

Bright Days Summer Camp 2017

HYDE PARK ELEMENTARY SCHOOL

Stay • Smart • Have • Fun



Providing Pre K through 8th grade Summer
Celebrating our 5th year!

Art, Science, Swimming, Sports, Nature, Reading & Math
All from surrounding communities WELCOME!

DATES: JUNE 26th – SEPT 6th M-F

CONTACT: Email us! BrightDaysCamp@gmail.com or
Call OUR OFFICE @ 845-698-0117. We are open all year serving
Families and students with Before/After Care and Youth Camps
Visit our website: www.BrightDaysSummerCampHydePark.com
Mailing address: PO Box 378, Hyde Park, NY 12538

PRICING:

Registration fee one-time \$35 per camper
Weekly Tuition: \$185 first child/\$165 second child
Weekly Swim fee: \$10 per child
Local Field Trips and Workshops range: Free to \$12



Groups:

LOWER CAMP: Penguins – Pre K and K

UPPER CAMP

Dolphins – 1st and 2nd

Zebras – 3rd and 4th

Lions – 5th and 6th

Eagles - 7th & 8th grade

Schedule: 7 am to 8:15 am (before care included in tuition)

8:15-3:30 Summer Camp Activities

3:30-5:00 After Care (after care included in tuition)

Summer Camp Activities

swimming, sports, local field trips, arts, crafts, golf, soccer, fitness obstacles, summer reading and creative writing, summer math practice, nature exploration, and more! Lead by NY State Certified Teachers. Swimming Program at local rec pool, \$10 per child per week.

FOOD: Campers pack their lunches each day. Families can provide labeled snack bins ahead of time. Pizza lunch/side offered each Monday & Friday for \$3. \$2 extra slice. Bright Days offers before and after care snacks, juice, ice water. Vending snacks/drinks available.

Camper Registration for the season 2017, please sign & return with registration fee

Name of Camper(s)	Gender M or F	DOB	Fall 2017 Grade	T-Shirt Size (see below)

T-shirt size: child xsm (3-5) child sm (6-8), child med (10-12), child lg (14-16).

Name of Mother

Name of Father

Primary Home Address

Home Phone #Mother's Cell #

Mother's email Father's Cell #.....

Father's e-mail

Authorized Pick Up for Children in Family: If the person who is authorized to pick your child(ren) up is not a parent/guardian we will ask for a photo Id before releasing your child.

1. Name _____ Phone _____
Relationship to child(ren) _____

2. Name _____ Phone _____
Relationship to child (ren) _____

3. Name _____ Phone _____
Relationship to child(ren) _____

- Please CHECK OFF BELOW the weeks your campers will be attending. Weekly tuition payments are due each week prior to attendance, no refunds or discounts, thank you!

	Check if Attending	# of Children		Check if Attending	# of Children
Week 1: June 26 th			Week 6: July 31 st		
Week 2: July 3 rd Open all 5 days!			Week 7: August 7 th		
Week 3: July 10 th			Week 8: August 14 th		
Week 4: July 17 th			Week 9: August 21 st		
Week 5: July 24 th			Week 10 : August 28 th Closed Friday Sept 1 st no tuition rate reduction		

Bright Days Summer Camp

CHILDREN WILL NOT BE REGISTERED INTO CAMP UNLESS SIGNED BY PARENT OR GUARDIAN

- BY INITIALING AND SIGNING THIS FORM, I AGREE TO PAY A \$35 REGISTRATION FEE PER CAMPER AT THE TIME OF REGISTRATION. _____
- CASH OR CHECKS MADE OUT TO BRIGHT DAYS. ALL BALANCES MUST BE PAID. _____
- I UNDERSTAND THAT THE BALANCE FOR EACH WEEK IS DUE BY THE FRIDAY PRIOR TO EACH START WEEK. _____
- I UNDERSTAND THAT NO REDUCTION OF CAMP FEES CAN BE MADE FOR MISSED DAYS OR ABSENCES FOR WHATEVER REASON. _____
- I CONSENT TO MY CHILD'S PARTICIPATION IN ALL CAMP SPONSORED ACTIVITIES INCLUDING LOCAL TRIPS OUTSIDE CAMP AS A PART OF THE REGULAR CAMP PROGRAM. BRIGHT DAYS WILL POST AND NOTIFY EACH FAMILY AND PROVIDE PERMISSION SLIPS _____
- I UNDERSTAND THAT BRIGHT DAYS WILL MAKE EVERY EFFORT TO PROTECT AND SAFEGUARD BELONGINGS OF CAMPERS. I WILL THEREFORE NOT HOLD THE CAMP RESPONSIBLE FOR MY CHILD'S EQUIPMENT AND BELONGINGS IF DAMAGED, LOST OR STOLEN. _____

DateSignature of Parent or Guardian.....

Code of Conduct

- We will always place safety first, which will mean regular buddy checks, safety drills and procedures to ensure child safety. Safety procedures are to be treated with utmost importance.
- We ask all parents to go over this code of conduct with enrolled children. We place high importance on all students treating others in a positive, respectful way.
- Be respectful, honest and kind. Use positive language, be gracious competitors and show good sports etiquette and share.
- Be considerate to others and to the environment by cleaning up after yourselves.
- Follow staff directions and please ask if you don't know!
- No violence, throwing things, rough housing or demeaning language
- Always engage a staff member to settle an issue between students. Don't take matters into your own hands.

Consequences of not following code of conduct

- The Director will determine disciplinary action after staff reports incidents. Consequences may include 1) a gentle reminder 2) a few minutes aside from group activity, 3) call guardian and leave for the day 4) child will be removed from the program with no refund.
- Bright Days reserves the right to immediately dismiss any child from the program for extremely disruptive behavior, for behavior placing a student/staff safety in jeopardy or any violence. Examples include but are not limited to: 1) intentionally hurting another child 2) stealing 3) refusing to comply with a safety directive 4) violence, etc.

We take seriously child safety, camp codes and rules and a code of conduct to help make sure your child is as safe as absolutely POSSIBLE.

Bright Days Program Rules and Regulations for children and families

- All parents/guardians must follow proper sign in and sign out procedures. We cannot overstate how important this is. If child(ren) is leaving with an approved person but someone other than their parent/guardian, photo identification must be presented.
- Children cannot attend program if they have a fever or contagious illness.
- Parents will be notified, and children must be picked up in the event of illness.
- Shelter In Place Locations : Regina Coeli Church/Rectory, Hyde Park Library Rt 9
- Appropriate attire must be worn at all times. Please label all children’s items.
- Healthy snacks will be provided daily during AFTERCARE.

PAYMENTS: Families can pay via check, cash or through our PAY WITH EASE PROGRAM. Easily pay by credit card or debit card. We must have two cards on file! Payments for each week must be received in advance. If payments are not received, then your camper’s spot will be forfeited. We appreciate timely payments in order to support the various summer resources for quality programming. Is this at least your second summer? Ask about our special payment plan that spans 10 weeks.

AFTERCARE FEES: Camp’s weekly tuition rates include before care starting at 7 am and aftercare until 5 PM. After 5 PM the cost charged to families is \$5 per camper **WITHIN** each 30 minutes. After 6 PM the cost is \$5 per camper **WITHIN** each 15 minutes. We are here for families, however, must provide sufficient staffing. Thank you!

FOOD: Pizza sold Mon and Fri for \$2 per slice. Please pre order & pay. BD reserves the right to ensure all campers have lunch & will bill families in the event lunch is not sent in/provided by parent/guardian. We offer vending & fresh ice water stations throughout camp. Suggestions: please send \$\$ with campers for vending machine to keep in their bins. Please pack plenty of snacks and drinks! Campers are ACTIVE!

Name (please print) _____ Signature _____ Date _____

2017 Summer Camp Weekly Fee Schedule		
Prices below do not include the one time \$35 registration fee per child. Prices below include before and after care fees for hours b/w 7 am and 5 PM. Extended after care fees apply. We Accept: Cash (preferred), Checks (preferred), Visa, MasterCard, Discover. No PayPal Please!		
One Child	Two Children	Three Children
\$185	\$185 \$165	\$185 \$165 \$100
Subtotal: \$185	Subtotal: \$350	Subtotal: \$450
Swim \$10	Swim \$20	Swim \$30
Total: \$195	Total: \$370	Total: \$480

	PAYMENT DUE DATE		PAYMENT DUE DATE
Week 1: June 26	FRIDAY JUNE 23	Week 6: July 31	FRIDAY JULY 28
Week 2: July 3 Open all 5 days this week	FRIDAY JULY 30	Week 7: August 7	FRIDAY AUG 4
Week 3: July 10	FRIDAY JULY 7	Week 8: August 14	FRIDAY AUG 11
Week 4: July 17	FRIDAY JULY 21	Week 9: August 21	FRIDAY AUG 18
Week 5: July 24	FRIDAY JULY 28	Week 10 : August 28 Closed Friday Sept 1	FRIDAY AUG 25

A. Child Information (2nd packet provided for additional children per family)

1. Children's Name _____ Age _____

School _____

Primary Home Address _____

C. Although medical situations are rare, we need to be prepared for any and every possible contingency.

In the event of serious illness or injury, I authorize Bright Days Program Staff to obtain necessary emergency medical treatment. Every attempt to contact a parent or guardian will be made. I accept responsibility for the cost involved in the transport and treatment of my child.

Child's Primary Pediatric Physician _____

Phone _____ Address _____

If guardian cannot be reached in the event of an emergency, list contact numbers to be used:

#1 Name: _____ Relationship to Child _____
Home Tel. _____ Cell _____

#2 Name: _____ Relationship to Child _____
Home Tel. _____ Cell _____

Medical History
A separate form must be completed for each child.

Medical History

Child's Name _____ Age _____

1. Are there any current conditions or limitations that the staff should be aware of? If yes, why?

2. Is your child on any medication? Y or N. If yes, what is the name of the medication(s)

Note: ANY CHILD ATTENDING THE PROGRAM WITH EPI PENS OR INHALERS MUST HAVE PRE-APPROVED PERSONAL HEALTH CARE PLAN. See form at the end of this packet.

Please note we are not authorized to administer any medications. The exceptions are epi-pens and inhalers with a pre-approved personal health plan.

4. Does your child wear any appliances? (Glasses braces, etc.) _____

5. Is your child subject to any of the following? (check all that apply)

- | | | |
|----------------------|---------------------|------------------------------|
| _____fainting spells | _____headaches | _____tonsillitis |
| _____eczema | _____stomach upset | _____wetting |
| _____abdominal pains | _____hay fever | _____convulsions |
| _____diabetes | _____sinus trouble | _____frequent sore throat |
| _____asthma | _____bronchitis | _____ear infections |
| _____constipation | _____mood disorders | _____other, please list_____ |

6. Does your child suffer from:

- | | | |
|--------------------|----------------------|--------------------------------------|
| _____lung problems | _____kidney problems | _____heart problems |
| _____hernia | _____epilepsy | _____allergic reaction to bee stings |

7. Can we administer over the counter topical ointment on your child if necessary (Neosporin) ?

Y or N

8. Can we apply insect repellent and sunscreen? Y or N

Parents/Guardians: Please provide repellent and sunscreen at the start of camp. If your child is not able to have generic brands, please provide them with a specific kind that is well labeled with your child's name. We have a supply list handy, which suggests stocking a labeled plastic bin with supplies for each of your campers for each week.

**Bright Days Before and After School Program
Summer Camp 2017 REGISTRATION**

4327 Albany Post Rd, Hyde Park, NY 12538 office: 845-698-0117, mobile: (262)-227-0007
(914) 475-3679

Mailing Address: PO Box 378 Hyde Park, NY 12538

First Aid Kit - Child Information Summary - Page 1

We keep this form in the first aid kit, which has a summary of all your child's important information. We strongly recommend including a photo in the top left hand corner.

PHOTO OF CHILD (Optional)	NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES			
	DAY CARE REGISTRATION			
	Child's Full Name:			
	Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is your child allergic to?			
Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.				
Child's Source of Medical Care/Primary Care Physician's Name:			Telephone Number:	
Child's Source of Dental Care/Dentist's Name:			Telephone Number:	
Name Of Medical Care Facility/Hospital:			Telephone Number:	
Would you like information on Child Health Plus? <input type="checkbox"/> Yes <input type="checkbox"/> No				
EMERGENCY DATA	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check type)
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other

Bright Days Before and After School Programming Summer Camp REGISTRATION

4327 Albany Post Rd, Hyde Park, NY 12538 office: 845-698-0117, mobile: 262-227-0007

First Aid Kit - Child Information Summary - Page 2

Provider/Day Care Facility Name and Address: Bright Days Before and After School Program Location: Hyde Park Elementary School. Rm 2, 3 and 19, North facing rear atrium. 4327 Albany Post Rd.	CHILD'S FULL NAME:		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	CHILD'S HOME ADDRESS:		DATE OF BIRTH:	
	DATE OF ACCEPTANCE:		HOME TELEPHONE NUMBER:	
	NAME OF PERSON APPLYING FOR CHILD:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other	HOME TELEPHONE NUMBER:	
			DAYTIME TELEPHONE NUMBER:	
	ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S):			
	AGREEMENTS I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates. I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. <input type="checkbox"/> Yes <input type="checkbox"/> No In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child. <input type="checkbox"/> Yes <input type="checkbox"/> No I have provided information on my child's special needs (Allergies, Diet, Disabilities, and /or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. <input type="checkbox"/> Yes <input type="checkbox"/> No I agree to review and update this information whenever a change occurs and at least once every six months. <input type="checkbox"/> Yes <input type="checkbox"/> No			
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE			DATE:	

Summer Camp Supply List

Please label all items. Each Thursday and Friday please scan our lost and found table during pick up to ensure missing items can be matched and returned to your child's bin.

Lower Camp – pre k to K NOTE: parents can select the lower camp option for their 1st grader. See office for details.

- Medium to large labeled tote bin per child
- Full change of clothes including socks/undergarments
- Second pair of play shoes and socks. Covered crocks or water shoes preferred.
- Bug spray
- Sun screen
- Swim suit
- Towel
- Small pillow
- Small blanket
- Summer LEVELED READING BOOKS! Send books labeled in a plastic labeled bag.
- Daily lunch/beverage.
NOTE: pizza lunch w/ side offered on Mondays and Fridays for \$3. \$2 for additional slices.
- Daily snacks
NOTE: Camp provides fresh Poland spring ice water all day and all throughout our camp for all campers.

Upper Camp – 1st to 6th grade

- Medium to large labeled tote bin per child
- Full change of clothes including socks/undergarments
- Second pair of play shoes and socks. Covered crocks or water shoes preferred.
- Bug spray
- Sun screen
- Swim suit
- Towel
- Daily lunch/beverage.
- Summer READING BOOKS! SEND THOSE CHAPTER BOOKS LABELED AND IN A LARGE ZIP LOCK BAG. EARN VENDING TICKETS FOR YOUR READING!
NOTE: pizza lunch w/ side offered on Mondays and Fridays for \$3. \$2 for additional slices.
- Daily snacks
NOTE: Camp provides fresh Poland spring ice water all day and all throughout our camp for all campers. We also have vending available, which requires campers use their own money. Included in program are basic snacks offered before care and after care.

BRIGHT DAYS SUMMER CAMP REGISTRATION PACKET, Bright Days 4327 Albany Post Rd, Hyde Park, NY 12538. HYDE PARK ELEMENTARY SCHOOL, office: 845-698-0117, **Mailing Address: PO Box 378 Hyde Park, NY 12538**, BEFORE AND AFTER CARE PROGRAMMING SEPT THROUGH JUNE MON-FRI



BRIGHT DAYS SUPPORTS AN **UNPLUGGED SUMMER**

TECHNOLOGY POLICY for Summer 2017

In recent years campers of all ages have come to Summer Camp with electronic devices containing apps, movies, video games and even the capability to communicate with the world outside of Summer Camp. SUMMER 2017 we proudly identify ourselves as an **"UNPLUGGED SUMMER CAMP"** and for that reason, we have made some necessary changes to our camp codes regarding electronic devices on behalf of the privacy and safety of all campers in our program. Bright Days is a TECH FREE zone as we aim to provide a wholesome and active summer for all campers, JCITs and staff.

- To promote social bonding and connections in the camp community
- To allow campers to fully explore through the activities provided
- To protect our campers from inappropriate material and postings

Bright Days will offer desktop computers to support math and literacy practice, wii sports games, age appropriate movies and kids pop background music. Please understand that Camp will not be responsible for lost, damaged or stolen electronic equipment.

The Director at Bright Days oversees the Facebook page and updates it's newsfeed along with taking photos of children involved in camp activities and fieldtrips.

Dear Parent / Guardian

As the parent of child/children at Bright Days Camp, I agree to the following : I understand that my child whose name is listed below may be photographed at camp during normal daycare hours, field trips, or activities. I understand that these photographs taken by the Director may be used in promoting camp on facebook, brochures and the camp's facebook newsfeed.

Parent/Guardian Name	Relationship to Child
Child 1 Name	
Child 2 Name	
Child 3 Name	
I give permission for my child to be photographed, or their recorded for print or electronic use in promoting our camp services.	
Parent/Guardian Signature / Date	

**Bright Days at Hyde Park Elementary School
 Summer Camp 2017 Permission Slip – Activity Consent Form and Approval by
 Parents/Legal Guardian. June 26, 2017 – Aug 31st, 2017**

Please initial and date next to each field trip activity you consent to

	Daily Swimming at Local Hyde Park Town Rec pool.	Daily activity for grades 1 st grade through 8 th . Supplies needed are swimsuit, towel, goggles, water shoes, sunscreen. \$10 per child / week. 11:15 to 12:15 PM, before lunch.
	RollerMagic Roller Skating Rink, Hyde Park	Cost: Admission \$7. Skate rental \$2, Blade rental \$4, snack food/drink \$5 and up. Between once or twice in summer.
	Roosevelt Cinemas, Hyde Park	Cost: \$5, snacks \$5 and up. 1 st grade through 8 th grade. Between two and four times in summer during rainy days. Families select the movie. After swim/lunch feature.
	Local Hiking / Nature Exploration Hyde Park	FDR Mansion, Vanderbilt Mansion, Val Kill Cottage, Arboretum Trail connecting rt 9 and 9 G, top Cottage trail. Groups Zebras, Lions, Eagles.
	Ecology Summer Program Norrie Point Environmental Center. Tentative	Grades 5 th through 8 th . 4 week session. Free. Thursdays in July
	Splashdown Water Park, Fishkill	Shuttle Bus w/ Bright Days Staff to water park each Friday. When: Each Friday leaves at 9:15 am and returns by 2:45 PM. Cost: Admission / Transportation is \$35 each Friday. Otherwise campers can use their SEASON PASS but pay an additional \$5 round trip transportation fee per camper every Friday. No outside food/beverage allowed. It's required that campers go with labeled zip lock bag with AT LEAST \$7.50 to purchase lunch. We suggest at least an extra \$3 per child for additional cold refreshment prior to departing at 2 PM.

I give permission for my son/daughter to attend the above field trips that I have initialed by. I release Bright Days, LLC from any claim. I give permission for my son/daughter to ride in any vehicle designated by the adult in charge. I give permission for Bright Days staff to seek medical services if needed for my child.

Parent/Guardian Signature

Date

BRIGHT DAYS SUMMER CAMP REGISTRATION PACKET, Bright Days 4327 Albany Post Rd, Hyde Park, NY 12538. HYDE PARK ELEMENTARY SCHOOL, office: 845-698-0117, **Mailing Address: PO Box 378 Hyde Park, NY 12538, BEFORE AND AFTER CARE PROGRAMMING SEPT THROUGH JUNE MON-FRI**