

# CAMP KR C!

**DAY CAMP  
Guide  
2018 -2019**

# **Day Camp Guide**

## **Table of Contents**

Program Enrollment Form	3
Pre-Camp Information, Communication/Cell-Phone Policy	4
Registration/Payments Information	4/5
Refunds/Transfers Policy/Sign-In and Sign-Out Procedures	5
Ages and Ratio Standards/Meal/Medication Policies	6
Meal/Medication Policies/Behavior Management Policies	6/7
Other General Policies	7/8
Guardian Acknowledgement	9
Day Camp Field Trip Acknowledgement	10
Waiver of Liability	11
Minor Participation Authorization and Waiver	12
Arizona Department of Health Service Form	13
Arizona Department of Health Services Medication Form	14

*The following pages are the Camp Kroc Guide. Please review in detail and return the last page to the Kroc Center. If you have questions that are not included in this guide, please contact Terri Cross, the Arts and Education Manager.*

## **COMMUNICATION/CELL-PHONE POLICIES**

We will communicate with you the following ways:

- Facebook – “Like” us on Facebook at facebook.com/campkroc.
- Phone & E-mail – Please ensure you have the most up to date information on file. You can check which information is on file by visiting the Welcome Desk.

If you need assistance, please contact the following people:

- **Terri Cross, the Arts and Education Manager** – 602-425-5008 or via e-mail at: terri.cross@usw.salvationarmy.org.
  - Terri oversees all operational and planning aspects of Camp Kroc. If you are not sure who to ask, she is a great resource.
  - **Tara Britton Arts and Education Lead II** - 602-425-5029 or 602-425-5075
- **Chelsea Johnson, Assistant Center Director** – 602-425-5006 or via e-mail at: chelsea.johnson@usw.salvationarmy.org.
  - Chelsea handles all payment information.
- **Kroc Center Welcome Desk** – 602-425-5000
  - Contact the Welcome Desk for general questions or if you need immediate assistance.
- If you need to get a hold of your camper during the day, please contact the Welcome Desk at 602-425-5000.

**Address:** The Salvation Army Kroc Center  
1375 E. Broadway Road, Phoenix, AZ 85040

**Hours of Operation:** Camp Monday – Friday 8am-4pm

**Extended Care** – Monday – Friday 6am-8am & 4pm-6pm

## **REGISTRATION/PAYMENT INFORMATION**

Please remember the following regarding registration:

- Camper packets must be complete and submitted at least 7 business before children start.
  - If a child is starting Monday, all paperwork must be submitted a full week prior..
- Camper must be in good standing regarding payment before allowed to register for first/future weeks of Camp Kroc.

What is included within your Camp Kroc registration fee:

- Daily breakfast, lunch and afternoon snack,
- Structured curriculum designed by experienced camp professionals, and
- Maintained ratio of at least 1:8 for Camp Kroc Adventures & 1:5 for Camp Kroc Mini

Payment information details:

- Upon initial registration, a camper is required to be registered and paid in full.
  - If the balance is not paid by 6pm on that Friday, the week prior to camp the child will be taken off the roster for the week in question, and the parent will lose the \$20 deposit for that week.

### **Registration Fees**

Camp Kroc Adventure & Camp Kroc Mini

- Gold Member – \$140 per week, per camper.
- Silver Member – \$149 per week, per camper.
- Non-Member – \$165 per week, per camper.

### **Extended Care Fees:**

Camp Kroc Adventures & Camp Kroc Mini

6am-8am & 4pm-6pm \$20.00 per week, per camper

### **Refunds/Transfer Policy**

Refunds follow the Kroc Center refund policy:

- Any approved refunds are issued on a Kroc Center gift card.
- Refund requests can be submitted up to 72 hours prior to the start of the program.
- No refunds/transfers within 72 hours of the start of the program.
- Medical refunds only issued with doctors note.
- No refunds will be given if a camper misses time in a given week.
  - No refunds because a child missed time due to vacation.

### **SIGN-IN AND SIGN-OUT PROCEDURES**

Daily sign-in:

- Extended Care will be at the Gym doors from 6am -8am
- Main sign-in is at the Camp desk by the Gym doors from 8am -9 am.
  - At times this may change, in which case the Welcome Desk will notify campers as they enter.
- Drop-offs after 9am will take place at the Gym Desk, where staff will be contacted via radio to meet the parent.

Daily sign-out:

- Main Camp sign-out will be at the Gym doors from 3pm -4pm.
- Extended care will be by the Chapel doors from 4pm-6pm
- The counselor in charge will ask for photo identification and will get the child from Chapel.
- Please note however, that it can take between 5-10 minutes to retrieve your child, as the groups are spread out throughout the center if you pick your child up outside the pick- up times.

Photo identification:

- Current and valid photo identification is required each day at sign-out.

- Valid forms of photo identification include current state-issued identification card or driver's licenses, U.S. military identification cards, or U.S. passports.
- Only adults listed as custodial guardians and additional adults authorized for pick-up will be allowed to sign campers out.
  - Only custodial guardians are authorized to make changes to the contact list of individuals allowed or NOT allowed to sign-out a camper.
  - All changes must be made in person with Camp Kroc leadership.
- Only adults over 18 years of age can be authorized to sign out a camper.

### **AGES AND RATIO STANDARDS**

Children must meet the age requirement by the time they start camp:

- Kroc Mini Camp – 4-5 years old that have not attended kindergarten
- Kroc Adventurers –5-14 years old must have attended kindergarten.

We comply with all state regulations for ratios:

- Camp Kroc Mini – 1:5 ratio
- Camp Kroc Adventure – 1:8 ratio
- Minimum of two staff must be present always.

### **MEAL/MEDICATION POLICIES**

Please review the following notes about meals:

- Breakfast and lunch provided to each camper.
- Meal time depends on their age group.
- Breakfast served between 6-7:30 am.
- Lunch served between 11-2 pm.
- One designated snack time at 4 pm.
- If your camper is a fussy eater, has severe allergies, or has very limiting dietary restrictions, we encourage you to pack a lunch from home. Be sure to make us aware of allergies and dietary restrictions on their medical paperwork.
  - We do not provide alternative meals.
- For the safety of our campers, we ask that you abstain from including peanuts and/or peanut butter in your child's meals.

Medication and emergency protocol:

- If your camper has any special medical needs please include this information on the camper Health History Form, which includes all medical or behavioral diagnoses that may affect your child's experience at camp.
  - Even if your child does not take medication for the condition, knowledge of the condition helps our counselors to provide the best care possible for your child.
- Please note that, we do not provide any medication to children, prescribed or otherwise.
  - This includes over-the-counter medications like Advil, Benadryl and etc. If your child may need any of these medications, please provide a prescription for these meds and full, unopened bottles of these medications for your camper(s).

- Please note that we cannot administer medication, that we can only oversee campers self-administer medications approved by a doctor.
- Per state regulations, a medication documentation form will be filled out by staff after your child has taken their medication.
- If a camper becomes ill or injured, the parent guardian will be notified immediately and asked to pick up the camper.
  - If deemed necessary, Camp Kroc staff will contact 911 to ensure proper medical attention is given. Camper is responsible for any costs associated with medical emergencies.

### **BEHAVIOR MANAGEMENT POLICIES**

Should disciplinary action be needed, we will use the following behavioral management plan:

1. Verbal reminders
  2. Parent Conference meetings & documentation
  3. Incident Reports
  4. Dismissal from camp for the day
  5. Dismissal from camp for the rest of the week
  6. Dismissal from camp for remainder of season
- Severity of behavior and steps taken will be determined by Kroc Center management.
  - No refunds, credits, or transfers are given for campers who miss time as a result of the behavior management policy.
  - All situations are kept confidential and can be discussed with Arts and Education Manager at any time.
    - The Salvation Army is a mandated reporter and will report signs of abuse, neglect, and other alarming behavior to the proper authorities.

### **OTHER GENERAL POLICIES**

Backpacks and other items needed:

- Backpack or bag to carry their belongings
  - Everything should be labeled.
- Water bottle with their name
- Sunscreen (SPF 35 or higher is recommended) – recommended that you apply once before arriving at camp
  - Counselors can only apply spray sunscreen.
- Modest swimsuit or shorts and towel for aquatic days

Lost and found:

- Lost & found items are kept for 1 week after a session and then donated to the local Salvation Army Thrift Store.
- The lost & found box is available at the Camp Kroc office. Please see a counselor if you need to find a missing item.

Pool area:

- All campers must change in gender-specific locker rooms under supervision of counselor.
- Appropriate swim attire is required.

- No basketball shorts, cut-off jeans, tank tops or t-shirts.
- Camper must take a swim assessment each session.
- Due to safety, the only floatation devices or life jackets allowed are the ones we provide.
- Pool toys of any kind are not allowed.
- Indicate on your enrollment form if special assistance is needed while swimming.

## **Guardian Acknowledgement**

By signing below, I acknowledge that I have read and fully agree to adhere to the policies for the Camp Kroc program at The Salvation Army Kroc Center in Phoenix. I understand these standards, policies and procedures will be upheld and enforced consistently for all participants, and for all guardians of participants for as long as the participants mentioned below is enrolled in the program. I understand that a failure to adhere to these policies may result in a negative consequence, including possible dismissal from the program.

Camper Name: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Waiver of Liability



## ROCK CLIMBING WALL

FOR AND IN CONSIDERATION of being permitted to use the Climbing Wall, its facilities, equipment, and/or apparatus, I, my heirs, assigns, or other successors in interest, do hereby release and forever discharge The Ray and Joan Kroc Center and The Salvation Army, the State of Arizona and its officers, agents, employees, agencies and departments (hereinafter the "releasees") from any and all liability, claims, demands, damages, actions and causes of action of any nature whatsoever arising out of or related to any loss, damage, or injury including death, that may be sustained to me, or any property belonging to me, due to negligence or any other cause, resulting from, arising out of, or in connection with my use of the Climbing Wall, its facilities, equipment, or apparatus.

I am fully aware that climbing is an inherently hazardous and dangerous activity that can result in harm, loss, damage, personal injuries, or death. I am further fully aware that the risks of participation in climbing wall activities, include but are not limited to, being hit by falling objects including other participants, falling, impact or collision with other participants or spectators; personal injury including bruises, abrasions, broken bones, paralysis, head injuries, internal injuries; death; property damage and loss of property.

I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, which may be sustained by me, or any loss of or damage to property owned by me, as a result of being engaged in this activity.

I agree that my use of the Ray and Joan Kroc Center Climbing Wall for activities, including, but not limited to climbing, is entirely voluntary and with a complete and full understanding that any and all such usage involves hazards and dangers that can result in harm, loss, damage, personal injuries, and death.

I AGREE TO INDEMNIFY AND SAVE HARMLESS the releases from all loss, damage and expense of any kind or character arising out of injury, death, damage or loss sustained by me due to participation in this activity.

IN SIGNING THIS RELEASE, I CERTIFY THAT I AM OVER THE AGE OF EIGHTEEN (18) (OR CERTIFY THAT I AM OVER THE AGE OF EIGHTEEN (18) AND THE PARENT/GUARDIAN OF THE PARTICIPANT WHO IS UNDER THE AGE OF EIGHTEEN 18 AND ENTER THIS AGREEMENT ON THE PARTICIPANT'S BEHALF) COMPETENT TO SIGN, AND REPRESENT THAT I HAVE COMPLETELY READ AND FULLY UNDERSTOOD AND VOLUNTARILY ACCEPT THE TERMS OF THIS RELEASE. COMPETENT TO SIGN, AND REPRESENT THAT I HAVE COMPLETELY READ AND FULLY UNDERSTOOD EACH AND EVERY PROVISION AND VOLUNTARILY ACCEPT THE TERMS OF THIS RELEASE OF LIABILITY AND THAT I AM VOLUNTARILY EXECUTING THIS AGREEMENT.

NAME (Please Print)	DATE OF BIRTH
SIGNATURE	DATE
ADDRESS	PHONE NUMBER

### **IF UNDER THE AGE OF 16, PARENT / GUARDIAN SIGNATURE REQUIRED**

PARENT / GUARDIAN SIGNATURE	DATE
PRINTED NAME	PHONE NUMBER

<b>FOR OFFICE USE ONLY</b>	ENTERED BY:	DATE:
----------------------------	-------------	-------





CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	Updated:
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
------------------------------	--------------	----------------------------------

\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
---	--

The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
-----------------

Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
-------------------------------	--------------	-------

**Arizona Department of Health Services  
Bureau of Child Care Licensing**

**MEDICATION CONSENT FORM**

First & Last Name of <b>CHILD</b> :			
Type/Name of Medication:	Prescription #:	Dosage:	Route (method)*:
Start date:	End Date:	Times & frequency:	
REASON:			
I give permission for the administration of the medication, according to the instructions listed, to the child listed above.			
Date of authorization:		Signature (parent/guardian):	

**POSSIBLE SIDE EFFECTS TO WATCH FOR WITH THIS MEDICATION:**

---



---

**\* Injections: Attach health care provider's written authorization.**

\*\*\*\*\*

FOR STAFF REVIEW PRIOR TO ADMINISTERING MEDICATION:	YES	NO
Is the medication consent form complete?	<input type="checkbox"/>	<input type="checkbox"/>
Is the original prescription label on the medication container or prepackaged and labeled for use by manufacturer?	<input type="checkbox"/>	<input type="checkbox"/>
Is the full name of the child on the container?	<input type="checkbox"/>	<input type="checkbox"/>
Is the prescription or over-the-counter medication current?	<input type="checkbox"/>	<input type="checkbox"/>
Is the dose, name of drug, frequency of administration given on label consistent with instructions above?	<input type="checkbox"/>	<input type="checkbox"/>
Staff initials: _____		

***Please use the second page to document administration of the medication.***

**Name of Child:**

DATE	NAME OF MEDICATION	RX#	DOSE	TIME	FULL SIGNATURE of AUTHORIZED STAFF PERSON