

# PORTLAND PARKS AND RECREATION

265 Main Street, PO BOX 71, Portland, CT 06480

[www.portlandct.org](http://www.portlandct.org)

PORTLAND.RECDESK.COM

860-342-6757 or 860-342-6763 FAX

# SUMMER PLAYGROUND PROGRAM 2019

## SUMMER QUEST

## TEEN ADVENTURE

## KIDDIE KAMP

## COUNSELOR IN TRAINING

*BUILDING FRIENDSHIPS, CREATE LASTING MEMORIES, AND  
LEARN NEW SKILLS*

*SOMETHING NEW EVERY WEEK, EVERY DAY*

Register on – line – [portland.recdesk.com](http://portland.recdesk.com)

Mail in Registration – Portland Parks and Recreation, PO Box 71

Website: - [www.portlandct.org](http://www.portlandct.org)

Call us: 860-342-6757

Fax information to us: 860-342-6763

Like us on Facebook

# PROGRAM CHOICES 2019

Day Programs	Time of Day	Week 1 June 24 – 28	Week 2 July 1 – 3	Week 3 July 8 - 12	Week 4 July 15 - 19
<b>Base Program</b> Summer Quest (Grades K – 5)	8:30 am – 3:30 pm	\$167	\$102	\$167	\$167
<b>Early Program</b>	7:30 am – 8:30 am	\$30	\$20	\$30	\$30
<b>Late Camp</b>	3:30 pm – 5:30 pm	\$70	\$45	\$70	\$70
<b>Half – Day</b> Summer Quest (Grades K – 5)	8:30 am – 12:30 pm	\$112	\$67	\$112	\$112
<b>Teen Camp</b> (Grades 6 - 8)	8:30 am – 3:30 pm	\$187	\$122	\$187	\$187
<b>C.I.T. Program</b> (Grades 9 – 10)	8:30 am – 3:30 pm	\$162		\$202	
<b>Kiddie Kamp</b> (Ages 3 – 5)	8:30 am – 12:00 pm	\$92	\$57	\$92	\$92
*Additional Child Discounts		\$10 off	\$10 off	\$10 off	\$10 off
**Total					
Day Programs	Time of Day	Week 5 July 22 - 26	Week 6 July 29 – Aug 2	Week 7 Aug 5 - 9	Week 8 Aug 12 -16
<b>Base Program</b> Summer Quest (Grades K – 5)	8:30 am – 3:30 pm	\$167	\$167	\$167	\$167
<b>Early Program</b>	7:30 am – 8:30 am	\$30	\$30	\$30	\$30
<b>Late Camp</b>	3:30 pm – 5:30 pm	\$70	\$70	\$70	\$70
<b>Half – Day</b> Summer Quest (Grades K – 5)	8:30 am – 12:30 pm	\$112	\$112	\$112	\$112
<b>Teen Camp</b> (Grades 6 - 8)	8:30 am – 3:30 pm	\$187	\$187	\$187	\$187
<b>C.I.T. Program</b> (Grades 9 – 10)	8:30 am – 3:30 pm	\$202		\$202	
<b>Kiddie Kamp</b> (Ages 3 – 5)	8:30 am – 12:00 pm	\$92			
*Additional Child Discounts		\$10 off	\$10 off	\$10 off	\$10 off
**Total					

\* Additional Child Discount applies for each child after the first child is registered and **Only Applies for Base Camp**

\*\* Please sum the total for each week and then calculate grand total for each child over the entire summer

GRAND TOTAL:

\$ \_\_\_\_\_

# Portland Parks and Recreation Mission Statement

The Portland Parks and Recreation Department is committed to offering diverse leisure activities to meet the interest of our citizens. Our purpose is to provide a variety of safe, affordable programs to develop personal enrichment, promote enduring friendships, accessible recreational use of the environment, and provide fitness-related activities for all age groups. In this capacity, we hope to improve the quality of life for all our residents, physically, socially, and intellectually, thereby nurturing the health and cohesiveness of our community. We try to offer something for everyone.

**General Information:** SummerQuest (including Teen Adventure and C.I.T. Program) will be 8 weeks this summer; June 24 - August 16<sup>th</sup>. Kiddie Kamp will be held 5 weeks this summer; June 24 to August 2<sup>nd</sup>. No Program: July 4<sup>th</sup> or 5<sup>th</sup>. Guardians must be a Portland Residents to attend the Summer Playground Program. All Summer Playground Program will be located at Portland High/Middle School – 95&93 High Street.

## **Registration Information:**

- All Registration should be submitted before June 1<sup>st</sup> to be qualified for a Summer Playground T-shirt
- Registration after June 22<sup>nd</sup> will be charged a \$10 Late Fee
- Registration will be on a first come/first served basis
- Changes made to registration must be submitted in writing to the office at least one week before the child will be attending the program
- Registrations are per week, there is no pro-rating missed days during the week.
- No registrations will be taken after **12 noon** on Friday for the upcoming week of Summer Quest or Kiddie Kamp
- All registration, payments and paperwork go to the Parks and Recreation Office or through Portland Recdesk– **Not the Summer Playground locations**. Forms can be dropped off at the Parks and Recreation Office at 265 Main Street, faxed to 860-342-6763, mail to Portland Parks and Recreation P.O. Box 71 Portland CT 06480, or through [Portland.recdesk.com](http://Portland.recdesk.com).

## **Payment Policy:**

- Payment for Weeks 1 – 3 must accompany registration
- Payment for Weeks 4 – 7 must be submitted by June 30<sup>th</sup>
- Late Payment will jeopardize your child's ability to attend the program
- Outstanding payments due to the Parks and Recreation or Youth Service Departments must be paid in full before a child can attend any of the Summer Playground Programs

## **Refund Policy:**

- Refunds will only be given for a canceled program or for a medical reason as demonstrated by a written note from a physician.
- Once a program has started, there will be no refund given.
- Credits or week changes will not be given due to absences or confusion as to which weeks your child was registered for.

**Scholarships:** Scholarships will be awarded on a limited basis with appropriate paperwork having been submitted. All Scholarships request must be in by June 1<sup>st</sup>.

# Our Programs

**More Than Just A Summer Program:** Our Portland Parks and Receptions summer programs do more than just engage in the arts, music, theater, sports, STEM, and reading with our dedicated counseling staff. We build friendships and memories with our campers while fostering values of respect, understanding and honesty. We are entering our seventh year at the beautiful Portland High School and Middle School Complex where all of our programs are located.

## **Kiddie Kamp** (*ages 3 to 5*)

**Kiddie Kamp:** (Ages 3 to 5). This program is a great introduction to our summer playground program. Located at the Portland High School pre-school room, your children are about to embark on a fantastic summer journey. Kiddie Kamp is certain to bring lots of safe, action-packed fun into your child's life! Kiddie Kamp is a place where your child can have fun, be active, make new friends, discover new talents, be under the care of a nurturing staff, and help create a special camp community. On behalf of the entire Kiddie Kamp staff, we would like to personally extend a warm welcome to all our campers and their families! We are looking forward to an exciting and safe season.

### **Important Kiddie Kamp Notes:**

- NEW HOURS: 8:30 to 12 Noon
- Ages 3 to 5 years old (**must be toilet trained**)
- The program is five – individual weeks operating from June 24 to July 26.
- Program held at Portland High School – Pre-school Room
- Participants must bring a snack and lunch every day.
- Program limited to 24 participants per week.
- No Program July 4<sup>th</sup> or 5<sup>th</sup>

## **Summer Quest** (*Completed Grades K – 5*)

Our dynamic Summer Quest program provides campers with a variety of physical and social activities based on the week campers join us. Throughout the summer, our young Summer~ Questers engage in whole camp and small group indoor and outdoor games and activities. Most of our programming is based around our five specialty areas: Arts and Crafts, Music and Theater, Sports, STEM, and Reading.

In the past we have painted murals, performed plays & talent shows, Olympic competitions, learned about science, technology, engineering, and math, created our own town, partnered with the Portland Library Summer reading program, and have ended our summer with an awesome carnival! We hope you join us this summer to see what else we have planned!

## **Teen Adventure** (*Completed Grades 6 – 8*)

Our most independent Group! Teens will get the opportunity to spend time doing what they love to do, whether it is sports, nature, an adventure course, building a robot, producing a TV show, kayaking the Long Island Sound, or possibly making soda! Our goal is to provide opportunities and experiences that most have never had a chance to do. The group will go on trips off campus two to three days a week, depending on the theme week and activities planned.

# Counsel in Training Program (C.I.T's)

*(Completed Grades 9 and 10)*

Our C.I.T program is designed to use two consecutive weeks so that C.I.T.'s can learn to engage **fully** with camp procedures, our staff and especially our campers. We work on everything from teaching C.I.T.'s about professionalism in the workplace to how to run all sorts of activities for different groups of campers.

## Theme Weeks

Week	Dates	Kiddie Kamp	Summer Quest	Teen Adventure
1	June 24-28	Superhero Week	Summer Kick Off	Summer is Finally Here!
2	July 1-3	Travel the World	Director's Choice	Adventure Awaits
3	July 8-12	Olympic Week	Artful Antics	To the Extreme
4	July 15-19	Great Outdoors Week	Olympic Week	Tenacious Teens
5	July 22-26	Farm and Jungle Week	Performing Arts Week	Aquatics Week
6	July 29- Aug 2		STEM week	Exploration Week
7	Aug 5-9		The Next Food Network Stars	Top Chef
8	Aug 12-16		Last Blast	Last Blast too!

Something **FREE** to do this summer in Portland!

Music at Riverfront Park ~ Tuesday evenings  
The Summer Concert Series!

Portland Library Summer Family Show!

Portland Fun Runs!

For more Details

Portland Parks and Recreation Summer Enrichment Brochure

Portland Library monthly newsletter (Summer Family Show)

[www.portland.ct.org](http://www.portland.ct.org)

[portland.recdesk.com](http://portland.recdesk.com) (Concerts and Fun Runs)

# Our Policies

## Health Exam Record Form Policy

- Your child's Health Form **must accompany** the Summer Playground Registrations. If it is not submitted before the start of the playground program, the child **cannot** attend.
- Your physician may complete a copy, or you can obtain a copy from your child's school.
- The form is good for a 3 year period. You may check to see if your child's form is on-file from last year by calling the Parks & Recreation office between 1:30 & 4:30 pm, Monday through Thursday.

## Medication

- Parents must fill out the Medication Authorization form.
- For all prescription medications, the Medication Administration Form must be completed and signed by the child's physician.
- All medications must be presented in their original containers.
- All medications must be administered either orally, via injection, topically or via inhalant.

## Pick-up and Drop-off

- Parents & Guardians must complete a pick-up/drop off form.
- Parents are responsible for signing their child in and out of the program.
- All parents or designated representatives will be asked to provide identification.
- A note must be provided and the pickup list changed if someone not on the list will pick up the child.

## Games, Toys and Electronic Devices

- Games, toys, electronic devices, and personal items of that nature are **NOT permitted at any summer program** (exception will only be made in cases accepted by the Parks and Recreation Director and/or his or her designee).
- We are not responsible for lost, stolen or damaged items.

## Photos and Publicity

- Parks and Recreation Staff would like to use pictures from our summer programs in advertising materials (brochure, website, etc.)
- If you wish for your child's photo not to be used please check the appropriate section on the registration form.

## Discipline

- It is our goal to make sure that every camper is safe at all times. Our policy follows three guidelines: **take care of yourself, take care of others, and take care of the things around you.**
- Disciplinary issues will be discussed with parents.
- Any violent behavior or serious breach of rules such as physical contact or threatening of other children or staff will result in suspension from Summer Playgrounds, with no refund.

## Questions or Concerns

Any questions or concerns, please contact the Parks and Recreation office at:

265 Main Street, PO Box 71,  
Portland, CT 06480  
Phone: (860)-342-6757

# Registration Form

## 2019

Participant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Male\_\_ Female\_\_ Other: \_\_ Date of Birth \_\_\_\_\_ Grade as of Aug. 2019 \_\_\_\_\_

Guardian 1 Name \_\_\_\_\_ Guardian 2 Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Weeks Attending Camp \_\_\_\_\_

Please list anyone who **does not** have permission to pick up your child (If this is a biological parent, a copy of the court order must accompany this form). \_\_\_\_\_

I give the Portland Parks and Recreation Dept. permission to use any photographs taken during the program to be used in any advertising, i.e. web site, program literature: Yes No

**Shirt Size (Please circle) Youth: Sm. Med. Lg. Adult: Sm. Med. Lg.**

Please attach the following forms to this registration page:

- |   |   |
|---|---|
| <input type="checkbox"/> Rates and Fees- Page 5 | <input type="checkbox"/> Authorization for Non-Prescription Medications |
| <input type="checkbox"/> Emergency Contact Form | <input type="checkbox"/> Authorization of Medications                   |
| <input type="checkbox"/> Pick Up List           | <input type="checkbox"/> Youth Camp Health Exam Record                  |

Please limit one medication per page on the Authorization of Medication form. If more than one medication is to be administered please make copies and attach.

My child is in good health and has my permission to participate in this program and on field trips. I understand that various activities during camp present a risk of injury. I have read the camp brochure including the registration and refund policies and hereby give my child permission to participate in all program activities. **I also agree to provide an updated health history Medical form with the registration.**

Guardian: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# Emergency Contact Form

2019

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Guardian 1 Name \_\_\_\_\_ Guardian 2 Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**If a guardian is not available:**

Emergency Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

\* If there are any medical concerns or allergies that we should be aware of, please list below:

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In case of an emergency, may we transport via ambulance? Please circle: Yes No

Guardian: \_\_\_\_\_  
(Print Name) (Signature) (Date)



**PORTLAND PARKS AND RECREATION**  
265 Main Street, PO Box 71, Portland, CT 06480  
(860)-342-6757 (860) - 342-6763 FAX

**SUMMERQUEST PICK UP LIST**

Please list below the individuals that are allowed to pick up your son/daughter at camp. Please realize that **we request a photo ID** for anyone picking up your child so we can ensure that your child goes home with the correct person.

**CAMPER NAME:** \_\_\_\_\_  
(Please print)

1. _____ (Name of person)	_____ (Relationship to camper)	_____ (Phone)
2. _____ (Name of person)	_____ (Relationship to camper)	_____ (Phone)
3. _____ (Name of person)	_____ (Relationship to camper)	_____ (Phone)
4. _____ (Name of person)	_____ (Relationship to camper)	_____ (Phone)
5. _____ (Name of person)	_____ (Relationship to camper)	_____ (Phone)
6. _____ (Name of person)	_____ (Relationship to camper)	_____ (Phone)
7. _____ (Name of person)	_____ (Relationship to camper)	_____ (Phone)
8. _____ (Name of person)	_____ (Relationship to camper)	_____ (Phone)
9. _____ (Name of person)	_____ (Relationship to camper)	_____ (Phone)
10. _____ (Name of person)	_____ (Relationship to camper)	_____ (Phone)

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Please Sign)

\_\_\_\_\_  
(Date)

Parent/Guardian Authorization for the Administration of  
Non-Prescription of Topical Medications by Youth Camp Personnel

To Youth Camp Director, Nurse or Teacher:

I hereby request that a staff member of the Youth Camp administer the following non-prescription topical medications to my child. I understand that I must supply the camp with the non-prescription topical medication in the original container labeled with the child's name, the name of the medication and the directions for the medication administration.

This authorization is limited to the following topical medications:

1. Non-prescription medicated powders.
2. Non-prescription insect repellants.
3. Non-prescription sunscreen lotions/sprays which are free of amino benzoic acid (PABA) or its derivatives.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Medication: Name, method of administration, area of application according to directions on the original container:

\_\_\_\_\_

Time of administration: \_\_\_\_\_

Medication to be administered from (date) \_\_\_\_\_ to (date) \_\_\_\_\_

Reason for which medication is being administered:

\_\_\_\_\_

I have administered at least one dose of the above medication to my child without adverse side effects.

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_<sup>(Print)</sup> Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Work phone: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

For Camp Staff Use:

Signature of Camp Director: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATIONS**

If a Youth Camp chooses to administer medications, the Connecticut State Law and Regulations require an authorized prescriber (M.D., P.A, APRN) or dentist's written order and parent or guardian's authorization for a nurse or camp personnel with current Medication Administration Training to administer medications. Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, authorized prescriber or dentist's name and date of the original prescription. Over the counter medication must be in the original container and labeled with the child's name.

**AUTHORIZED PRESCRIBER OR DENTIST'S ORDER: Date** \_\_\_/\_\_\_/\_\_\_

Name of Child \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_

Condition for which drug is being administered during camp hours \_\_\_\_\_

DRUG: Name of Drug, Dose and Method of Administration \_\_\_\_\_

Times of Administration: \_\_, \_\_, \_\_ Medication shall be administered from \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_

Relevant side effects to be observed, if any \_\_\_\_\_

If there are side effects, plan for management \_\_\_\_\_

Is this a controlled drug? \_\_\_\_\_

Allergies, reaction to, or negative interaction with food or drugs? If YES, list \_\_\_\_\_

The authorized prescriber's or Dentist's Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
(type or print)

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_

Authorized Prescriber or Dentist's Signature \_\_\_\_\_

**Authorization by Parent/Guardian for the administration of the above medication: Date:** \_\_\_/\_\_\_/\_\_\_

I hereby request that the above medication, ordered by the authorized prescriber/dentist for my child \_\_\_\_\_, be administered by the camp personnel with current Medication Administration Training.

I understand that I must supply the Youth Camp with the prescribed medication in the original container dispensed and properly labeled by an authorized prescriber, dentist or pharmacist. Over the counter medication shall be in the original container labeled by the parent with the child's name.

I understand that this medication will be destroyed if it is not picked up within one (1) week following termination of the order.

Name of Parent or Guardian \_\_\_\_\_ Signature \_\_\_\_\_  
(Print Name)

Relationship to child \_\_\_\_\_ Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**YOUTH CAMP HEALTH EXAM/RECORD**

**FOR CAMPER AND STAFF**

Physical Exams Are Valid For 3 Years

**From Date of Last Examination**

***Please Return Completed Form To Parks & Recreation Office***

Camper

Staff

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Guardian \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Date of Arrival at Camp: \_\_\_\_\_ Departure Date \_\_\_\_\_

**TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:**

**Date of Exam** \_\_\_\_\_

\_\_\_\_ May participate in all camp activities

\_\_\_\_ May participate except for: \_\_\_\_\_

\_\_\_\_\_

Medical information pertinent to routine care and emergencies: \_\_\_\_\_

\_\_\_\_\_

Is this individual taking prescription medication?  YES  NO

If yes, indicate prescription: \_\_\_\_\_

Does the individual have allergies?  YES  NO Explain: \_\_\_\_\_

Is the individual on a special diet?  YES  NO Explain: \_\_\_\_\_

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No	Yes	No
Measles			Hepatitis B	
Mumps			Diphtheria	
Rubella			Pertussis	
Chickenpox			Polio	
Tetanus				

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print name of medical care provider: \_\_\_\_\_

Medical care provider's address: \_\_\_\_\_

Medical care provider's: City/Town \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician, APRN or AP

\_\_\_\_\_  
Date Form Signed

\_\_\_\_\_  
Telephone Number