____

Jackson County Parks + Rec
Jacomo Summer Camp 2020
CODE OF CONDUCT FOR CAMPERS

Behavior Guidelines:

- Show respect to all participants of Jacomo Summer Camp. This includes all campers, counselors and any Jackson County staff or volunteers.
- Be responsible for your words and actions.
- Listen to camp counselors, camp staff and volunteers and follow their directions.
- Leave all electronic devices at home such as iPods, hand held computer games, MP3 players, and cell phones. (A parent/guardian must seek permission from the camp director in order for the camper to be able to carry a cell phone for emergencies).

Prohibited Behaviors:

- Endangering the health and safety of themselves, other campers, and/or staff or volunteers.
- Stealing, damaging, or failing to care for Jacomo Summer Camp equipment, other participants' equipment or their own personal property.
- Continual disruption of the program or lack of participation.
- Refusal to follow the behavior guidelines or listen to counselors.
- Inappropriate physical contact.
- Using profanity or inappropriate language or displaying clothing or personal items with offensive content.
- Bullying or acts of aggression or violence.
- Possession or use of illegal substances, tobacco, or alcohol.
- Possession of weapons – any object that may cause harm to another or place another person in fear of his/her safety may be considered a weapon.

Steps Taken for Failure to Follow These Behavior Guidelines:

- Counselor will redirect the camper to a more appropriate behavior.
- The camper will be reminded of the behavior guidelines.
- If the behavior persists, staff will discuss the problem with a parent/guardian and may remove the camper from the activity.
- The staff will document the situation. The written documents will include what the behavior problem is, what provoked the problem, and the corrective action taken.
- If the problem persists to the point where a second phone call becomes necessary, the Camp Director will be notified and may find it necessary to have the camper picked up early from camp.
- If a camper's behavior at any time threatens the immediate safety of him/her, other campers, or staff, the parent/guardian will be notified and expected to pick up the child immediately.

Failure to comply with the Code of Conduct may result in removal from the program and/or additional fees. There will be no refunds given for campers removed from the program due to violations of the Code of Conduct.

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

Jackson County Parks + Rec
Jacomo Summer Camp 2020
CHECKLIST – WHAT TO BRING

*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.*

WHAT IS NEEDED 2 WEEKS PRIOR TO START OF CAMP:

- Camper Information Form
- Ride Authorization Form
- Medication Form (if needed)
 - Medications need to be dropped off at the Kemper Front Office
- Code of Conduct Agreement

WHAT TO BRING/WEAR TO CAMP:

- Wear shorts and T-shirt (Clothes that can get dirty)
- Wear Athletic shoes (Ones that can get wet & dirty) and bring water shoes (for boating/wading)
 - NO sandals; NO flip-flops; NO open toes or open heels
- Sunscreen (minimum SPF 15)
 - Select a spray bottle if your child will need help applying it
- Swim Suit and towel (bring to camp, except for 6 & 7 year olds which need to wear under their clothes and can change out of after water activities)
- 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)
- Healthy Snacks
- Child-Safe Insect Repellent
- A book bag/ bag to keep all personal items in

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/nut butter
- Cheese cubes or slices
- Whole grain crackers
- Fresh fruit (whole, sliced, or cut up) or 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

DO NOT BRING:

- ⊗ Radios/CD, DVD or MP3 Players, Headphones, etc.
- ⊗ Video Games
- ⊗ Cell Phones
- ⊗ Other Electronics
- ⊗ Valuables

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