

Gilpin County Parks & Recreation Youth Camps

Dear Parents:

Summer 2017 is fast approaching and the planning is in full swing! We have scheduled 12 weeks of fun activities.

2017 Dates and Schedules:

1. Gilpin County Parks and Recreation Summer Day Camp for children aged 5 – 13 will begin after school on Thursday, June 1st (1:00pm early dismissal, bus will drop the kids off at the Rec Center). The last day of camp will be Friday, August 11th. There will be no camp during the week of July 4th (July 3-7).
2. Campers may be dropped off as early as 7:00 am, and they must be picked up no later than 6:00 pm.

Contact e-mail: Bonnie Saeedi: bsaeedi@co.gilpin.co.us

Contact phone: 303-582-1453

Fees:

1. **A \$10 deposit fee is due at registration per day/ per child. Your deposit will be deducted off the total price per day. Deposits are non-refundable.**
2. **\$32.00/ per day for the first child. Additional siblings receive a \$5.00 discount. \$16 / half day. Half days are considered 7:00am – 1:00pm or 1:00 – 6:00pm.**
3. **All changes must be submitted in writing to Jonathan Cain or Bonnie Saeedi by 5:00p Thursday, the week before your child is to attend in order to receive credit for those dates.**
4. **Two weeks before your child attends, full payment must be made.**
5. **Your deposit will be forfeited if you cancel the same week your child was scheduled.**

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PAYMENT SCHEDULE

For the Week of:

ALL fees are due:

Week #1	June 1 - 2	Thursday, May 12
Week #2	June 5 - 9	Thursday, May 19
Week #3	June 12 - 16	Thursday, May 26
Week #4	June 19 - 23	Thursday, June 2
Week #5	June 26 - 30	Thursday, June 9
Week #6	June 27 - July 1	Thursday, June 16
Week #7	No camp July 3 - July 7	
Week #8	July 10 - 14	Thursday, June 30
Week #9	July 17 - 21	Thursday, July 7
Week #10	July 24 - 28	Thursday, July 14
Week #11	July 31 - Aug 4	Thursday, July 21
Week #12	Aug 7-11	Thursday, July 28

We accept: Checks, Cash or Credit Card*
Please make checks payable to: GCPR

I understand that my scheduled days will only be reserved when I pay the \$10 deposit for those dates.

I understand that payment is due to GCPR two weeks in advance of the date of my child's enrollment. The payment due date schedule is listed above.

I understand that my child may lose their reserved spot if full payment is not made by the due dates listed above.

I understand that my deposit is non-refundable and non-transferable to another date.

I understand that my daily fees are non-refundable and non-transferable to another date, unless I submit written notice to Kathi Lambert or Bonnie Saeedi, by 5:00p on the Thursday during the week before my child is scheduled to attend.

Parent Signature _____ **Date** _____

*There is a nominal fee for using Credit cards. Please call the front desk to inquire the fee.

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Helpful Suggestions For Camp

You may drop your children off at the Gilpin County Community Center as early as 7:00am each day. Before 8:00am, please use the west side door (near the side parking lot) to enter the building. Children must be picked up at the Gilpin County Community Center by 6:00p.

Parents are asked to pack the following items in their child's backpacks each day:

- Lunch, including a beverage.
- Clean change of clothes.
- Light jacket.
- A hat that provides full sun protection.
- Swimsuit & towel.
- A water bottle labeled with the child's name.
- Sunscreen with child's name clearly labeled. (Sunscreen should be applied to children before they arrive each day.)

Please do not bring in sentimental toys or electronic games! The Gilpin Community Center is not responsible for lost or missing items.

Activity Schedules will be published a week in advance.

We will have daily activities outside, weather permitted. Please be sure your child has appropriate shoes for walking.

Summer Day Camp Contacts:

Gilpin County Community Center: 303-582-1453
Jonathan Cain, Camp Director
Bonnie Saeedi, Youth Camp Administrator

Gilpin County Youth Camp license number: 1518618

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2017 Summer Day Camp Schedule Request Form

Child's Name _____

Please circle below the dates your child will attend our Summer Camp in 2017.

Upon registration, a \$10 deposit is due for each day that is circled as a day of attendance.
This deposit is non-refundable and non-transferable to a different date.

Week	MON	TUE	WED	THU	FRI	Total Days
June						
# 1				1 (1/2 day)	2	_____
# 2	5	6	7	8	9	_____
#3	12	13	14	15	16	_____
#4	19	20	21	22	23	_____
#5	26	27	28	29	30	_____
JULY						
#6	NO CAMP	NO CAMP	NO CAMP	NO CAMP	NO CAMP	_____
# 7	10	11	12	13	14	_____
# 9	16	17	18	19	20	_____
# 10	23	24	25	26	27	_____
#11	31					_____
AUGUST						
#11		1	2	3	4	_____
#12	6	7	8	9	10	_____
Total Due:						_____



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Enrollment Date: _____

Child's Full Name: _____

Male/Female _____ Birthday: _____ Age: _____

Physical Address: _____ City/State: _____ Zip: _____

Mailing Address: _____ City/State: _____ Zip: _____

Home Phone: _____

Mom's Name: _____ **Home Phone:** _____

Home Address: _____ City: _____ Zip: _____

Employer: _____ Work address: _____

Work Phone: _____ Work Hours: _____ Cell: _____

E-mail address: _____

Additional instructions for reaching parent:

Dad's Name: _____ **Home Phone:** _____


Home Address: _____ City: _____ Zip: _____

Employer: _____ Work address: _____

Work Phone: _____ Work Hours: _____ Cell: _____

E-mail address: _____

Additional instructions for reaching parent:



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Child's Name:

Persons other than parent to be notified in an emergency:

Name: _____ Address: _____

Relationship: _____ Home: _____ Cell: _____ Work: _____

Name: _____ Address: _____

Relationship: _____ Home: _____ Cell: _____ Work: _____

Authorized to Pick Up:

I give my permission for the following people to sign my child out from the GCPR Youth Camp Program: Please note that identification may be required. People not on this list will not be allowed to pick up my child without my written authorization.

Name: _____ Relationship: _____

Home: _____ Work: _____ Cell: _____

Name: _____ Relationship: _____

Home: _____ Work: _____ Cell: _____

Name: _____ Relationship: _____

Home: _____ Work: _____ Cell: _____

Name: _____ Relationship: _____


Home: _____ Work: _____ Cell: _____

Person(s) NOT PERMITTED to pick up my child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____



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Child's Name:

Health Status Form

The State of Colorado requires us to keep Immunization Records. Please attach a record of your child's immunizations.

Describe any recurrent health problems / medical conditions (such as asthma, seizures, ear infections, diabetes, etc.) illness, hospitalization or concerns with development:

- None
- Describe (please include instructions to the Camp Staff)

Surgery / Accidents / Illnesses / Chronic or Handicap issues _____

Special Diet: _____

Allergies: _____

Drug Reactions: _____

Type of reaction: _____

Current medications: _____

Note: Before Camp Staff may dispense **ANY** medications, including over the counter medications, a Medication Administration Form must be completed, **signed by a physician and a parent/guardian**, and returned to the camp. Forms are Available from camp personnel.



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Child's Name:

Physician: Name: _____

Phone: _____ Address: _____ City _____ Zip _____

Dentist: Name: _____

Phone: _____ Address: _____ City _____ Zip _____

Insurance Information:


Health Insurance Company: _____

Policy Number: _____

Group Number: _____

Hospital Preferred For Emergency Treatment:

- Foothills Hospital, 4747 Arapahoe Avenue, Boulder, CO (303) 440-2273
- Children's Hospital, 13123 East 16th Street, Aurora, CO (720)777-1234
- Good Samaritan Medical Center, 200 Exempla Circle, Lafayette, CO 80026 (303) 689-4000
- Lutheran Exempla Hospital, 8300 W. 38th Avenue, Wheat Ridge, CO 80033 (303)-425-4500
- Other: Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____



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Child's Name:

Emergency Medical Release

I, _____ (parent/guardian) give permission to the staff of GCPR to secure emergency transportation as well as medical and/or surgical treatment for the above named minor child while in their care. I will accept all expenses of such care.

Parent/Guardian _____ Date _____

Statement of Exemption from Participation in Designated Activities

My child may participate in the camp activities with the following exceptions. Please describe the types of activities you wish to have your child excluded from:

News Media


I hereby authorize GCPR Youth Camp to permit photographs be taken of my child named above. Photos will not be allowed unless previous arrangements were made and approved by the director.

Parent/Guardian _____ Date _____

Parent's Handbook Acknowledgement

I have read, understood and agree to abide by all items and rules written in the Parent's Handbook. If I fail to follow these rules, I will be asked to remove my child(ren) from the GCPR Youth Camps program. I understand that the Parent's Handbook is subject to change. If at any time there is a significant change in the policies and procedures, I reserve the right to be notified in writing by the Gilpin County Youth Camp.

Parent/Guardian _____ Date _____



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Child's Name:

Sunscreen Permission

I give permission for the GCPR Youth Camp staff to supervise and assist in applying sunscreen to my child as needed. I understand that I need to bring sunscreen with my child's full name on it, (waterproof and all-day formulas are recommended). I also understand that it is my responsibility to make sure my child is wearing sunscreen when he/she arrives to the Day Camp. Please send a sun hat for your child to wear on sunny days during our outdoor expeditions.

Parent/Guardian _____ Date _____

- In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the school. Various Brands----SPF 15 or above.
- I do not want my child to use any other sunscreen other than the one he/she brings.

Transportation


I give permission for GCPR Youth Camp staff members to transport my child during the hours of operation. Children must remain seated and wear a seatbelt at all times while the vehicle is in motion.

Parent/Guardian _____ Date _____

TV/Movie Permission

- My Child has permission to watch TV or movies while with GCPR.
- My child does not have permission to watch TV or movies while with GCPR.

When GCPR does watch a movie it will be rated G or PG, depending on the age of the campers on that particular day.



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Child's Name:

GCPR Youth Camp Discipline Policy:

In order to provide a safe and secure environment for all of our participants, all major discipline problems will be handled in the following manner. Please note that Misconduct forms are always a last resort when dealing with children. Misconduct forms are held for one calendar year.

Offense #1: Parents will be notified and asked to sign the Misconduct form. If this occurs, a plan will be discussed to correct the behavior.

Offense #2: Parents will be notified and reminded of this policy. An informal meeting between the child, parents, and the Director will be held to discuss the problem and research possible methods of handling the problem in order to prevent it from going further.

Offense #3: Parents will be notified that their child is suspended from the program for a period of two weeks. In order to return, GCPR will be provided a written plan describing a plan to prevent subsequent problems.

Offense #4: The child will be terminated from the program.

Student Agreement Form Youth Camp 2016

I, _____, will only come to the GCPR Youth Camp to have the best time I
(Camper signature)
can imagine, and yes, I will mind all adults 99% of the time.

I, _____, will have a positive attitude, and participate most all of the time.
(Camper signature)

I, _____, promise to have a safe and fun Youth Camp experience.
(Camper signature)



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Child's Name:

Please Enclose Current Photo of Your Child

