TOWN OF WELLESLEY **RECREATION DEPARTMENT**

WARREN BUILDING
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WELLESLEY, MASSACHUSETTS 02481

DIRECTOR
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ASSISTANT DIRECTOR
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DAY CAMP POLICIES-SUMMER 2012

DROP OFF/PICK UP POLICY

Children may be dropped off at **8:15 AM** and picked up by **4: 45 PM**. Parents are required to sign in with the camp staff that their child is in attendance before leaving in the morning. The camp does provide an extended day program (see below), which parents may sign up for on a weekly basis**. Late pick-up fees are charged to parent(s)/guardian(s) who do not register for extended care and who pick up their child after 4:45 PM** (see below).

Parents, who are involved in custodial situations or those who wish to have someone other than them pick up their child, are required to put this information in writing (special request form) to the camp director. **NO verbal request either in person or by phone will be accepted.**

ATTENDENCE POLICY

Attendance will be taken each morning of camp. **If your child is not coming to camp please call the Recreation Office by 9am.**

EXTENDED DAY CAMP PROGRAM

Registration for extended day is done on a weekly basis. You must sign up with the Camp Director on or before the previous day of the needed extended day. All Quest and Odyssey extended day campers are to be dropped off and picked up at the Middle School. All Joey extended day campers are to be dropped off and picked up at the Warren School Building. **The hours of the extended day are 4:45-6:15 PM –Monday through Friday. The fee for the extended day is $10.00 per day or $50 for the week.**

LATE PICK UP POLICY

If the parent(s)/guardian(s) pick up after 6:15 PM, there will be a late fee of $ 5.00 for the first 10 minutes late, and $ 1.00 for each minute after the initial 10 minutes. This fee would be paid in full with cash or check and given directly to the staff on duty.

REGULAR PICK UP POLICY

If you have not pre-registered for the extended day program, then the regular pick-up time is 4:45 PM. If you are late for the regular pick-up time, then the above **Late Pick-up Policy** will apply. *** It is important that parent(s)/guardian(s) pick up their child on time due to the fact that the custodians will close the school. The Recreation Department only contracts with the school until 6:15 PM* ***no later*****.**

NUTRITIOUS FOOD POLICY

Parents/Guardians will be required to provide an appropriate lunch with a beverage each day. Camp Joey parents are also required to provide your child with a morning snack and beverage. Lunches will be stored in the refrigerator at the camp, but on field trip days lunches and snacks will **NOT** be refrigerated. Please send the lunch in a brown paper bag or any disposable container on field trip days.

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SUNSCREEN POLICY

Parents are responsible for providing sunscreen and/or sun protection for their child. Counselors will be responsible for reminding children to use sunscreen at appropriate times during the day. However, the sunscreen should be applied first at home in the morning, before the child is admitted to camp. Parents who want counselors to apply sunscreen/sun protection to their child, must fill out a special request form.

ILLNESS

Parents are asked to use their discretion regarding their child's health in relation to camp. Please do not send your child to camp if they are not feeling well. If a child becomes sick while at camp, a parent or the emergency contact person will be called.

REPORT OF CHILD ABUSE

According to Chapter 119, Section 51 A of the Massachusetts Commonwealth Law, Recreation personnel are required to report whenever there is a reasonable cause to believe that a child under the age of 18 is suffering from physical (including sexual), mental or emotional abuse or injury. In addition, incidents of suspected neglect in regards to the issues of adequate food, shelter, clothing, and supervision.

DISCIPLINE POLICY

All Campers are expected to act in an appropriate manner. Any minor incidents of misbehavior will be reported to the parent at the end of the day. The camp staff will take appropriate action at the time of the incident. Appropriate action may include but not limited to the following: removing the child from the activity and giving the camper a time out. During a time out period the child will have a counselor present. Counselors are trained to be firm and fair and not to yell or strike a child.

Excessive incidents of misbehavior, especially those that threaten the safety of a camper and/or staff will be reported to the parent/guardian immediately. In extreme cases, the parent/guardian will be asked to remove their child immediately.

BLOOD BORNE PATHOGENS

All counselors receive First Aid training that includes guidelines for treating injuries involving blood. All counselors are required to wear protective gloves when treating any injury. Training includes guidelines for proper disposal of contaminated gloves and/or clothing. A bio-hazard kit is available for cleaning spills that may occur.

DISPENSING MEDICATION

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in their original container with its original label, which shall include directions for use.

All medication prescribed for campers will be kept in a locked storage area and will be administered by the Camp Director. If the medications require refrigeration, please inform the Camp Director.

The Camp Director will be the only staff member allowed to administer medications. The Camp Director will receive a list of all medications administered at the camp. Medication prescribed for campers that is brought from home shall only be administered if the medication is in its original container, and there is written permission (special request) from the parent/guardian.

When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it will be destroyed as follows:

1) Destruction of prescription medication shall be accomplished by the Camp Director, witnessed by a second person and recorded in a log maintained by the camp for this purpose. The log shall include the name of the camper, the name of medication, the quantity of medication destroyed, and the date and method of destruction. The Camp Director and the witness shall sign each entry in the medication destruction log.

2) The medication log shall be maintained for at least three years following the date of the last entry.

SHARPS DISPOSAL POLICY

If your child requires an inject able medication then you must provide an approved used sharps container as well as accepting the sharps container at the end of your child's time at camp. If you have any specific questions please contact Tim at the Recreation Department (781-235-2370).

COUNSELOR ORIENTATION

All Counselors attend a three day orientation program that includes: First Aid/CPR Training, Camp Polices, Games & Activities, Child Development.

FIELD TRIP PERMISSION FORMS

Field Trip permission slips need to be filled out by the parent/guardian for every field trip the child attends. The form must be handed into the Camp Director on the first day of camp. **Your child must wear their camp T-shirt that was given to them on the days of the field trips.** Your child should be dressed appropriate for the weather.

If you do not want your child to attend a certain field trip, it is the parent/guardian's responsibility to find childcare for that particular day.

3/5/12 TAK

Camp 2012
Special Request Form

Campers Name:_____

Adults Name:_____

Adult's Relationship with Child:_____

Date Received:_____

PICK UP POLICY

My Child ,_____ may be picked up by the following individuals:

_____ & _____

My Child ,_____ may NOT be picked up by the following individuals:

_____ & _____

My child is able to visually recognize each of these individuals.

Date_____ Signature_____

FOOD/SNACKS

My child, _____is allergic to the following foods:

_____

_____

_____

My child, _____is not allowed to have the following foods:

_____

_____

_____

Date _____Signature _____

SUNSCREEN

I will allow a (circle one) MALE FEMALE Counselor to apply sunscreen to my child.

Date _____Signature_____