 

# Dear Parents,

Thank you for your interest in Camp Overlook’s summer camps. Your child will experience quite a bit of fun and education here at Potomac Overlook Regional Park!

Since most of the camp’s activities are outdoors, we ask that your child come to camp **every day** with the following items:

* Sun screen
* Full and Durable Water bottle
* An extra change of clothes – in case they get dirty or wet
* Bagged lunch/snacks (healthy and non-perishable)
* A pair of sneakers (NO OPEN TOED SHOES ALLOWED)
* Raincoat if calling for rain

Pick up and drop off will take place at the shelter at the top of the park. Please do your best to be on time. Drop off and pick up times will vary by camp, and reminders will be given in email correspondence closer to the dates of camp. At 15 minutes past drop off we will begin camp activities, which may make it hard for late campers to locate us. **Also, please do not drop off or pick up your child without signing in/out with an ID.**

If your child is going to be late, absent or has to leave early, please call the nature center at 703-528-5406, or the number(s) provided to you by your camp counselors.

**Please make certain that you have gone over all of our rules in this packet with your child**. The staff at Potomac Overlook wants every child who participates in our Summer Camp to have a safe and enjoyable experience.

General communication and / or inquiries about camp should be sent to campoverlook@nvrpa.org. To speak directly to the camp director, please feel free to contact abarnard@nvrpa.org.

AJ Barnard

Park Naturalist / Camp Director

abarnard@nvrpa.org

Potomac Overlook Regional Park



# Northern Virginia Regional Park Authority

**Pick Up Authorization & Guardian Identity Verification**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Camp Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The following people are authorized to pick up my child from the NOVA Parks program. I understand my child will be allowed to leave with these individuals only. Photo identification will be asked for during sign out. (Please include yourself)

|  |  |  |
| --- | --- | --- |
| **Authorized Person’s Name****(Please Print)** | **Relationship****To Child** | **Phone Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Name of persons NOT allowed to pick up child (please attach appropriate custody papers if a parent is not allowed to pick up child):

**NOVA Parks Statement of Inclusivity:** It is the intent of all NOVA Parks camps and programs to include children of varying abilities to the extent that appropriate support and care can be provided.  If your child has a disability, whether it be physical or mental, or a condition that requires medication or other special attention, **please inform your NOVA Parks activity of your child’s needs *at least 2 weeks prior* to the start** of that activity.  All information is confidential and will only be shared with staff members on a need to know basis. Once the parent/guardian informs their respective activity, NOVA Parks will consider all information on a case-by-case basis in order to provide the best possible experience for all.

Please state your child’s specific needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Northern Virginia Regional Park Authority**

**Children’s Emergency & Medical Information**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex: Male \_\_\_\_\_\_ Female \_\_\_\_\_\_

 Last First MI Nickname

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Date of Birth /\_\_/\_\_/ /\_\_/\_\_/ /\_\_/\_\_/

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First MI

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street (if different from child’s) City State Zip

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First MI

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street (if different from child’s) City State Zip

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardians Place of Employment: father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\* Mandatory 2 Emergency Contacts other than parents (required by the VA Dept of Social Services)*

Emergency Contact #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Physician (name & phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company (name & policy #) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Yes \_\_\_\_No Is your child under physician’s care or taking medications on a continuing basis? If yes, please explain what for:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Yes \_\_\_\_No Does your child have any allergies? If yes, please specify allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 What should be done if your child comes into contact with an allergen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Yes \_\_\_\_No Does your child have any chronic problems, special needs, or other conditions we should know about? If yes, please

 explain and call the nature center staff at 703-528-5406 or email us at campoverlook@nvrpa.org to report condition.

\_\_\_\_Yes \_\_\_\_No Does your child take medications? If yes, please list

If your child needs to take medication during the hours of camp, please contact the camp director at abarnard@nvrpa.org to make arrangements.

\_\_\_\_Yes \_\_\_\_No Is your child allowed to participate in swimming/wading activities if included in the program?

 Your child’s swimming ability is: \_\_\_\_\_ Non-swimmer \_\_\_\_\_ Beginner Swimmer \_\_\_\_\_ Experienced Swimmer

\_\_\_\_Yes \_\_\_\_No Does your child need to wear a PFD while swimming in a pool?

**Immunization Record**

Immunization record (must be completed for camp or a copy signed by a physician must be attached to this form)

|  |  |
| --- | --- |
| IMMUNIZATIONS | RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES ADMINISTERED |
| Diphtheria/Tetanus/Pertussis (DTP) | /\_\_\_/\_\_\_/\_\_\_/ | /\_\_\_/\_\_\_/\_\_\_/ | /\_\_\_/\_\_\_/\_\_\_/ | /\_\_\_/\_\_\_/\_\_\_/ | /\_\_\_/\_\_\_/\_\_\_/ |
| Diphtheria/Tetanus (DT or Adult Td)  | /\_\_\_/\_\_\_/\_\_\_/ | /\_\_\_/\_\_\_/\_\_\_/ | /\_\_\_/\_\_\_/\_\_\_/ | /\_\_\_/\_\_\_/\_\_\_/ | /\_\_\_/\_\_\_/\_\_\_/ |
| Poliomyelitis (OPV or IPV) | /\_\_\_/\_\_\_/\_\_\_/ | /\_\_\_/\_\_\_/\_\_\_/ | /\_\_\_/\_\_\_/\_\_\_/ | /\_\_\_/\_\_\_/\_\_\_/ | /\_\_\_/\_\_\_/\_\_\_/ |
| Measles (Rubeola) | /\_\_\_/\_\_\_/\_\_\_/ | /\_\_\_/\_\_\_/\_\_\_/ | /\_\_\_/\_\_\_/\_\_\_/ |  |  |
| Rubella | /\_\_\_/\_\_\_/\_\_\_/ | /\_\_\_/\_\_\_/\_\_\_/ | /\_\_\_/\_\_\_/\_\_\_/ |  |  |
| Mumps | /\_\_\_/\_\_\_/\_\_\_/ | /\_\_\_/\_\_\_/\_\_\_/ | Before 08/01/81/\_\_\_/\_\_\_/\_\_\_/ |  |  |
| Measles, Mumps, Rubella (MMR) | /\_\_\_/\_\_\_/\_\_\_/ | /\_\_\_/\_\_\_/\_\_\_/ |  |  |  |
| Hepatitis B Vaccine | /\_\_\_/\_\_\_/\_\_\_/ | /\_\_\_/\_\_\_/\_\_\_/ | /\_\_\_/\_\_\_/\_\_\_/ | Other:  | /\_\_\_/\_\_\_/\_\_\_/ |
| Haemophilus influenzae Type b (Hib Conjugate): PLEASE COMPELTE THE APPROPRIATE SECTION BELOW./\_\_/ Has received complete series of Hib vaccine in accordance with current recommendations of the AMERICAN  ACADEMY OF PEDIATRICS OR THE U.S. PUBLIC HEALTH SERVICE./\_\_/ Has received the AGE APPROPRIATE doses of Hib vaccine as recommended by the AMERICAN  ACADEMY OF PEDIATRICS OR THE U.S. PUBLIC HEALTH SERVICE, this series will be complete  RECORD COMPETE DATE (month, day, year)  Series Completion Date: /\_\_\_/\_\_\_/\_\_\_\_\_//\_\_/ Hib vaccine is not indicated because the child has had Hib disease at 24 months of age or older/\_\_/ Being over 30 months of age, this child is not required by law to have proof of immunization against Hib. |

I certify that this student is adequately IMMUNIZED in accordance with the MIMIMUM requirements for attending programs licensed by the VA Dept of Social Services.

Name of Physician/Health Dept \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Physician/Health Dept \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize NVRPA and/or designed contractor to seek medial treatment for my child, at the nearest facility, in the event medical care is required. In the event non-emergency medical care is required. I authorize NVPRA to seek medical treatment through my child’s physician. I understand that I am responsible for all medical expenses incurred by my child and that NVRPA advises that I carry health insurance for my child. I have read the polices for the program and agree to adhere to them, including the policy if my child becomes ill, I must pick up my child immediately. I certify that the above information is complete and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature Date



**Camp Program**

**Rules of Conduct**

Children and parents should review this together and sign below. **This document is a requirement for camp enrollment.**

**Children must:**

* Maintain personal care (bathroom use, changing) without staff support
* Stay with assigned group at all times
* Respect others in what you say and do
* Listen to program leaders and follow directions
* Use appropriate language
* Keep hands to oneself and maintain self-control
* Take care of their own belongings
* Keep food and snacks to themselves, i.e. no sharing of food or drink
* Use equipment and supplies in a safe and appropriate manner
* Report incidents of teasing and/or bullying immediately to their counselor
* Play safe and have fun

**Parents must:**

* + - Complete and submit appropriate paperwork from the parent packet
		- Sign children in and out of the program and bring proper I.D.
		- Be on time to drop off and pick up campers
		- Assist staff in resolving behavior issues
		- Contact the Camp Director or Park Manager immediately when issues arise

**Grounds for Immediate Dismissal (no refund given**):

* A parent who refuses to follow NOVA Parks policies as stated in the parent packet
* A child who brings a weapon to camp
* A child who intentionally harms himself or causes injury to another child or staff member, or refuses to keep hands to self
* A child who vandalizes the property of the camp facility, staff or other children
* A child who steals items from the camp facility, staff or other children
* A child teasing and/or bullying others
* A child who displays inappropriate behaviors repeatedly
* A child who fails to comply with the Rules of Conduct

We have read and understand the Rules of Conduct and agree to uphold them to maintain a safe and enjoyable camp experience for everyone.

Child’s Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent’s home number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Parent’s Guide to Camp Policies**

Welcome to summer camp at Potomac Overlook! Our goal is to provide children with a safe and enjoyable camp experience where children can develop skills, form friendships and enhance self-esteem. Please make sure your child arrives at camp with the proper items and be sure you have read all of the information in this packet.

Administering Medication:

NOVA Parks staff will not administer medication to children while participating in our camp programs.

Immunization Records:

Before admission, a copy of the child’s immunization record must be on file at the camp.

Sick/Ill Children:

If a child arrives with symptoms of illness or has a temperature over 100 degrees, the child will not be permitted to stay. If a camper becomes ill, parents will be required to pick up their child immediately. Sites will notify all parents about disease outbreaks. A doctor’s note is required before children may return. In case of serious injury, parents will be notified immediately.

Signing in/Out:

Authorized individuals 18 years or older must sign child in and out each day. Staff are required to I.D. all persons picking up children. Children will not be released to anyone not on the Pick Up Authorization Form. Parents must sign-in and walk child to the designated meeting area. If arriving late please see a member of our staff.

Children’s Belongings:

Please label ALL belongings. NOVA Parks and the site staff are not responsible for lost/stolen items. Personal belongings should be kept in a bag or backpack, which will be stored in specific area. Electronics and other similar items should not be brought to camp.

Late Parent Policy:

If a parent or authorized person is 15 minutes late in picking the child up, a late fee of $2.00 per each additional minute may be applied thereafter. If a child is consistently picked up late, the child may be dismissed from the program. A staff member will remain with the child for up to one hour after the program ends. After one hour, Child Protective Services will be called if parents cannot be reached.

Behavior Management:

If a child brings a weapon to camp, intentionally harms others, vandalizes property, or displays other extreme behavior, he/she will be dismissed from the program and no refund will be given. For inappropriate behavior, parents will be notified verbally and/ or in writing with notification of further action. NOVA Parks reserves the right to immediately dismiss a child from any program.

STAFF WILL NEVER: use physical punishment, be verbally abusive, force, withhold, or substitute food. Give any child the authority to punish another child, place a child out of visual/hearing sight, in the dark, or in an unvented place, or punish a child for a bathroom accident. All participants enrolled in NOVA Parks programs must meet the code of conduct, which is included in this packet.

Food From Home:

It is required that lunches and snacks, brought from home are not to be shared with others.

Sunscreen & Lotion Application:

Staff are not permitted to apply sunscreens or lotions to campers.

Reporting Child Abuse & Neglect:

If it is suspected that a child has been abused, neglected, or exploited in any way, NOVA Parks staff is required to report it to Youth Services and Child Protective Services.

Refunds:

There are no refunds for missed days due to changed work or vacation schedules, sick days, or other non-emergency reasons. Refunds must be requested at least 45 days prior to the camp session. Refunds will only be made if we are able to fill the spot created by your cancellation. All but $25 will be refunded in the event that we are able to fill your vacancy.

Questions/Concerns:

Concerns should be addressed through the Camp staff and Park Naturalist or Park Manager.

**THIS FORM IS FOR YOU TO KEEP FOR YOUR RECORDS**