

NEW ERA CHURCH

SON Shiners Character Summer Camp 2017

Parent Information



Thank you for your interest in attending the SON Shiners Character Summer Camp (SSCSC)! Our goal is to provide campers a Safe, Fun, as well as Enriching Environment in which to spend their summer vacation. We acquaint campers with a different Character Value each week, as well as a diverse weekly Academic theme; we then present a Bible Lesson illustrating the selected character trait and offer enrichment lessons and activities to bring the weekly academic theme to life. African-American History, Reading, Writing, Language Arts, Science, Math, Problem-solving and Critical-thinking, just to name a few, are incorporated into the Camp experience regularly. Usually there are 1-2 field trips per week, which are tailored to correspond to the weekly theme or character value being studied. In addition to boasting a strong, hands-on academic component, SON Shiners Character Summer Camp is very active, spending most afternoons in some type of team related energetic goings-on. A Newsletter is published every Friday detailing upcoming Camp activities. Finally, parents are always welcomed to escort fieldtrips.

Please see important information below about SON Shiners Character Summer Camp:

- **Camp Dates**- Camp will begin on June 5, 2017 and end on July 28, 2017. Children ages 5-12 are welcome to attend.
- **Camp Forms**- **All Camp paper work needs to be returned by May 15th** if a camper will attend SSCSC beginning June 5th. For all other Camp start dates, complete Camp paperwork must be turned in **2 weeks prior to intended start date**.
- **Camp Fee**- The weekly Camp fee is \$85 for the first camper and \$65 for each additional camper in the same family. The Camp fee for any partial weeks will be \$20 each day for each camper.
- **Registration Fee**- A \$30 non-refundable registration fee (one time only) will be charged to process each camper.
- **Tuition Deposit**- A full week of tuition, in addition to camper's first week fees will be required at enrollment. This deposit will be applied as the camper's final week of tuition.
- **First Day Policy**- All campers must be dropped off and picked-up by parent or guardian their first day of Camp to ensure all affairs are in order. **(Due to safety concerns, there will be NO EXCEPTIONS to this policy).**

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- **Physical Exam required**- Please note that a physical exam is **required** prior to attending Camp. ***No camper will be allowed to attend the first day of Camp without-**
 - 1) **Physical Exam Form being filled out and signed by their Medical Doctor.**
(If a physical has been performed within a one (1) year period, it is acceptable, but paper work must be provided.)
 - 2) **Medication Authorization Form(s) must be filled out for each medication being administered.**
 - 3) **All Medication(s) to be dispensed during Camp hours must be on site with camper.**
***(Due to safety concerns, there will be NO EXCEPTIONS to this policy).**
- **First Camp Payment**- The first Camp payment is due June 5, 2017. Failure to pay the registration fee, tuition for the final week and first week of Camp fees by June 5, 2017 will result in camper being unable to attend Camp and space possibly being forfeited.
- **Camp Hours**- Drop off for Camp begins at 7:15 am and all campers are expected to be at Camp by 9:00 am. Pick up begins at 4:30 pm and all campers must be picked up by 5:30 pm. Camp activities will take place between 9:00 am and 4:00 pm. If a camper arrives after 9:00 am on a field trip day, they can either meet SSCSC at their field trip location or make other arrangements. **Campers will not be allowed to be dropped off at New Era Church if SSCSC is not present. Also, please do not plan to pick camper up before 4:30 pm,** as some field trips take place in the afternoon and the Camp may not arrive back at New Era Church until then. If a camper must be picked up early or dropped off late, please communicate that to Camp Staff in advance so that SSCSC can discuss how to best accommodate the request.
- **Meals**- The Camp will provide breakfast, lunch and a late afternoon snack. If the camper does not like the food provided by the Indy Parks Food Program or **if the camper has specific food allergies please feel free to bring food items for breakfast, lunch and snack; SSCSC will be happy to provide a weekly menu from Indy Parks Food Service.**
*Note: Please, no fast food or sugary beverages. Also on field trip days, please no food that needs to be warmed up.
- **Medications**- If a camper must take medication during Camp hours; medication must be given to the Camp Staff **in the original container with the dosage information attached.** In addition, a Medication Dispensation Authorization Form for each medication to be given must be on file prior to dispensation of any medications. Please note that due to allergy concerns SSCSC will not give the first dose of any newly prescribed medication.

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- **Drop off/ Pick up-** As a safety precaution, **all campers must be signed in and out of Camp by an adult** each day. Children will be released **ONLY** to a person listed on the Camp registration unless a parent/guardian has notified SSCSC Staff of another approved adult. Approval for the amended adult will be for one (1) day only and photo ID must be shown upon pick-up. The drop off location is the door at the south side of NEC. For pick up, all doors are locked so you will need to go to the door on the west side of NEC and have the Church Office let you in. **Please note that failure to pick up a camper on time (4:30-5:30) on more than three (3) occasions could jeopardize a camper's ability to continue to attend SSCSC. Also, there will be a \$5 late fee for every 15 minutes after 5:30 that a camper remains at SSCSC.**
- **Field Trips-** Field trip information for the following week will be published in the Friday Camp Newsletter. If there is a change in a field trip, the information will be published on the Camp's Weekly Information Board. **On some special occasions, SSCSC may ask a parent/guardian to send spending money with a camper on a field trip. (Usually this is very rare and only because we do not want any campers to be left out.) SSCSC will inform parent/guardian on the Friday before if money is necessary and it will never be more than \$7.00 per camper.** In the event that money is given SSCSC for a camper, please put money in a sealed envelope with camper's name, amount and give to counselor at check-in.
- **Payments-** Camper payment is due on the **Monday of the week attended.** A camper will be assessed a \$10 late fee for failure to pay by the due date. **Failure to pay by Friday of said week will result in camper being unable to attend Camp the next week.** All checks should be made payable to New Era Church (NEC).
- **Missed Days-** If a camper is unable to attend Camp, a week's notice is required unless there is an emergency or illness; otherwise, there will be a charge for missed days. A camper who attends at least three (3) days will be charged the weekly Camp fee.
- **Late Pick-Up-** **An additional fee of \$5 for every 15 minutes after 5:30 pm will be assessed for a camper that remains at SSCSC.**
- **Rest time-** Each camper will need to bring a blanket or sleeping bag and a pillow for rest time. These items will be sent home weekly for laundering.
- **Release of Responsibility-** SSCSC will not be responsible for items left at Camp for more than 1 week after the camper's final day of attendance.

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- **Dress-** SSCSC campers need to dress for active play. SSCSC spends a lot of time outdoors and engages in fun and messy activities. To prevent foot and falling injuries, children are required to wear socks and tennis shoes. **No sandals or flip-flops are allowed.** On "water days", **campers must wear SSCSC bathing suit, swimming trunks, shirts and cover-ups. These items will be provided by SSCSC for purchase.** Please provide a towel and sunscreen (if you wish for your camper to use it). On "water days", it is helpful to provide a change of clothes at Camp for your camper.
 - **Tampon Use:** If your Camper has begun her menstrual cycle, please instruct her on using a tampon and send a supply to SSCSC. This is necessary for "water days." If you choose not to instruct your Camper, and Camper's cycle happens on a "water day," SSCSC will contact Mother to come and instruct Camper or SSCSC will have camper sit out "water day" if necessary.
- **Personal Belongings-** **No recreational electronics are allowed at Camp.** Parents will be provided a list of counselor phone numbers if the Camp needs to be contacted. All electronic devices will be confiscated and returned to the parent/guardian. **SSCSC or NEC will not be responsible for any damage to or loss of said devices.**
- **Discipline Policy-** SSCSC has adopted a three (3) strike disciplinary plan. **After the third event of disruptive behavior, parent will be called and Counselors, (15 minute increments at a time), will disqualify camper from participation in next activity or field trip for an assigned period TBD.** Unacceptable camper behavior will be documented and reviewed with parents when necessary. For more detailed information, please see attached form - "The Game Plan" (Discipline Guidelines).
- **Behavioral Issues-** Three (3) incidents (fighting, failure to follow directions, disrespect, disruption, etc.) will result in a one (1) week camper suspension. **If behavioral problems continue, camper will not be able to continue to attend SSCSC.**

Please feel free to contact me with any questions, concerns or praises. Email is usually the best way to reach me. I check my email several times a day.

Because of Calvary,

Reuben Davis
Director, SON Shiners Character Summer Camp
Email: rdavis@nne.org
Cell: 317-956-7551

Rev. Dr. Clarence C. Moore, Lead Pastor
New Era Church
517 W. 30th Street, Indianapolis, IN 46208
www.nne.org
317-923-5644

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The Game Plan

(Behavior Guidelines)



Play by the Rules or...

Strike 1 - Name in Behavior Book, Written description of incident.

Strike 2 - Name in Behavior Book, Written description of incident.
Disqualification from "Fabulous Camper Award" presented weekly.

Strike 3 - Name in Behavior Book, Written description of incident.
Disqualification from participation in activity or field trip for an assigned period TBD, (15 minute increments at a time).

You're Out! -

- A)** If a camper strikes out 3 times in one week, he will be on suspension and not be allowed to return for the rest of that week.
- B)** If a camper been suspended 3 times, there must be a parent conference to decide whether the camper will be allowed to continue camp.
- C)** In cases of severe disruption (fighting, profanity, disrespect, or failure to cooperate) the parents will be called to pick up camper; camper will not be allowed to return the next day. **

**** Money will not be refunded!**

Note: The steps for "The Game Plan" are based on a daily cycle.

New Era Church . 517 W. 30th Street . 46208 . 317-923-5644 . nne.org .
SON Shiners Character Summer Camp 2017 Registration

IMPORTANT: By state regulation, your child may not attend camp until this form is completed.

Please Print

Date: _____



PERSONAL – Child’s Information

Name: _____
Last First Middle

Birth Date: _____ Age _____ Last Grade Completed: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____

PERSONAL – Parent/Guardian Information

Guardian Name 1: _____

Relationship: _____

Address: _____

City: _____ State: _____ ZIP: _____

Cell phone/Pager: _____ Home phone: _____

Work phone: _____

E-mail: _____

Guardian Name 2: _____

Relationship: _____

Address: _____

City: _____ State: _____ ZIP: _____

Cell phone/ Pager: _____ Home phone: _____

Work phone _____

E-mail: _____

AUTHORIZATION – Pick up



I authorize only the people named below to pick up my child. Please list in order of preference all persons, (including yourself, and if applicable, the child's other parent or legal guardian) who are authorized to pick up your child. For your child's safety, he/she will not be released to anyone else. No changes to this list will be made unless the parent or legal guardian whose signature appears on this application requests such changes in writing.

NAME	RELATIONSHIP	CELL	HOME	WORK

ACTIVITIES AND FIELD TRIP AUTHORIZATION

Swimming ability: (check one)

- Non-swimmer
- Beginner
- Intermediate
- Advanced

List any Activity Restrictions: (e.g. Running, Climbing, Swimming, etc.):

2017 ACTIVITIES AND FIELD TRIP AUTHORIZATION (Cont.)



I hereby do declare my child physically sound, having medical approval to participate in the activities of the New Era Church Summer Camp. I further understand that neither New Era Church, the Northside New Era Community Outreach Corporation nor the New Era Church Summer Camp nor any staff members can be held responsible in the event of an accident. I certify that my child is amendable to discipline and free from habits or attitudes that would make him/her an undesirable participant.

Parent Initials _____

I hereby give permission for my child to participate in camp activities and to travel by bus with the New Era Church Summer Camp staff. I understand that only licensed and qualified personnel will operate any vehicle to and from Day Camp, and that there will be at least one Day Camp staff member present at all times. I agree to release New Era Church, Northside New Era Community Outreach officers and directors, and / or the New Era Church Summer Camp staff from any and all claims of damages, demands or liabilities, which may arise as a result of my child's participation in camp activities and bus trips.

Parent Initials _____

I give permission for my child to be included in photos/videos generated by New Era Church SON Shiners Character Summer Camp and give permission for said photos to be used for camp advertisement and camp reports. This includes the New Era Church website at www.nne.org

Parent Initials _____

My signature below indicates that I have the legal authority to sign up the child named on this form and that to the best of my knowledge the information on this application is complete and accurate.

I further understand that once my application is confirmed, I must complete payment(s) by the deadlines of this program, and that furthermore, all necessary health, security and waiver forms must be signed and on file with the summer camp prior to my child attending the program. Failure to comply with the above could result in the loss of my child's camp space.

Signature of Parent/Guardian _____ Date _____

CAMP DATES

Check available dates your child will be attending the camp. This information is important for planning purposes. Please let a staff member know ASAP if your child will not be able to attend the weeks you have selected. Failure to notify the Camp in advance may result in you being charged for the week not attended and tickets purchased for field trips and/or special events.

- | | | |
|---|--|---|
| <input type="checkbox"/> Week #1 June 5 th – 9 th | <input type="checkbox"/> Week #4 June 26 th – June 30 th | <input type="checkbox"/> Week #7 July 17 th – 21 st |
| <input type="checkbox"/> Week #2 June 12 th – 16 th | <input type="checkbox"/> Week #5 July 3rd – 7th* | <input type="checkbox"/> Week #8 July 24 th – 28 th |
| <input type="checkbox"/> Week #3 June 19 th – 23 rd | <input type="checkbox"/> Week #6 July 10 th – 14 th | |

***Camp will not be in session on July 4th in observance of Independence Day - Thanks.**

MEDICATION DISPENSATION AUTHORIZATION FORM



I, _____, the parent or guardian of _____, authorize

New Era Church Summer Day Camp Staff to administer the following prescription and / or over-the -counter medication for a period of _____ **days /or duration of camp (Circle one)**. I understand that the staff will follow the directions printed on the prescription / medication label. In order for the staff to accept medication for my child, it must be brought to the program in the **original container with the prescription label and directions attached**. The label must state the name of the physician, the name of the medication, the dosage, the child's name and the date. It must be a current prescription. I will complete a separate authorization for each medication or extension of a prescription that my child is to receive. I understand that because of the possibility of an allergy, **NO FIRST DOSE OF ANY NEWLY PRESCRIBED MEDICATION** will be given by the staff of New Era Church Summer Character Camp.

Name of Medication: _____

Prescribed by: _____ Phone: _____
(Physician's Name)

Dosage and directions for administering: _____

Beginning Day: _____ **Monday Tuesday Wednesday Thursday Friday**
(month) (day) (Circle days medication is to be dispensed.)

Ending Day: _____
(month) (day)

Time(s) to be given: _____

Parent/Guardian Signature)

(Date)

SON Shiners Character Summer Camp 2017 Physical Form



Camper Name: _____
First Middle Last

Date of Birth _____

Medical Conditions: Please check all that apply, and please explain yes answers:

Has your child ever had, does he/she now suffer from, or is he/she under a doctor's care for:

Allergies (explain) _____

Allergy requiring EPI-pen (explain) _____

(If yes, EPI-pen is to be provided and remain at camp for the duration of enrollment. EPI-pen will be returned to the parent/guardian on the last day of attendance at camp).

ADD/ADHD (explain) _____

Asthma (inhaler Y/N) _____

(If yes, Inhaler is to be provided and remain at camp for the duration of enrollment. Inhaler will be returned to the parent/guardian on the last day of attendance at camp).

Autism (explain) _____

Headaches/ Migraines (explain) _____

Diabetes (explain) _____

Seizures (explain) _____

Physical Handicaps/ Fractures (explain) _____

Physiological / Neurological Disorders (explain) _____

Other: _____

Dietary Restrictions: _____

Activity Restrictions: _____

Medication

Medication: _____

Medication: _____

Dosage : _____

Dosage: _____

For: _____

For: _____

**In an emergency I authorize SSCSC to administer:

Tylenol Benadryl Pepto-Bismol

SON Shiners Character Summer Camp 2017 Physical Form (cont.)



Name of Family Physician: _____ Phone: _____

Hospital Preference: _____

Insurance Carrier: _____ Policy # _____

Name of Family Dentist: _____ Phone: _____

I authorize the New Era Church Summer Camp to act in an emergency to the welfare of my child - including medical and surgical treatment, X-ray, laboratory, anesthesia and other medical and / or hospital procedures as may be performed or prescribed by the attending physician and / or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent / guardian can be reached in case of an emergency. If necessary, I give the nearest hospital permission to treat my child.

Parent / Guardian's Signature _____

Date _____

If there is anything that you have neglected to identify or inform us of and it results in harm to your child or others you will not hold The SON Shiners Character Summer Camp, The Camp Counselors, the Northside New Era Community Outreach Corporation, or New Era Church and/or staff accountable for any results pertaining to the lack of information provided. As well, in consideration of permission to participate in the activities now and in the future as well as use the property, facilities and staff of The SON Shiners Character Summer Camp, The Camp Counselors, the Northside New Era Community Outreach Corporation, or New Era Church and/or staff I hereby expressly agree on behalf of myself and on behalf of all program participants enrolled by this document:

- 1) THAT planned events include participation activities, among other things, and I am fully aware of the risks and hazards involved in or arising to all program participants enrolled. On behalf of myself and all program participants I and they hereby assume any and all risks involved in or arising from my use or presence upon the facilities, including, without limitation, the risk of bodily injury or the negligent or deliberate act of another person;
- 2) TO RELEASE The SON Shiners Character Summer Camp, The Camp Counselors, the Northside New Era Community Outreach Corporation, or New Era Church and/or staff and any of its successors, assigns, affiliates, officers, directors, employees and agents from, and AGREES NOT TO SUE ANY OR ALL OF THEM on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of program participants' participation in all events, including, but not limited to, those based on bodily injury, whether or not caused by the negligence or other fault of The SON Shiners Character Summer Camp, The Camp Counselors, the Northside New Era Community Outreach Corporation, or New Era Church and/or staff.
- 3) I HAVE READ AND UNDERSTOOD THIS AGREEMENT. I UNDERSTAND THAT BY MAKING AND SIGNING THIS AGREEMENT, I SURRENDER VALUABLE RIGHTS ON BEHALF OF MYSELF AND PROGRAM PARTICIPANTS, INCLUDING, BUT NOT LIMITED TO, MY RIGHT AND THE RIGHT OF PROGRAM PARTICIPANTS TO SUE. I DO SO FREELY AND VOLUNTARILY.

Parent/ Guardian's Signature _____

Date _____

INFORMATION BELOW THIS POINT MUST BE COMPLETED BY A PHYSICIAN

Physical Authorization:

- I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in an active camp program.
- I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is **NOT** physically able to engage in an active camp program. Please explain below:

Signature of Physician _____

Date _____