

2010 Camp “FUN”shine Registration Form

Child's Information

Name: _____
Last First Age DOB

Full Address including ZIP: _____

Gender: M F

Week 1: June 14 - 18 <input type="checkbox"/>	Week 2: June 21 - 25 <input type="checkbox"/>	Week 3: June 28 – July 2 <input type="checkbox"/>	Week 4: July 12 – 16 <input type="checkbox"/>
Week 5: July 19 - 23 <input type="checkbox"/>	Week 6: July 26 - 30 <input type="checkbox"/>	Week 7: August 2 - 6 <input type="checkbox"/>	Week 8: August 9 - 13 <input type="checkbox"/>

****CAMP WILL NOT BE HELD THE WEEK OF JULY 5 – 9, 2010****

Contact Information

Mother/Guardian Information

Name: _____
Last First

Full Address including ZIP: _____
 (Only if different from camper's)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Father/Guardian Information

Name: _____
Last First

Full Address including ZIP: _____
 (Only if different from camper's)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Additional Information: Please list any information that may assist us in making your child's experience a positive one
 (For example: comforting tools, fears, etc.)

Allergies (State Allergy, Reaction and Treatment)

	Allergy	Reaction	Treatment
1.	_____	_____	_____
2.	_____	_____	_____

Physician's Information (Please attach or provide business card if available)

Name: _____ Phone: _____

Emergency contact (other than parents/guardians)

1. Name: _____
Last First Relationship to child

Full Address including ZIP: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____
Last First Relationship to child

Full Address including ZIP: _____

Home Phone: _____ Cell Phone: _____

Release Section

If parents of the camper are divorced, please list the name of who has legal custody of the child named on this application? _____

May the non-custodial parent pick up the child named on this application? ___ YES ___NO.

If yes, include required information in the release section. If no, legal documentation may be required.

The child named on this application will be released only to the people named as parents or emergency contacts on this application. **Please be advised that identification will be required.**

Camp FUNshine Policy and Procedure Agreement:

I _____ hereby acknowledge that I have read and agree to abide by the identified Camp FUNshine policies and procedures listed in the camp information package that was made available to me. I understand that a fee of **\$1 per minute** will be charged for campers that are not registered for pre/post camp, arriving prior to 9AM or not picked up by 5PM. I understand that a fee of **\$1 per minute** will be charged for campers that are registered for pre/post camp, arriving prior to 7:30AM or not picked up by 6PM.

Medical Care Authorization and Hold Harmless Agreement:

I _____ also hereby acknowledge my receipt and understanding of the information disclosed on this registration form. I hereby grant permission to the Town of Matthews Staff to obtain medical care from any licensed physician, hospital, medical clinic or emergency medical service organization for the above named at such times as deemed necessary for physical health purposes. I hereby voluntarily release and discharge the Town of Matthews, the Matthews Parks and Recreation Department, its agents, contracted services, servants and employees from any and all claims for injury, illness, death, loss or damage, which my child may suffer as a result of his/her participation in the Town of Matthews activities.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Welcome to Camp FUNshine 2010!

Your Goals Are Our Goals!

- ④ To have fun! (*always #1*)
- ④ To offer safe recreational and educational programs to all participants
- ④ To promote character enhancement by encouraging and modeling personal interaction and supervision in a stimulating, flexible environment
- ④ To foster positive self-image in each child through an asset and character building framework
- ④ To attempt to develop socialization skills through multicultural exposures
- ④ To encourage health and fitness as a lifetime goal
- ④ To instill appreciation and responsibility for the outdoor world and learn how to take care of it

Expect the Best!

- ④ We supervise participants in a safe, structured environment
- ④ Participants have the opportunity to interact with staff and specialists
- ④ Participants can develop a life-long love of learning through a recreational setting
- ④ Participants can discover that learning is fun and knowledge is power
- ④ We stress basic skills in character education, reading, arts, science, sports, diversity, conflict resolution, fitness and wellness

What do I need for camp?



Lunch / Snacks

Campers must bring a lunch to camp each day. Each camper will receive a snack two times per day. This will include one drink (usually a box of juice) and one snack item (crackers/cheese, pretzels, etc.) If you think that your child will require any additional snack items, please include it with their lunch.

Activities

Campers will swim at least three days per week weather and field trip permitting. It is asked that all campers bring their swimming apparel each day to camp. We may add swim times that may not be announced ahead of time. Campers must wear tennis shoes each day to camp. Flip-flops or any other open-toe shoes are not permitted. Campers will exercise each day. An example would be jogging around a track and/or jumping jacks and stretching exercises inside the facility. Please inform camp staff if a medical or physical condition prohibits participation in these exercises.

Sign in / Pick up

Parents / Guardians must accompany their child into the designated area to sign in and drop off campers.

Parents must also come into the camp facility to pick up and sign out campers.

Activity Suggestions

Camp “FUN”shine’s camp activity schedule is very flexible. We would like to know if there were any additional activities you would like to see at camp this summer. Please return your suggestions to camp staff, the Matthews Community Center, or email them to Corey King (cking@matthewsnc.com)

Camp FUNshine requests that parents...

- Abide by camps posted hours of operation
- Notify camp staff when campers require late drop-off at camp or early pick up from camp, since this may affect scheduled activities
- Make sure they sign their child in and sign their child out each day of camp
- Register for pre and post camp if they wish to utilize the pre-post camp hours
 - A fee of \$1 per minute will be charged for campers that are not registered for pre/post camp, arriving prior to 9AM or leaving after 5PM.
 - A fee of \$1 per minute will be charged to pre/post camp participants that are not picked up by 6PM.
 - Arrival at camp is not permitted prior to 7:30 AM

Rules of Camp FUNshine

- Be respectful of personal space (no hitting, kicking, biting, etc.)
- Respect counselors and guests
- When the whistle blows, listen for instructions
- No horseplay (innocent playing around could result in someone being seriously hurt)
- Campers must remain with counselors at all times during camp.
- Be courteous to all:
 - Respect the opinions of others
 - Use appropriate language and tone
- Leave personal computer games at home
- Abide by the GOLDEN RULE,
Do unto others..... you know the rest

Discipline Policy

Camp FUNSHINE staff anticipates a great summer. Our number one goal is to have fun. In order to ensure that all campers have a great experience in camp, behavior must be regulated. We must establish a boundary where one camper's idea of "having fun" detracts from the experience of others.

First occurrence - verbal warning

Second occurrence - limitation of activities

Third occurrence - Parent notification

Continual incidents of misbehavior will require a meeting with parents and staff. Camp staff will have "Discipline Cards" that they have with them at all times. Incidents that escalate to a *Second Occurrence* will be documented and available for parents, along with parent notification for *Third Occurrences*.

Other Important Information

Evaluations

Parents are asked to complete an evaluation form for each week of camp that their child attends. The forms are available to parents at the camp site. Please complete and return to camp or send to Corey King.

Contact Information

Matthews Parks, Recreation and Cultural Resource Department
Corey D. King, CPRP
Recreation Program Supervisor
704-814-4750
cking@matthewsnc.com

Camp Location: Matthews Elementary School, 200 McDowell Street, Matthews NC 28105

Registration Location: Matthews Community Center, 100 McDowell Street, East
(Behind Matthews Elementary School)

"MEET THE COUNSELORS"
Thursday, June 10, 2010 6:30 PM – 7:30 PM
Matthews Community Center

This will be an opportunity for you to talk to the people that will make Camp FUNshine 2010 better than ever! Come prepared to ask all the questions that you may have. I look forward to working with you and your child this summer.

Camp staff will be issued a cellular phone before the start of camp. The cellular number will be given to parents at the "Meet the Counselors" night and also at the beginning of each week of camp.

We are going to have a GREAT summer!

Camp “FUN”shine

Weekly Feedback Form

We appreciate your input in making Camp “FUN”shine a great experience for you and your child. Please complete an evaluation of each week that your child attended Camp “Fun”shine. Circle the answer that best describes your/your child’s experience at Camp FUNshine.

1. Please indicate the week that your child attended Camp “Fun”shine

- June 14 – June 18, 2010
- June 21 – June – 25, 2010
- June 28– July 2, 2010
- July 12 – July 16, 2010
- July 19 – July 23, 2010
- July 26 – July 30, 2010
- August 2 – August 6, 2010
- August 9 – August 13, 2010

2. On-site camp activities

- My child felt that there were a good amount of activities for my child at camp
- My child felt that there were too many activities at camp
- My child expected more activities at camp

3. Variety of camp activities

- My child felt that there was a great variety of activities at camp
- My child felt that there could have been a better variety of activities at camp
- My child felt that there was a lack of variety in camp activities

4. Number of Field Trips

- There were a sufficient number of field trips scheduled the week that my child attended camp
- I would have liked more field trips scheduled the week that my child attended camp

5. Quality of camp counselors

- The camp counselors operated camp well
- The camp counselors could have done a better job operating camp
- The camp counselors did a poor job operating the camp

6. Counselor – camper interaction

- Camp counselors interacted very well with my child
- Camp counselors could have done a better job of interacting with my child
- Camp counselors did not interact well with my child

7. Cost of Camp “FUN”shine

- A great value, considering the benefits of the camp
- Reasonable
- Too expensive

Camp “FUN”shine Weekly Feedback Form

8. What was the best part of camp? _____

9. What is an area(s) that you feel needs improvement? _____

10. What are some things that you would like to see added to camp? _____

Additional Comments (greatly appreciated!) _____
