 

# Dear Parents,

Thank you for your interest in our 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
* 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)
* Poncho/Raincoat if calling for rain

Potomac Overlook will provide each camper with a camp tee shirt.

Unless otherwise noted, children should be dropped off at 9:00 A.M. and picked up at 4:00 P.M. at the front gate entrance to the Park. Please do your best to be on time. At 9:15 am 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. Exceptions to pick up and drop off procedures will be explained in correspondence closer to the time of camp.

If your child is going to be late, absent or has to leave early, please call us at 703-528-5406.

All forms must be received by **April 1, 2018** for eligibility in our Summer Camp Program. If we have not received your forms by this date, your child’s spot in camp might be lost.

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

Please feel free to contact me at cpittrizzi@nvrpa.org or 703-528-5406.

Casey Pittrizzi, Camp Director

Potomac Overlook Regional Park





# Northern Virginia Regional Park Authority

**Pick Up Authorization & Child Identity Verification**

**Child’s Name:**

**Camp Child is enrolled in: Nocturnal Naturalists JR**

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 at 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 (appropriate custody papers shall be attached if a parent is not allowed to pick up child):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date/Day** | **Time in** | **Initials** | **Time Out** | **Initials** |
| 7/23/18 |  |  |  |  |
| 7/24/18 |  |  |  |  |
| 7/25/18 |  |  |  |  |
| 7/26/18 |  |  |  |  |
| 7/27/18 |  |  |  |  |

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 a contagious disease? If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What should be done if your child comes into contact with and 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 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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

**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 (toileting, 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
* Use equipment and supplies in a safe and appropriate manner
* Teasing and bullying are not tolerated and are grounds for enrollment termination and children should report these incidents 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 pick up children
    - 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
* 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 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:

NVRPA 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.

Staff will provide campers with a structured schedule. 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.

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 toileting 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 recommended that lunches and snacks, brought from home be nutritious and imperishable.

Sunscreen & Lotion Application:

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

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 ten business 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 always be addressed at the site through the Camp staff and Park Managers

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