



All Saints Academy
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CARDINAL SUMMER CAMP 2017

OVERVIEW AND POLICIES

Philosophy and Goals

All Saints Academy's Cardinal Summer Camp is designed to be an extended learning opportunity, built on engaging and enjoyable activities, for young children. It is our goal to provide a thoughtful, fun and safe camp environment that will enhance a child's social, emotional and cognitive development. We strive to provide parents with the peace of mind that their children are involved in a caring and well-organized camp setting.

Student Profile

ASA Summer Cardinal Camp will enroll children entering preschool (age 3 by October 1, 2017) to those entering grade six in September 2017. Cardinal Camp is open to all ASA families as well as families of our Parsippany parishes and local schools. Preschool and prekindergarten campers must be fully independent in lavatory use – no diapers/pull ups permitted, no exceptions.

Camp Staff

Our staff is comprised of certified teachers who, along with junior counselors, create and present activities and lessons that meet the needs of campers of all age groups. All staff members are in compliance with the Youth Protection Guidelines of the Diocese of Paterson. First Aid and CPR certified, the staff works collegially as a team to assure that each day is well planned and meaningful. The Summer Camp director is Miss Caitlin Sim, and she may be contacted at csim@allsaintspar.org.

Weeks and Times of Operation

Summer Camp is offered, on a weekly basis, from June 19 through July 28. Camp begins at 8:00 A.M. and ends at 3:00 P.M. Aftercare is available from 3:00 P.M. to 6:00 P.M. at an additional cost.

Camp Deposit and Fees

The deposit amount per camper is \$50.00 and is due by May 10, 2017. The deposit will be posted to the camper's first week's fee. The weekly camp fee is \$255.00. After Care is \$50.00/week. For Week #3, camp will not operate on Tuesday, July 4; the weekly fee will be adjusted to \$200.00/holiday week and After Care will be adjusted to \$40.00/holiday week. Balance for the first week of camp and After Care must be paid in full and submitted by May 31, 2017.

Daily Program

Each day, there will be developmentally appropriate activities planned. The teachers will inform parents of special activities or events or the need for specific gear or supplies. A typical day may include: Morning Gathering and Prayer, Outdoor and Indoor Games, Art and Crafts, STEM Activities, drama and music activities, and Quiet Reading Time. Students are expected to wear appropriate “play clothes” and must wear socks and sneakers. PreSchool, PreKindergarten and Kindergarten students must have a set of spare clothes packed in backpacks each day. All students are expected to bring a morning snack, lunch and beverages for the day. There is no daily hot lunch program during camp week. Two days each week, there is an “order out” lunch option for an additional cost of \$5.00 per lunch. On Wednesday, students may order a bagel lunch, and on Fridays, students may order a pizza lunch. Students staying for After Care should bring a snack and beverage for the late afternoon timeframe.

Discipline Policy

It is our goal to provide a friendly and respectful environment for all campers. To facilitate that expectation, individual and group behavioral rules will be set and shared for all children to follow. If a camper does not behave appropriately, a staff member will review the rules to guide the child toward improvement. The parent will be verbally notified of these actions. If the camper errs again similarly, a staff member will again review the rules and will provide the parent with a written notification of the problem. Following a third related incident, the camper may be removed from the group until the parent picks up. A conference between the parent and director will take place to discuss the situation and determine if more serious consequences must be imposed.

Attendance

Morning drop off begins at 8am via the early childhood entrance. It is the parent’s responsibility to contact the camp administration to report a child’s absence by 8am. **The camp cell phone is 973-567-1253. The school office will not be open during camp week.** You may also email the camp director at csim@allsaintspar.org.

Sign Out and Late Policy

At pick up, a parent or a previously authorized guardian must sign the attendance roster with his/her name and pick up time. If it is necessary for a non-authorized adult to pick up your child, you must contact the school via the camp cell phone at 973-567-1253 to give pertinent information regarding the individual. This individual will have to present identification to a camp staff member at pick up.

A fee of \$20 is charged for late pickups. After three late pickups, the child will be removed from the camp program.

Medical and Health Notes

It is necessary for parents to complete and submit accurate and current contact and emergency information to allow for proper care of all children. If a child becomes ill during the camp day, the teacher on duty will contact the parent or guardian. It is the decision of the teacher on duty as to whether the child can or cannot remain in camp for the day. Please make sure that there is a local person to contact in the case of a medical need. A child who is ill must be fever, vomit and/or diarrhea free for twenty-four hours before he/she may return to camp.

If a child requires a prescription or over the counter medication during the camp day, the parents must provide a current physician's order that stipulates the name of the medication, the prescribed dosage and reason for need. The medication must be in its original container. If a child needs an accommodation due a medical condition, the parents must provide a physician's order that provides a description and reason for the accommodations.

Young campers must be fully independent in using the lavatory. In the event that a child experiences a bathroom accident, a camp staffer will assist with the child's clean up and will notify the parent. Any camper that has repeated bathroom accidents must be withdrawn from the camp program at the discretion of the camp director.

There is not a school nurse on duty during camp. Teachers and counselors have certification in First Aid and CPR. In the event of a medical emergency, staff will immediately contact 911 for care and will then contact the parent.

SUMMER CAMP REGISTRATION 2017

Student Information:

Name: _____ **Date of Birth:** _____
 First Last
Address: _____ **Gender:** M_____ F_____
Town/ZIP: _____ **Home Phone:** _____
School: _____ **Grade:** _____

Parent/Guardian Information:

Parent's Name (1): _____
 First Last
Parent's Address: _____
If different than child's
Work Phone: _____ **Cell Phone:** _____
Parent's Email: _____

Parent's Name (2): _____
 First Last
Parent's Address: _____
If different than child's
Work Phone: _____ **Cell Phone:** _____

Compliance Statement:

I understand the terms of enrollment in All Saints Academy:

- The program operates according to the schedule provided.
- I will drop off and pick up according to the designated times.
- I have provided accurate and current health and emergency contact information.
- My child and I understand and agree to the guidelines and policies of the camp.
- I will be responsible for all fees and payment deadlines associated with enrollment.

Parent/Guardian Signature

Date

SUMMER CAMP EMERGENCY INFORMATION 2017

Name: _____ **Date of Birth:** _____
First Last

Current Grade: _____

Gender: M_____ F_____

In an emergency, if the parent/guardian is not available, I have arranged for the following people to care for my child. My child may be released to them as well.

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Health Notes

1. Any allergies to food, medication, bee stings, pollen, latex or other? _____ YES _____ NO

If YES, please list: _____

Type of reactions: *please circle all that apply* Rash Hives Other skin conditions
Breathing difficulty

2. Medications/Epipen for allergy symptoms _____ YES _____ NO

3. Prescribed or over the counter medications taken on a regular basis _____ YES _____ NO

If YES, please list and staple physician's order to this form:

4. History of health conditions of which camp staff must aware _____ YES _____ NO

If YES, please list: _____

In the event of a serious emergency, if parent/guardian or emergency contact cannot be reached, I give permission to the school camp to arrange for proper medical care at: _____
hospital/medical/dental facility

Print Parent/Guardian Name: _____

Signature Date