

# Camp Pilot Mountain – 2010

Grades K – 7

(Please complete both sides)

Child's/Youth's Name \_\_\_\_\_ Shirt Size \_\_\_\_\_

Grade ("09-10") \_\_\_\_\_ Age \_\_\_\_\_ Siblings \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please complete both sides of form and return to the Armfield Civic Center. Parents/guardians please pay for following fees when turning registration form in: the program registration fee, the first week of Camp fees, and the reservation fees for additional weeks.

**Fees will need to be paid participants to be officially enrolled in CPM and spot guaranteed.**

**\$95.00 Summer Membership** (required for Camp participant to get member rates) **\$95.00** \_\_\_\_\_

**\$25.00 Registration Fee** (non-refundable – Required for all CPM participants) **\$25.00** \_\_\_\_\_

### 1<sup>st</sup> Week of Camp Fees

- \$75 weekly fees – Members **\$75.00** \_\_\_\_\_
- \$110 weekly fees - Potential Members **\$110.00** \_\_\_\_\_

### Additional Children \$5 Discount

 (additional children will need to have own paperwork)

- \$70 weekly fees - (members only) **\$70.00** \_\_\_\_\_
- \$105 weekly fees - ( Potential members ) **\$105.00** \_\_\_\_\_

**\$15 Reservation Fee for 7 additional week's child/youth plans to attend Camp** **\$105.00** \_\_\_\_\_

The reservation fee is non-refundable and will be applied towards Camp weekly fees.

**Parents/guardians must reserve and pay for at least nine weeks of Camp.**

Please check weeks child/youth will be attending camp ( 8 weeks required )

\_\_\_ Wk. 1- June 14 – June 18    \_\_\_ Wk. 2- June 21 – June 25    \_\_\_ Wk. 3- June 28 – July 2

\_\_\_ Wk. 4- July 5 – July 9    \_\_\_ Wk. 5- July 12 – July 16    \_\_\_ Wk. 6- July 19 – July 23

\_\_\_ Wk. 7- July 26 – July 30    \_\_\_ Wk 8- Aug 2 – Aug 6    \_\_\_ Wk. 9- Aug 9 – Aug 13

\_\_\_ Wk. 10- Aug 16 – Aug 20



Camp weeks are based on the Surry County School's schedule and are subject to change.

**\*Two week notice must be given in writing to Jay Yopp if there is a need to change weeks.**

**Total Due:** \_\_\_\_\_

**Office Use Only**-Please make copy of check and staple to receipt and put to Tina Tilley's attention

Reg. Date _____	Re. # _____	Ck. # _____	Item # <u>231</u>	Staff _____
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### Child/Youth's Application

To be completed and placed on file with registration form

Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_  
(Last) (First) (MI) (Nickname)

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

#### INFORMATION ABOUT THE FAMILY:

Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

#### INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: No \_\_\_\_\_ Yes \_\_\_\_\_ Explain: \_\_\_\_\_

Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes): \_\_\_\_\_

#### EMERGENCY CARE INFORMATION:

Child/Youth's Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Child/Youth's Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

If you cannot call for your child, please give the names of persons to whom the child can be released: \_\_\_\_\_

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event neither I nor the family physician can be contacted immediately.

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate rest and outdoor play.

\_\_\_\_\_  
(Signature of Operator)

\_\_\_\_\_  
(Date)



### Emergency Care Information

**Child/youth's name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
Last first Middle Initial

**Home Address** \_\_\_\_\_  
Street/PO Box Town State Zip Code

**Parents/guardian's name** \_\_\_\_\_

**Phone numbers: Home** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**Parents/guardian's name** \_\_\_\_\_

**Phone numbers: Home** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

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**Person to be notified in emergency situation when parent/guardians are not available**

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_  
Last first Middle Initial

**Home Address** \_\_\_\_\_  
Street/PO Box Town State Zip Code

**Phone numbers: Home** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

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**Person child/youth may be released to other than parent**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

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**Emergency Treatment and Transportation:**

I hereby give permission to the Edward M. Armfield, Sr. Civic and Recreation Center to secure emergency medical, dental, and/or emergency surgical treatment and to provide emergency transportation for the above named minor child/youth while in care.

**Parent/guardian signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical Information**

**Continuous Medications** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Health Conditions** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Medical Care Information**

**Physician or Health Clinic** \_\_\_\_\_

**Office Hours** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street/PO Box City State Zip Code

**Dentist** \_\_\_\_\_

**Office Hours** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street/PO Box City State Zip Code

**Hospital / Health Clinic** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street/PO Box City State Zip Code

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**Insurance Information**

**Health Insurance Policy Name** \_\_\_\_\_

**Health Insurance Policy Number** \_\_\_\_\_

## Release for Emergency Care

I hereby give my consent to any emergency facility and physician to administer the necessary treatment for my child, \_\_\_\_\_ in the event of an emergency at which time I cannot be reached. I give my consent to Transport by ambulance if needed.

\_\_\_\_\_  
(Family Physician Name)

\_\_\_\_\_  
(Phone Number)

**Allergies:** \_\_\_\_\_

**Date of last DTP Tetanus:** \_\_\_\_\_

**Insurance Company covering child:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Photo and Video Release Form

I give my consent to the Armfield Civic Center School Age Care Program, Staff or its assignees to record or photograph my child/youth's image to be used for display at the Armfield Civic Center. I understand that no personal information about myself or my family, such as name, age or address, will be used with any photo or video.

I give my permission to the Armfield Civic Center School Age Car Program to use such images without any expectation of compensation.

Child/Youth: \_\_\_\_\_  
Please Print

Parent/Guardian: \_\_\_\_\_  
Please Print

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian must sign here if subject is under age 18.)

Telephone: wk \_\_\_\_\_ hm/cell \_\_\_\_\_

# Parent's/Guardian's Statement of Understanding

The Edward M. Armfield Sr., Civic and Recreation Center takes seriously the importance of your child's/youth's well-being while participating in our programs. Please read the following information which is important for the safety and protection of your child/youth.

- I understand that I am not to leave my child at the Armfield Civic Center or Camp Pilot Mountain site outside camp operating hours which are 6:45 am until 6:00 pm and only when a staff member is there to supervise my child/youth.
- I understand that my child/youth will not be allowed to leave Camp Pilot Mountain with an unauthorized person or staff. Any person authorized to pick up my child/youth must be listed with the Camp and must have appropriate ID at time of pick up. Arrangements must be made in person prior to the pick up time. Parents/Guardians can inform a Camp Director or a call may be placed to the Family Services Supervisors if an emergency arises during the program.
- I understand that the Armfield Civic Center is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that I will be charged a "late fee" if I pick my child/youth up after the agreed upon stated time.
- I understand that I am obligated to reserve and pay for seven weeks of camp and that deposits paid on more than seven weeks are non-refundable should my child/youth not attend. I also understand that a \$10 late fee will be added on any Camp fees paid late.
- I understand that any participation by an Armfield Civic Center staff member in activities with children/youth outside approved Armfield Civic Center activities will not be considered as functions of an employee of the Edward M. Armfield Sr., Civic and Recreation Center. Anyone associated with the Edward M. Armfield Sr., Civic and Recreation Center cannot be held responsible for any adverse action, conduct or misbehavior that may arise from the association of any employee with children/youth outside Armfield Civic Center approved programs.

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Parent/Guardian Signature

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Date

I have received and reviewed with the Family Services Supervisor Camp Pilot Mountain's parent handbook.

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Parent/Guardian Signature

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Date

## Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this program will practice the following discipline and behavior management policy?

We:

1. DO praise, reward, and encourage children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to the children on their level
11. DO use short supervised periods of "time-out."
12. DO stay consistent in our behavior management program.

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse children.
3. DO NOT shame or punish the children when bathroom incidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families or ethnic groups.

If a child's behavior becomes disruptive, the counselor in charge will ask the child to discontinue the behavior. If behavior continues, Camp Pilot Mountain's discipline policy will be enforced.

I the undersigned parent or guardian of (child/youth's full name) \_\_\_\_\_, do hereby state that I have read and received a copy of the Camp Pilot Mountain's Discipline and Behavior Management Policy and that the Armfield Civic Center's Program Director or Camp Pilot Mountain Coordinator (or other designated staff member) has discussed Camp Pilot Mountain's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: \_\_\_\_\_

Signature of Parents or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Distribution: one copy to parent (s), signed copy in child's day camp.

# Swimming and Activities Out Side the Fence Authorization

I, \_\_\_\_\_ parent/guardian of  
(name of parent/guardian)

\_\_\_\_\_ give my permission for my child/youth to  
(name of child/youth)

participate in swimming activities through the school age care program at the  
EDWARD M.ARMFIELD, SR. CIVIC and RECREATION CENTER.

I understand that the facility's pool meets the "Rules Governing Public  
Swimming Pools" and that all aquatic activities follow the guidelines set by Division  
of Child Development. I understand that I will also be informed of when swimming  
activities will be scheduled.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

**This authorization is valid thru August 31, 2010.**

If the Armfield Civic Center's Camp Pilot Mountain program has planned activities (use of the playground area)  
outside the designated fenced play area (baseball field),

\_\_\_\_\_ I will allow my child/youth to play outside the fenced area; or

\_\_\_\_\_ I will not allow my child/youth to play outside the fenced area.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

**This authorization is valid thru August 31, 2010.**

# Student Medical Report

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_

## A. Medical History (May be completed by parent)

1. Is the child allergic to anything? No\_\_ Yes\_\_ If yes, for what reason? \_\_\_\_\_

2. Is the child currently under a doctor's care? No\_\_ Yes\_\_ If yes, for what reason? \_\_\_\_\_

3. Is the child on any continuous medication? No\_\_ Yes\_\_ If yes, what? \_\_\_\_\_

4. Any previous hospitalizations or operations? No\_\_ Yes\_\_ If yes, when and for what? \_\_\_\_\_

5. Any history of significant previous diseased or recurrent illness? No \_\_\_\_\_ Yes \_\_\_\_\_

Diabetes No \_\_\_\_\_ Yes \_\_\_\_\_

Convulsions No \_\_\_\_\_ Yes \_\_\_\_\_

Heart trouble No \_\_\_\_\_ Yes \_\_\_\_\_

If others, what/when? \_\_\_\_\_

6. Does the child have any of the following?

Physical Disabilities No \_\_\_\_\_ Yes \_\_\_\_\_

Mental Disabilities No \_\_\_\_\_ Yes \_\_\_\_\_

If so, please describe: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**B. Physical Examination** This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N.C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program.

Height \_\_\_\_\_ % Weight \_\_\_\_\_ % Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_

Teeth \_\_\_\_\_ Throat \_\_\_\_\_ Neck \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Abd/GU \_\_\_\_\_

Ext \_\_\_\_\_ Neurological System \_\_\_\_\_ Skin \_\_\_\_\_

Results of Tuberculin Test, if given: Type \_\_\_\_\_ Date \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

Should activities be limited? No\_\_ Yes\_\_ If yes, please explain \_\_\_\_\_

Any other recommendations: \_\_\_\_\_

\_\_\_\_\_  
Date of Examination \_\_\_\_\_

Signature of authorized examiner/title \_\_\_\_\_ Phone# \_\_\_\_\_



## Child / Youth File Documentation Check List Camp Pilot Mountain 2010

Complete	Incomplete	
_____	_____	CPM Registration Form
_____	_____	Child/Youths Application
_____	_____	Emergency Care Information Form
_____	_____	Release for Emergency Care
_____	_____	Child/Youth's Medical Report
_____	_____	Immunization Form
_____	_____	Discipline and Behavior Management Policy
_____	_____	Swimming Authorization/Outside Fence Area Authorization
_____	_____	Statement of Understanding
_____	_____	Photo and Video Release Form