



# 2019 K-6 Summer Camp

## Information Guide

Camp Registration Starts Monday, April 1<sup>st</sup>

Join us for the Super Summer Signup Saturday, May 11<sup>th</sup> 10am-1pm!

Forms are available at [www.gilpinrecreation.com](http://www.gilpinrecreation.com) or Community Center.

To enroll your child, the following forms must be completed and returned before the first day your child attends camp:

- ✓ Registration Form
- ✓ Emergency Consent and Release Form
- ✓ Monthly Calendar
- ✓ Full Monthly Payment or Automatic Payment Form
- ✓ Immunization Records
- ✓ Medication Forms (if applicable)
- ✓ Signed Parent Handbook Agreement



### Camp Notes

- Location: Community Center- 250 Norton Dr. Black Hawk
- Dates: Monday-Friday, June 3<sup>th</sup> – August 9<sup>th</sup>  
**(No Camp the Week of July 1<sup>st</sup>)**
- Daily Hours: 7:30am – 6:00pm, Monday - Friday
- Field Trips: Fridays, Library Thursday afternoons. Any other trips will be notified in the weekly newsletter.
- Ratio is 1 staff : 15 campers
- Camp Teams are based on grade: K-3<sup>rd</sup> & 4<sup>th</sup>-6<sup>th</sup>
- Camp Maximum is 30 children. We anticipate being at our max. most days, so you are encouraged to participate in early registration. **There are no refunds or switches after the 25<sup>th</sup> prior to the month of enrollment.**
- A weekly newsletter of activities will be emailed and posted in the Youth Camp room.

Camp Week	Theme
June 3 - 7	Stay Alive
June 10 - 14	The Great Games
June 17 - 21	Go Wild!
June 24 - 28	Back in Time
July 1 - 5	NO CAMP
July 8 - 12	GC Fair and Spirit
July 15 - 19	STEAMin' Ahead
July 22 - 26	The Final Frontiers
July 29 – Aug. 2	Greatest Show
Aug. 5 - 9	Tropical Getaway

### Packing List

*Campers must bring these items to camp each day:*

- A nutritious lunch and two snacks
- A reusable water bottle with name
- Tennis shoes
- Rocky Mountain Sunscreen will be provided, if you want your child to have their own sunscreen please put it in a plastic bag labeled with first and last name
- Clothes that can get dirty and protect from the sun
- Swimsuit and towel
- A fun and positive attitude ☺

Gilpin County Parks & Recreation

Community Center 250 Norton Dr. Black Hawk | 303-582-1453 | [gilpinrecreation.com](http://gilpinrecreation.com)

## Our Staff and Program

We believe the quality of our program is due to our amazing staff. Our camp counselors are fun and talented with extensive experience working with school aged children. All counselors are trained in CPR, First Aid, AED, Positive Behavior Management and Vehicle Safety. Our enthusiastic staff serve as activity leaders and vehicle drivers, meeting state guidelines.

Each week at camp will include different STEAM programming such as archery, cooking, outdoor education, science and technology projects. There will also be biking, hiking, fishing, martial arts, pottery, swimming, arts & crafts dance, local history and field trips!

### Daily Fees

	<b>25<sup>th</sup> or Before Early Daily</b>	<b>After 25<sup>th</sup> Regular Daily</b>
Gilpin Resident	\$35.00	\$45.00
Non-Resident	\$45.00	\$55.00

## Payment Policy and Enrollment Information

- At the time of registration confirmation, and at the beginning of each month, you will be emailed a monthly calendar of days your child can sign up to attend camp for the following month. Calendars are also available at the Community Center.
- To enroll, turn in a completed monthly calendar to the front desk of the Community Center and submit payment. **Payment is due at time of enrollment, OR you may authorize GCPR to charge a credit card automatically** (separate form). **Enrollment will not be accepted without payment or auto-pay authorization.** Automatic payments may be scheduled monthly, bi-weekly, or weekly. Auto-pay forms can be found online or at the front desk.
- **Enroll by the 25<sup>th</sup>** of the month prior for an early registration discount. Please note there is a \$10 price increase for enrollments after the 25<sup>th</sup>.
- Enrollments after the 25<sup>th</sup> of the month prior can be made anytime at the front desk, **if space is available.**
- **There are no refunds or switches after the 25<sup>th</sup> prior to the month of enrollment**, see chart below for details.
- We accept cash, check or credit cards. Returned checks will incur a fee of \$25.
- You can view your account online at <https://gilpincountyrec.maxgalaxy.net/Login.aspx>.
- We accept payment through the **Colorado Child Care Assistance Program (CCCAP)**. For CCCAP questions, contact Gilpin County Human Services: 303-582-5444. CCCAP payments are ultimately the responsibility of the beneficiary. If attendance is not properly recorded, allowed absences are exceeded, schedule changes are not promptly communicated, or other circumstances result in an unpaid balance, the CCCAP parent is responsible to pay for any remaining balance for child care. Parent fees (the portion of care that CCCAP parents are responsible to pay themselves) are due by the 1st of each month to ensure continuation of benefits.

## Cancellation Policy

<b>Deadline</b>	<b>Cancellations</b>
On or before 5pm the 25 <sup>th</sup> of the month prior to enrollment	Full refund. Cancellation must be made for exact schedule chosen. Cancellations must be made in writing/email. We can accept switches for other days or weeks if space is available.
After the 25 <sup>th</sup> of the month prior to enrollment	No refunds or changes available. Full payment due for all registered days. We cannot provide credit for sick days, doctor's appointments, etc. This policy allows us to schedule staff and plan activities farther in advance, improving the overall safety and quality of our program.

### Questions? Comments? Absences?

Jacob Rippy, Youth Programs Coordinator: [jrippy@gilpincounty.org](mailto:jrippy@gilpincounty.org)

Gabrielle Chisholm, Assistant Director: [gchisholm@gilpincounty.org](mailto:gchisholm@gilpincounty.org)

**FRONT DESK PHONE- 303-582-1453**



# 2019 K-6 Summer Camp Registration Form

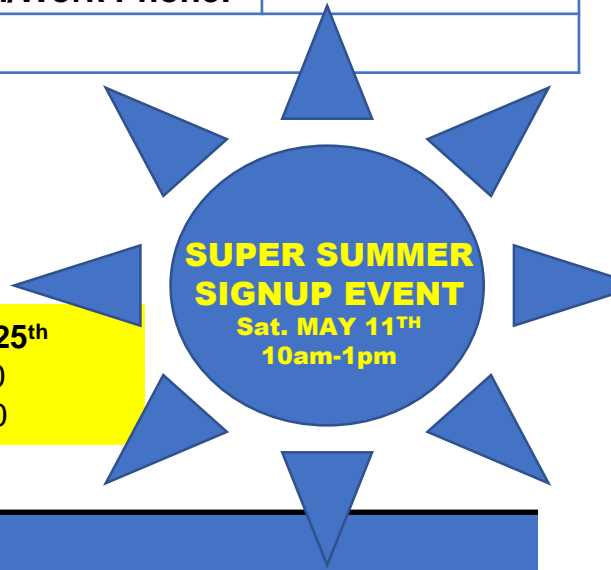


Complete  
and  
Return

<b>Child's Name:</b>		<b>Birth Date, Age:</b>	
<b>Address:</b>		<b>School, Grade:</b>	
		<b>Best Phone:</b>	
<b>Guardian Name:</b>		<b>Guardian Name:</b>	
<b>Cell/Work Phone:</b>		<b>Cell/Work Phone:</b>	
<b>Best Email:</b>			

### Child Photo

Please attach a photo of your child to this form.



<u>Daily Fees</u>	25 <sup>th</sup> or Before	After 25 <sup>th</sup>
Gilpin Resident	\$35.00	\$45.00
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<b>Deadline</b>	<b>Cancellations</b>
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After the 25 <sup>th</sup> of the month prior to enrollment	No refunds or changes available. Full payment due for all registered days. We cannot provide credit for sick days, doctor's appointments, etc. This policy allows us to schedule staff and plan activities farther in advance, improving the overall safety and quality of our program.

I have read and understand the above payment and cancellation policy. I understand that cancellations must be made in writing. I understand that I am responsible for the full amount due for all registered days if I do not cancel on or before the 25<sup>th</sup> prior to the month of enrollment.

Parent/Guardian Signature: \_\_\_\_\_

### Questions? Contact

Jacob Rippy, Youth Programs Coordinator: [jrippy@gilpincounty.org](mailto:jrippy@gilpincounty.org)

Gabrielle Chisholm, Assistant Director: [gchisholm@gilpincounty.org](mailto:gchisholm@gilpincounty.org)

**Front Desk: 303-582-1453**

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# 2019 K-6 Summer Camp Emergency Consent and Release Form



Child's Name:	_____	Birth date:	_____
Address:	_____	Home Phone:	_____
	_____	School, Grade ('20):	_____
Parent's Name:	_____	Parent's Name:	_____
Employer:	_____	Employer:	_____
Cell/Work Phone:	_____	Cell/Work Phone:	_____
Work Address:	_____	Work Address:	_____
Email:	_____	Email:	_____

**Please put a star (\*) next to the best way to reach you**

Persons **other than parents** to whom the child may be released and to be notified in an emergency situation when parents are not available: **Check box for none [ ]**

Name/	_____	Name/	_____
Relationship:	_____	Relationship:	_____
Phone:	_____	Phone:	_____
Address:	_____	Address:	_____
	_____		_____

### Participation Waiver and Release

The undersigned, as the parent(s) and/or lawful guardian(s) of \_\_\_\_\_, a minor, hereby grant(s) permission for said minor child to participate in Gilpin County Youth Programs and related activities sponsored by Gilpin County Parks and Recreation (GCPR). I/We hereby verify that the named minor child is physically capable of such participation as determined by me/us and/or our family physician.

I/We hereby agree, on behalf of the undersigned and the minor child that we will abide by the rules and regulations of the GCPR, its affiliated organizations and sponsors. Recognizing that certain unavoidable hazards and risks are an inherent part of any physical activity and the possibility of physical injury associated with GCPR Youth Programs and in consideration for the GCPR accepting my/our child for its programs and activities (the "Programs"), I/we hereby release, discharge and/or otherwise agree to hold harmless and indemnify GCPR its employees, agents and associated personnel, including the owners or leasers of fields and facilities utilized for the Programs, on behalf of my/our child, as well as said child's legal representatives, heirs and assigns, from any injury, death, loss or damage, whether to person or property, other than that resulting from the sole negligence of the GCPR, as a result of my/our child's participation in the Programs and/or transportation to or from the same, which transportation I/we hereby authorize.

In the event my/our child is injured or becomes ill, please contact either parent or the emergency contact listed in the information section above.

If contact with a parent, guardian or emergency contact cannot be made or is not possible, I/we hereby authorize the GCPR personnel in charge to seek and consent to any first aid or medical treatment necessary to stabilize or treat my/our child until I/we can be contacted.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**Continued on reverse**

## Medical Information

Allergies:	
Medications:	Frequency:
Family Doctor:	Address/Phone:
Preferred Hospital:	Address/Phone:
Health Insurance Company:	Policy #:
Family Dentist:	Address/Phone:

**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 or front desk personnel.

Surgery/Accidents/Illnesses/Chronic or Handicapping Problems:

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Describe any condition requiring special attention or exemption from participation:

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**The State of Colorado requires Immunization Records for all children enrolled in our programs to be on file. Please attach the most current record of your child's immunizations, or an exemption form.**

**Forms available at:** <https://www.colorado.gov/pacific/cdphe/immunization-forms>

Gilpin County Youth Camps utilize the secure and confidential Colorado Immunization Information System (CIIS) to track and retrieve immunization information. Please check this box to authorize us to enter your child's information into the CIIS. This will allow any other organization utilizing the CIIS to retrieve your child's immunization information, so that you don't have to.

Please update my child's immunization information in the Colorado Immunization Information System.

**OR**

Please retrieve my child's immunization information from the CIIS (If your child's information is not in the CIIS, or is incomplete, you will be notified, and required to provide current immunization records, an exemption form, or an immunization plan within 14 days).

**Please initial all those that apply:**

I give permission for Gilpin County to take photographs and/or video of my child named above for county media usage (social, written, TV, etc.).

I give permission for my child to participate in field trips and excursions involving walking, Gilpin County transportation and Gilpin County School District buses.

I give permission for my child to watch TV or movies while with Gilpin County Youth Camps.

I give permission for the Gilpin County Youth Camp staff to supervise and assist in applying sunscreen to my child, as needed. Rocky Mountain Sunscreen will be provided, or, I understand that I need to bring sunscreen with my child's full name on it.

**Special Instructions:**

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Parent/Guardian Signature

Date



Complete  
and  
Return

# 2019 K-6 Summer Camp

## Parent Handbook Agreement

I have received, read, and understand all information contained in the **Gilpin County Parks & Recreation 2019 Summer Camp Parent Handbook**, and agree to adhere to the policies and procedures outlined in the handbook. I understand and accept all terms of enrollment and payment as stated in the handbook. I reserve the right to be notified of any significant changes to the handbook if and when they are made.

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Child(ren)'s names (Print)

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Parent(s)' names (Print)

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Parent/guardian signature

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Date

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Parent/guardian signature

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Date