



Camp Discovery Community House 2016

Dear Parents:

Thank you for choosing Camp Discovery @ the Community House. The City of Kissimmee Parks and Recreation Department would like to ***Welcome You and Your Child*** to our Camp Discovery Summer Camp program. Our goal is to provide your child with a quality experience filled with fun, adventure and endless benefits.

To ensure that you and your child enjoy the summer with us, we have provided the following information regarding camp schedules, policies and procedures. Below you will find a grid that has our session dates, camp fees as well as the payment date in which you will need to pay in full for each week of camp. Should you have any questions, please feel free to contact us at **407-518-2360**.

Summer Camp Registration and Payment Schedule

Session	Camp Dates	Payment Due Date By 12:00pm	Fee
Week 1	June 13-June 17	June 3	\$75
Week 2	June 20-June 24	June 10	\$75
Week 3	June 27-July 1	June 17	\$75
Week 4	*July 5-July 8	June 24	\$75
Week 5	July 11-July 15	July 1	\$75
Week 6	July 18-July 22	July 8	\$75
Week 7	July 25-July 29	July 15	\$75
Week 8	August 1-August 5	July 22	\$75
Week 9	August 8-August 9	July 22	\$50

*No Camp Monday July 4th

** Weeks 7 - 9 are located at the Berlinsky Community House – Limited Spaces Available

Summer Camp Registration & Payment Information

- A \$10 deposit (**nonrefundable at any point**) per child per week will reserve a space for your child in camp until the payment due date.
- The balance due must be received by the payment due date (according to the above schedule) in order to confirm your child's enrollment.
- If payment is not received by the due date, the deposit will be forfeited and the space will be opened to the wait list and/or public, if applicable.
- Payments taken after 12:00pm on the Payment Due Date will result in a **\$15 late fee**.
- Enrollment accepted after the payment due date requires payment in full at the time of registration, if space is available.
- Extended Care Hours: 7:00am – 9:00am & 4:00pm – 6:00pm at no additional charge.
- Children **MUST** be 5 years old before their first day of camp.



CAMP DISCOVERY PHILOSOPHY AND GOALS

CAMP DISCOVERY PHILOSOPHY

At Camp Discovery, we believe that summer is a time for fun, exploration and friendship. We are committed to providing children with a safe and supportive environment to explore new arenas as well as expand previously developed interests and skills. We strongly believe that children learn best by doing and Camp Discovery campers will participate in age-appropriate group activities designed to stimulate interest and develop skills in different areas. We expect that with encouragement, campers will discover talents and interests that may become lifelong pursuits.

CAMP DISCOVERY GOALS

Camp Discovery seeks to help each camper and staff member achieve his or her potential in terms of mental development, physical well-being and social growth through a diverse program utilizing trained leadership and the outstanding facilities & programs.

THE PROGRAM SEEKS TO:

- Provide a safe, secure and developmentally-appropriate environment for each child.
- Provide an opportunity for each child to develop a sense of self-confidence and appreciation of personal strengths.
- Provide an opportunity for each child to develop a sense of responsibility as a member of his/her family, the community and the world.
- Provide opportunities for each child to develop respect for the natural environment, self and others.
- Provide an opportunity for each child to develop his or her capacities for leadership.
- Provide a fun/caring atmosphere that allows for individual self-expression/personal growth for all.

CAMP DISCOVERY – GENERAL INFORMATION

Registration: Open registration begins on April 13th for all campers. An initial registration **Camp Packet** must be completed for each child and submitted with a \$10 deposit for each week of camp your child is scheduled to attend at the Oak Street Park Community Center. For your convenience, we offer credit card payments online at webtrac.kissimmee.org, over the phone by calling Oak Street Park Community Center at 407-518-2360 or by coming into the Oak Street Park Community Center. New this year are weekly automatic credit card payments and credit card (only) payments accepted at camp.

Location: Camp Discovery Community House is based out of the Berlinsky Community House, located at 300 E. Monument. During camp, we will also utilize the Oak Street Park Community Center, Kissimmee Lakefront Park and the Kissimmee Civic Center for various activities. See your weekly calendar for further details.

Camp Hours: Camp hours are 9:00am through 4:00pm. Early care runs from 7:00am through 9:00am. Late care runs from 4:00pm through 6:00pm. Early and late care is included in the camp fee and includes supervised, self-directed activities. Any parent picking up their child after 6:00pm **will be charged a Late Fee of a \$1.00 per minute per child, for each minute being late.** This policy will be strictly enforced. Any charges due to a late pick up must be paid at camp the time of pick up with a credit card.

Parent's Meeting: Many questions about Camp Discovery can be answered at the Parent's Meeting on **June 8th from 6:00pm – 7:30pm** at the Kissimmee Civic Center. This meeting is an informative meeting, just for parents, where any questions regarding camp will be answered by the Recreation & Leisure Services Staff and Summer Camp Staff.

Drop-off/Pick-up: On the first day of camp, we recommend that parents accompany each child to his/her group and introduce themselves to their counselor(s) and directors. For safety and security reasons, parents **will be required to sign their child in/out every day, both in the morning and in the evening.** Under no circumstances can a child sign him or herself out from camp. If for any reason you will be picking your child up early, please let his/her counselor know in advance. If someone else will be picking up your child, please let the Camp Director know in advance. This person **must** be on the release authorization form or a written request submitted in person must be provided by the guardian to add someone. **Identification should be carried at all times and will be required for everyone picking up a child.**

Campus Grill Campers Breakfast & Lunch: Campus Grill determines what the breakfast and lunches are on a daily basis. Breakfast is served at a designated time each morning while lunch usually begins around 11:00am with the younger campers and lasts about 30-45 minutes. Depending on space, lunch may have to be served in shifts to the kids. Only children 18 and younger are allowed to eat the provided breakfast/lunch. If extra breakfast/lunch is left over or if campers don't want all of their lunch a "share" table will be used for 2nds. Campers cannot be denied a provided breakfast/lunch and juice/milk. If your child is allergic to certain foods or doesn't like certain foods then please provide your child with a lunch that particular day. Campers are allowed to bring their own lunch or snack from home. Lunches are provided on field trips. Parents will be notified on changes to breakfast/lunches. **Breakfast and lunch WILL NOT be served Week 1 (June 13th - 17th), Week 7 (July 25th - 29th), Week 8 (August 1st - 5th) and Week 9 (August 8th - 9th), please make sure you provide your child with breakfast and lunch those weeks. Breakfast/Lunch is pending Osceola County School District approval. If anything changes you will be informed at the Parent's Meeting.**

Payments: Payments are due, for a given week, by the date given in the payment schedule (on page 1). The entire balance for each week must be paid in full to complete the registration process. A \$10 deposit (nonrefundable) per child per week will reserve a space for your child in camp until the payment due date. The balance due must be received by the payment due date according to the payment schedule in order to confirm your child's enrollment. If payment is not received by the due date the deposit will be forfeited. After the due date, all available camp spots will be opened to the public and/or wait list, if applicable. Enrollment accepted after the payment due date has passed requires payment in full at the time of registration. **You can pay your balances online at webtrac.kissimmee.org, by phone at 407-518-2360. New this year you can set up automatic credit card payments or pay at camp using a credit card (only).**

Waitlist: Once maximum enrollment has been reached for any given camp week, campers will have the option of being placed on a waitlist at no charge. If you are called from the waitlist, you will be given a designated time in which you need to respond or register. If we do not get a response by that designated time, the next participant will be called.

Refund/ Transfer Policy: There is a \$10 **NONREFUNDABLE** fee to reserve a spot each week of camp. This \$10 is transferable if done before the payment due date although all transfers are based on availability. A transfer/request form must be filled out and turned into the Oak Street Park Community Center before the original camp week. A refund will be considered if the request is received in writing prior to the start of the original camp week. No refunds, except for medical (doctors note required) reasons or change of residency (proof required), will be granted after the balance due date has passed for a particular camp session. Refunds for medical reasons or change in residency will be pro-rated.

Calendars: You will be emailed a weekly calendar on the Thursday prior to the following week. This calendar will give an outline of activities for each group. The calendar will also let you know any important information or changes for the following week. Some activities will require campers to bring items from home, i.e. swim suit, towel, etc. Please make a note of these days so campers can participate in all activities.

What to Wear: Shorts and shirt; sneakers or closed-toed shoes; hat and/or sunscreen, if necessary. On pool days, campers must wear a one piece swim suit and bring a towel. Please put your child's name on all articles brought to camp. Please remember to wear your provided Camp Discovery shirt (1) on the scheduled field trip day. Additional shirts may be purchased for \$5 each. Payments for shirts must be made the time of purchase at camp with a credit card (only).

What to Bring: Your child may want to bring a water bottle each day. Check the weekly calendar for other specific items that your child may need to bring with them to camp.

Field Trips: A signed field trip permission slip must be on file for each child. Trips are subject to change/cancellation due to inclement weather and staff is not held responsible to contact parents of any changes. All campers are expected to attend all of the field trips, as they are a scheduled activity of the camp. **The cost of the field trips is included in each week's camp fee. Please be sure your child wears their Camp Discovery t-shirt on field trips and plan to arrive early.** In addition to weekly all camp field trips, individual camp groups may schedule their own off site trip and this information will be noted in the weekly calendar. Off site trips may require an additional fee. Buses provided may not have A/C for field trips and/or pool days.

CAMP DISCOVERY FIELD TRIPS 2016 (Tentative)

WEEK	DATE	LOCATION
1	June 17	Mascot Games
2	June 21	Regal Cinemas (Finding Dory)
3	June 28	Wild Florida
4	July 5	Wet N' Wild
5	July 12	Crayola Experience
6	July 19	Legoland
7	July 26	Aquatica
8	August 3	Pirate's Dinner Show
9	August 8	Fun Spot

* This is a tentative schedule.

**Field trip dates and locations are subject to change without prior notification.



DISCIPLINARY/BEHAVIOR POLICY **CAMP COPY**

Dear Parents:

Proper behavior and cooperation is essential at Camp Discovery for the safety and enjoyment of participants and staff. The following policy has been established to ensure that all parents and campers understand how our staff will handle situations as they arise. Should you have any questions or concerns, please do not hesitate to let us know. We will do our best to be fair and consistent with each situation.

CAMP DISCOVERY “3 STEP POLICY” FOR DISCIPLINE

- 1) Give the camper a public verbal warning and/or a “time-out”. This “time-out” should be something that the child wants to participate in, i.e. a game, arts & crafts, etc. This period should not exceed 10 minutes and should never involve food/drinks. Please talk to the camper and make sure they know what they did wrong so it does not happen again as well as what behavior you expect out of them.
- 2) If the behavior continues, pull the camper aside and give a private warning. Each camper will have a behavior form on file that will need to be filled out and put back in the binder. The parent may be brought in for a meeting with the Director(s).
- 3) If the behavior still continues, pull the camper aside and again give them a private warning. At this point, the Director(s) should be involved in the disciplining of the camper as well as notifying the parent of this repeat behavior. At this time, the child may be suspended from a day of camp, field trip or pool. The parent must meet with involved Camp Staff during the programming hours of 9am-4pm or at an agreed upon time to keep the camper in camp. The next and as the last step, the child may be expelled from summer camp. All involved staff must fill out a full page incident report as well as inform camp administration at Oak Street.

Camp Discovery is a great experience for all children. It is necessary to have a discipline policy in place to ensure a quality program for all participants. It is appreciated that you go over the importance of conduct with your child(ren) and our discipline policy.

I UNDERSTAND AND ACCEPT THE DISCIPLINARY/BEHAVIOR POLICY.

Keep this Copy



CAMP DISCOVERY – COMMUNITY HOUSE 2016
City of Kissimmee Parks & Recreation Department
PARTICIPANT INFORMATION

Child's Name _____

I/We, (Parent's Name) _____ have legal custody of

_____, a minor, age _____ born _____, who resides with me
(Child's name) (Age) (Birth date)

Address _____

City _____ State _____ Zip _____ Parent's E-mail address: _____

Mom: Home Telephone _____ - _____ Work Telephone _____ - _____ Cell _____ - _____ Birth Date: _____

Dad: Home Telephone _____ - _____ Work Telephone _____ - _____ Cell _____ - _____ Birth Date: _____

K 1 2 3 4 5 grade (entering Fall 2016) _____ Female _____ Male
(Circle one)

Name of the school that my child attends: _____

Child's Shirt Size: (circle one) **YOUTH- Small, Medium or Large; ADULT- Small, Medium, Large, XL**

In accordance with the American with Disabilities Act, describe any accommodations needed for your child's participation in this program: _____

RELEASE AUTHORIZATION

I/we give the following people permission to pick up my child and contact in the event of an emergency: (Only the following people listed below or above will be allowed to pick up your child, unless the Camp Director receives written notification in advance by the parent/guardian) **** Identification will be required for all ****

- | | | | |
|----------|----------------------------|---------------|-----------------------|
| 1. _____ | Phone # Home _____ - _____ | _____ - _____ | _____ |
| | Work _____ - _____ | _____ - _____ | relationship to child |
| | Cell _____ - _____ | _____ - _____ | |
| 2. _____ | Phone # Home _____ - _____ | _____ - _____ | _____ |
| | Work _____ - _____ | _____ - _____ | relationship to child |
| | Cell _____ - _____ | _____ - _____ | |
| 3. _____ | Phone # Home _____ - _____ | _____ - _____ | _____ |
| | Work _____ - _____ | _____ - _____ | relationship to child |
| | Cell _____ - _____ | _____ - _____ | |
| 4. _____ | Phone # Home _____ - _____ | _____ - _____ | _____ |
| | Work _____ - _____ | _____ - _____ | relationship to child |
| | Cell _____ - _____ | _____ - _____ | |

I understand that there is an inherent risk in my participation in this program, and I agree to hold harmless the City of Kissimmee, the City of Kissimmee Parks & Recreation Department and any employee of the City of Kissimmee against any and all claims resulting from my participation in this camp.

Parent/ Guardian Signature _____ Date _____



CAMP DISCOVERY – COMMUNITY HOUSE 2016

Child's Name _____

HEALTH HISTORY AND RELEASE

Does your child have any special needs, medical concerns, allergies, behavioral/social conditions or any other accommodations that we need to be aware of to ensure a safe and enjoyable summer with us? _____

Food Allergy: NONE
 Egg Peanut Tree Nut Shellfish Wheat (Gluten)
 Fish Soy Milk Other/Additional _____

The City of Kissimmee Parks & Recreation Department is truly committed to providing a safe, fun, and enjoyable experience for all participants in our camps and programs. We understand that some children have special needs; and that there are varying types and degrees of these needs. Although our qualified staff members are well-trained and knowledgeable, depending on a child's individual needs, there may not be the resources for the one-on-one care that some children require.

If you prefer to speak directly with the Administrative Staff, please call our office to discuss at any time. Once we speak, together we can make an informed decision on whether it is in the best interest of your child, as well as the other campers, to register your child into our summer camp program. Please keep in mind that if, at any time, a student is creating an unsafe environment for the other campers or camp as a whole, the child may need to be removed from camp. We appreciate your understanding as safety is of the utmost importance.

Please Note: If your child requires prescription medication during camp hours, a separate Permission and Waiver to Dispense Medication and medication information must be completed by parent or guardian.

IN CASE OF EMERGENCY, I/We authorize the CITY OF KISSIMMEE PARKS & RECREATION STAFF, in whose care my child has been entrusted, to take my child to an emergency room, doctor's office, clinic or hospital. I/We also give my/our consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to my child, by a doctor or surgeon licensed to practice in any state in the United States.

I HAVE READ THIS SECTION AND I AGREE TO OBSERVE ALL THE POLICIES LISTED ABOVE.

Parent/Guardian Signature _____ Date _____

FIELD TRIP & AQUATIC CENTER – Permission Slip

(Child's Name) _____ has my permission to participate in weekly field trips as scheduled by the City of Kissimmee including the BOB MAKINSON AQUATIC CENTER during the Camp Discovery Program. I understand transportation will be via City of Kissimmee bus, passenger van or contracted bus.

(Please Initial)

_____ My child **CAN NOT** swim.

_____ My child **CAN** swim.

_____ My child has permission to go on the 150 ft waterslide, provided that he/she meets the height requirement of 48".

_____ I understand that my child is required to wear a one piece swim suit.

_____ I understand that each child will be administered a swim test by the Aquatics staff their first time at the Aquatic Center.

Parent's comments/concerns: _____

Weekly field trips are part of the City of Kissimmee Parks & Recreation Department's Camp Discovery and it is expected that everyone will attend. Due to staff attending these field trips, provisions will not be made for children who do not wish to attend. All children attending CAMP DISCOVERY who are participating in the field trip/aquatic activity must have a signed permission slip on file. Field trip locations/dates are subject to change. Trips are subject to change/cancellation due to inclement weather and staff is not held responsible to contact parents of any changes. Please check the weekly calendar at camp. The cost of weekly field trips is included in the camp fee. I understand that this covers the cost of transportation and the general admission fee and will not cover any extras for my child.

I hereby agree to indemnify and hold harmless the City of Kissimmee and any city employee, instructor, coach, or volunteer against any and all claims relating to participation in a City Parks & Recreation sponsored activity. I understand there is an inherent risk of an accident in any activity which I choose to participate. I agree to adhere to all City ordinances, Parks & Recreation rules and regulations. I understand that if I am signing this consent for a minor, all rules will apply to all parties involved.

I HAVE READ THIS FORM AND I AGREE TO OBSERVE ALL THE POLICIES LISTED ABOVE.

Parent/Guardian Signature _____ Date _____



PARENT/GUARDIAN AGREEMENT

PRINT NAME OF CHILD _____

Please initial that you understand the following:

- _____ I understand that planned activities for Camp Discovery – Community House are from 9:00am to 4:00pm.
- _____ I understand that early care is available from 7:00am through 9:00am and that late care is available from 4:00pm through 6:00pm.
- _____ I understand that camp ends at 6:00pm and I will be charged a late fee of \$1.00 per minute per child for any pick-up after 6:00pm. NO EXCEPTIONS.
- _____ I understand that I must provide my child with breakfast and lunch for Week 1 (June 13th – June 17th), Week 8 (August 1st – 5th) and Week 9 (August 8th – 9th).
- _____ I understand that payments will be accepted at the Oak Street Park Community Center, via internet at webtrac.kissimmee.org, by phone or at camp.
- _____ Enrollment accepted after the payment due date has passed requires payment in full at the time of registration.
- _____ There is a \$10 ***NONREFUNDABLE*** fee to reserve a spot each week of camp. This \$10 is transferable if done before the payment due date although all transfers are based on availability. A transfer/request form must be filled out and turned into the Oak Street Park Community Center before the original camp week. A refund will be considered if the request is received in writing prior to the start of the original camp week. No refunds, except for medical (doctors note required) reasons or change of residency (proof required), will be granted after the balance due date has passed for a particular camp session. Refunds for medical reasons or change in residency will be pro-rated.
- _____ Transfers with the deposit have to be done prior to the payment due date along with a completed transfer form to be considered. Requested transfers submitted after the balance due date are based on availability and are subject to the loss of your deposit.
- _____ Payments are accepted online at webtrac.kissimmee.org, by phone with credit card at 407.518.2360, at camp or by setting up automatic credit card payments.

I HAVE READ THIS FORM AND I AGREE TO OBSERVE ALL THE POLICIES LISTED ABOVE.

Signature of Parent or Guardian _____ Date _____



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I UNDERSTAND AND ACCEPT THE DISCIPLINARY/BEHAVIOR POLICY.

Parent/Guardian Signature _____ Date _____

RETURN this Copy



PHOTO/VIDEO RELEASE FOR KISSIMMEE PARKS & RECREATION PROGRAMS
“AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS”

Below is a permission form for you to sign as it relates to our department and/or the City of Kissimmee using program photos (taken by our department staff) of your child participating. We, at times, need to use photos and video for our marketing brochures or video productions. You may allow or not allow us to use such photos or video. Please complete this form to let us know.

Program: Parks & Recreation Camps & Programs
Scene: Programs
Name of child being filmed _____
Location: Parks and Recreation

Client: City of Kissimmee/Access Osceola TV
Dates: 2016 year
Age: _____ **(Under 18 must have parent/guardian signature.)**

For valuable consideration received, I, the undersigned, do hereby grant the CITY OF KISSIMMEE, FL (the “City”), ACCESS OSCEOLA, its successors and assigns, for its own benefit and for the benefit of the above referenced client, the right to photograph me, or otherwise record my image, both still and motion pictures, and record my voice, separately and in synchronization with each other, by any means now known or hereafter to be discovered, in connection with the referenced scene and title, together with the non-exclusive but perpetual right to use and duplicate such photographs or images of me, whether in prints, negatives, slides, videotape, film sequences or other formats, and reproduce my voice, separately or in synchronization with such images, for the purpose of making and distributing television and/or radio commercials, motion pictures, videotapes, slide films, audio cassettes, multi-media presentations and any other audio and/or visual aids or programs, or for the purpose of advertising or promoting the same.

I hereby waive the opportunity or right to inspect or approve the proofs, negatives, tests, finished films, videotapes, and photographs or the uses to which the same may be put. All copies of my image, likeness and voice created or recorded by the City and ACCESS OSCEOLA hereunder shall be sole and exclusive property of the City of Kissimmee and ACCESS OSCEOLA, including any and all prints and negatives depicting the same. I hereby acknowledge that the copyright to any performance by me recorded by the City of Kissimmee and ACCESS OSCEOLA hereunder shall be owned exclusively by the City of Kissimmee and ACCESS OSCEOLA for the term of such copyright, all such rights in and to said performances having been transferred to me to the City of Kissimmee and ACCESS OSCEOLA.

I hereby warrant that I am eighteen years of age or older (parent/guardian must sign for anyone under 18), that I am fully competent to execute this agreement, and that no other agreements currently exist which would prevent my transferring these rights to the City of Kissimmee and ACCESS OSCEOLA, its client, or its successors and assigns. I acknowledge that you intend to rely on this release, and the grant of rights herein contained, and shall incur significant costs in production of the reference title in reliance upon the same. As a result, I agree not to institute any legal action to contest the rights conveyed to you herein.

I have read and understand the contents of this release and am executing same of my own free will.

FOR FILMING OF A MINOR (under 18):

I, the undersigned, as the natural parent or legal guardian of the minor person executing the above referenced release,

_____ **DO**

_____ **DO NOT**

(Mark one) hereby consent to said minor’s execution of same and do hereby agree to be personally bound by the terms and conditions set forth therein.

Parent/Guardian Signature _____ Date _____